حياة
١٤٤٧هـ
جمعية حياة الخيرية بالمدينة المنورة
مرخصة من المركز الوطني لتنمية القطاع غير الربحي برقم ٣٦٢

Report
Social Return on Investment (SROI) Analysis

Hayat Dialysis Waqf

Hayat Charitable Association in Medina(ksa)

2025 CE/ 1446 AH

SOCIAL VALUE INTERNATIONAL

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Social Return on Investment (SROI) Analysis Hayat Dialysis Waqf Hayat Charitable Association in Medina (KSA)

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Mr Ben Carpenter
Chief Executive Officer
Social Value International

ASSURED REPORT
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بسم الله الرحمن الرحيم

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أو وقتــه، إحسانكــم صنع قصــة التغيير والأثر.

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خادم الحرمين الشريفين

الملك سلمان بن عبد العزيز آل سعود

حفظه الله

نحن ننظر إلى القطاع غير الربحي على أنه قطاع مهم في دعم مسيرة التعليم ومسيرة الثقافة وفي قطاع الصحة وفي القطاع البحثي وسنعتمد عليه بشكل رئيسي جداً

صاحب السمو الملكي

الأمير محمد بن سلمان بن عبدالعزيز آل سعود

ولي العهد رئيس مجلس الوزراء حفظه الله

Core Research Team

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Impact Measurement Consultan and Principal Researcher

- General Supervisor of the Study and Report.
- PhD in Development Sociology – King Abdulaziz University.
- Over 15 years of experience in developmental impact creation.
- Certified trainer and practitioner in impact measurement methodologies.
- Reviewer and expert in SROI studies and reports.
- Contributed to SROI reports for government agencies and development organizations.
- Expert practitioner in development studies and research.
- Specialist in developing metrics, indicators, and data/ information collection tools.
- Active researcher in development and social work with multiple published research papers.

Ms. Arwa Mohammed AlSharif

Project Manager

- Master›s researcher in Waqf Management and Economics – King Abdulaziz University.
- Over 13 years of experience in managing and implementing non-profit sector projects.
- Expert in management and development consulting and capacity-building programs.
- Certified business analyst and developer by the Ministry of Human Resources and Social Development.
- Certified consultant in organizational development and strategic planning.
- Collaborative consultant with the Mohammed bin Salman Foundation (Misk).
- Grant evaluation consultant with several entities in the non-profit sector.
- Project manager and team member for the study on the impact of government donation platforms on civil society organizations.
- Managed and implemented numerous projects and reports on SROI measurement and capacity-building programs for non-profit sector workers.
- Practitioner and expert in development project design, and consultant to several civil society associations and institutions.
- Served as Project Manager for the 2020 Health Volunteering Award under the patronage of His Excellency the Minister of Health.

Ms. Noha Nasser Ibn Juraid

Impact Measurement and Strategy Consultant

- PhD Researcher in Business Administration (Management), King Saud University.
- More than nine years of professional experience in impact measurement, evaluation, and social value creation.
- Contributor to the design and delivery of multiple Social Return on Investment (SROI) studies and impact assessment reports.
- Specialized in impact management and measurement, Theory of Change, impact mapping, and stakeholder engagement.
- Experienced in developing performance measurement frameworks, monitoring and evaluation (M&E) systems, and outcome indicators for development programs and strategic initiatives.
- Skilled in financial valuation methodologies and translating social outcomes into measurable impact and value.
- Contributed to national and international strategic initiatives within the Saudi public sector, supporting projects aligned with Saudi Vision 2030.
- Professional interests include organizational performance, strategy, governance, and evidence-based decision-making for sustainable development.

The project was supported by a diverse team of administrative and executive staff handling office operations and technical work, alongside specialized field researchers with expertise in patient relations, satisfaction assessment, and impact measurement. These researchers are equipped with multilingual communication skills necessary to engage with patients across different languages, tailored to the project›s specific context and conducted under the direct supervision of the association›s team. In preparing this report, we have adhered to industry best practices in report structure, rigorous linguistic review, and professional design standards to ensure the final deliverable appropriately reflects both the scope and significance of the project.

Organization Capabilities
القدرات المؤسسية

This SROI report for the Hayat Dialysis Waqf, operated by Hayat Charitable Association in Medina, has been prepared by Alqudrat (Organization Capabilities), a Saudi limited liability company that specializes in designing services and programs while delivering comprehensive management, professional, and development consulting. The company focuses on capacity building, organizational development, program evaluation, and impact measurement for non-profit organizations, adhering to cutting-edge international and local best practices.

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Dr. Abdulhamid Shahat

Chairman of the Board of Directors

In the Name of Allah, the Most Compassionate, the Most Merciful

All praise is due to Allah, by Whose grace righteous deeds are completed, and may peace and blessings be upon our Prophet Mohammed, his household, and all his companions.

It is my distinct honor to extend my profound gratitude and appreciation to all who have contributed to the realization of this qualitative project, which represents a significant milestone in Hayat Association›s journey toward excellence and sustainability in non-profit healthcare services. Through the implementation of the «SROI Analysis for the Dialysis Center» project, we have endeavored to examine, with scientific rigor and objectivity, the true impact that the center creates in the lives of beneficiaries and the broader community.

This initiative emanates from our firm conviction that impact measurement is not merely an evaluation tool, but rather a fundamental pillar of strategic planning and decision-making, and a primary catalyst for performance enhancement and maximization of positive impact.

Our Association implements a structured methodology to maintain institutional consistency and facilitate knowledge management. This approach involves a graduated process for impact measurement: initially outsourcing 75% of the evaluation to an external firm, reducing to 50% in the subsequent phase, and finally to 25% in the concluding stage. Following this transition, our internal team assumes full responsibility for executing all practical aspects of impact measurement.

The findings presented in this report stand as compelling evidence of the fruitful endeavors undertaken by the Association and its collaborative partners. They reflect the substantial socioeconomic benefits generated through the comprehensive services delivered at the Dialysis Center.

To conclude, we beseech Allah to bestow His blessings upon these efforts and to guide our collective endeavors in service to patients and the broader community. We express our heartfelt appreciation to all supporting organizations and to each team member who contributed to this project›s success. May Allah reward their contributions abundantly in the hereafter.

Dr. Fuad ibn Mohammed Al-Shuaibi

Medical Director

Medina Medical Center for ,Dialysis

In the Name of Allah, the Most Compassionate, the Most Merciful

Peace, mercy, and blessings of Allah be upon you.

It brings me immense honor and gratification to participate with Hayat Association in the operation of this exceptional facility, which delivers comprehensive, free renal dialysis services to underprivileged residents of our beloved Medina.

Such distinguished humanitarian initiatives exemplify the cohesion within our Muslim society in its commitment to mitigating the medical, social, and financial burdens faced by patients.

We implore Allah Almighty to bestow His divine reward and guidance upon everyone who has contributed to or supported this noble endeavor.


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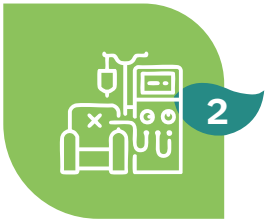
GLOSSARY

Association

Hayat Charitable Association in Medina



Center

Hayat Dialysis Waqf Center

Social Return on Investment

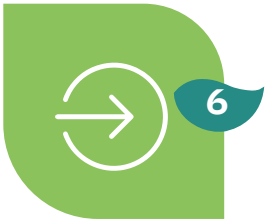
A methodology for measuring and interpreting impact within a comprehensive framework that encompasses economic, social, and environmental dimensions of value. It is a recognized approach for evaluating social impact and calculating the value of generated returns.

Outcomes

Changes that occur as a result of project interventions and activities. These changes may be either intended or unintended, and can be either positive or negative in nature.

Stakeholders

Parties who either influence or are affected by project activities, experiencing either positive or negative impacts.



Inputs

Essential contributions provided by stakeholders without which the project could not be implemented.

7

Outputs

Quantitative measurements of activities conducted within the project.

8

Financial Proxy

An estimated financial equivalent value assigned to an achieved outcome when no direct market value exists for that outcome.

9

Deadweight

A quantitative estimate of the degree of change that would have occurred regardless of the project's implementation.

10

Displacement

Positive outcomes eliminated by the project's implementation, or negative outcomes caused by the project.

11

Attribution

Contributions from external parties that played a role in achieving the change generated by the project.

12

Drop-off

The gradual diminishment of project-generated impact over time.

Report Overview

This report provides an analysis of the SROI generated by Hayat Dialysis Center, one of the flagship projects of the Hayat Charity Association in Medina. The project is primarily designed to deliver therapeutic and medical care services that address patients' health needs, while enabling underprivileged and financially disadvantaged renal patients to access high-quality treatment and healthcare.

The purpose of this study was to measure the SROI of the project and to document the changes experienced by its stakeholders. The initiative is recognized as one of the pioneering projects in Medina. The study is structured around the following key components:

Study Objective

To measure the SROI generated by the Hayat Dialysis Center project implemented by Hayat Charitable Association in Medina.

Type of Study

Evaluation study

Study Methodology

SROI methodology.

Study Tools

Questionnaires and interviews.

Study Timeline

During 2024

Study Sample

Patients benefiting from the center, project staff, and donors.

Key Outcomes for Beneficiaries

The total percentage of change indicators resulting from the project across all its indicators

SROI Ratio

During 2024, the dialysis project generated a social return ratio of 1:3.37, meaning that each Saudi Riyal invested in the project created a value of 3.37 Saudi Riyals.

Key Improvement Opportunities

1. Providing psychological counselling services for kidney patients to help them adapt to the psychological stressors associated with the disease.
2. Streamlining medication dispensing procedures.
3. Expanding transportation capacity for beneficiaries in need.
4. Improving and modifying some meals provided according to medical requirements.
5. Developing a continuous monitoring and evaluation system to enhance and maximize the SROI measurement results for the project.

Introduction

Access to healthcare represents one of humanity›s most essential needs; a necessity without which life itself becomes precarious. Healthcare provision stands as a developmental cornerstone for all societies, with governments and organizations alike recognizing its dual nature as both an ultimate goal and a fundamental means (Al-Shahrani et al., 2017).

This recognition has sparked the emergence of specialized institutions and associations dedicated to addressing specific medical challenges, particularly chronic conditions like kidney failure. Hayat Charitable Association in Medina exemplifies this commitment, offering comprehensive medical services and therapeutic interventions at no cost to vulnerable populations residing in the blessed city of Taiba, as well as to pilgrims and visitors to the Prophet›s Mosque performing Hajj and Umrah.

Chronic kidney disease represents a prevalent medical condition characterized by renal damage or dysfunction, coupled with elevated cardiovascular risk. Diabetes and hypertension account for approximately two-thirds of all chronic kidney disease cases. The progressive deterioration of kidney function ultimately advances to end-stage renal disease, requiring patients to undergo either dialysis treatment or kidney transplantation to maintain life (Wouters et al., 2015).

The care required for chronic kidney disease patients encompasses far more than direct medical interventions like dialysis; comprehensive social support plays an equally vital role. This social support manifests in two distinct forms: instrumental and emotional support. Instrumental support entails practical assistance with day-to-day life management, encompassing material and financial aid as well as help with routine daily activities. Emotional support, conversely, involves supportive behaviours such as attentive listening, genuine concern, and nurturing close relationships. Through such supportive actions, patients develop a profound sense of being cherished and valued (Silva et al., 2016).

Against this background, Hayat Association›s distinctive value and quality emerge in delivering comprehensive care services for kidney patients, particularly those with

advanced conditions necessitating continuous dialysis. This need becomes especially critical for underprivileged patients lacking financial means, as they cannot bear the prohibitive expenses of therapeutic interventions and specialized medical care their conditions require. Consequently, evaluating and measuring the SROI for the dialysis project becomes paramount to monitor transformations and benefits for stakeholders, establishing the project›s feasibility while reinforcing its sustainability or enhancing and evolving the treatment pathway. Accordingly, this study endeavours to validate these aspects through the SROI methodology.

This report offers a comprehensive insight into the intended and unintended impacts the project has had on its stakeholders. Such nuanced understanding provides greater opportunities for improvement, development, and learning, while simultaneously providing distinctive value by deepening the knowledge base essential for optimizing long-term benefits and ensuring the project›s sustainable future.

SROI
Principles

The SROI methodology constitutes a framework for measuring and accounting for social value. This methodology quantifies change through approaches specifically tailored to individuals and organizations that experience or contribute to such change. It effectively chronicles the generation of change by measuring social, environmental, economic, and health outcomes, while utilizing financial values to represent these outcomes. It operates as a measurement instrument that is fundamentally outcome-based and guided .(by stakeholder input (Yiğitbaşi, 2024

The application of SROI methodology fundamentally relies on identifying key outcomes associated with the intervention under scrutiny. Researchers systematically gather data through direct consultation with stakeholders concerning their authentic experiences within the intervention context. This stakeholder engagement serves as an essential cornerstone for comprehending both the transformative effects achieved through the implemented activities and the substantive value of the .(resulting outcomes (Deltetto et al., 2023

The SROI methodology is established upon eight foundational principles, as detailed in Table 1 below:

Table 1: SROI Principles

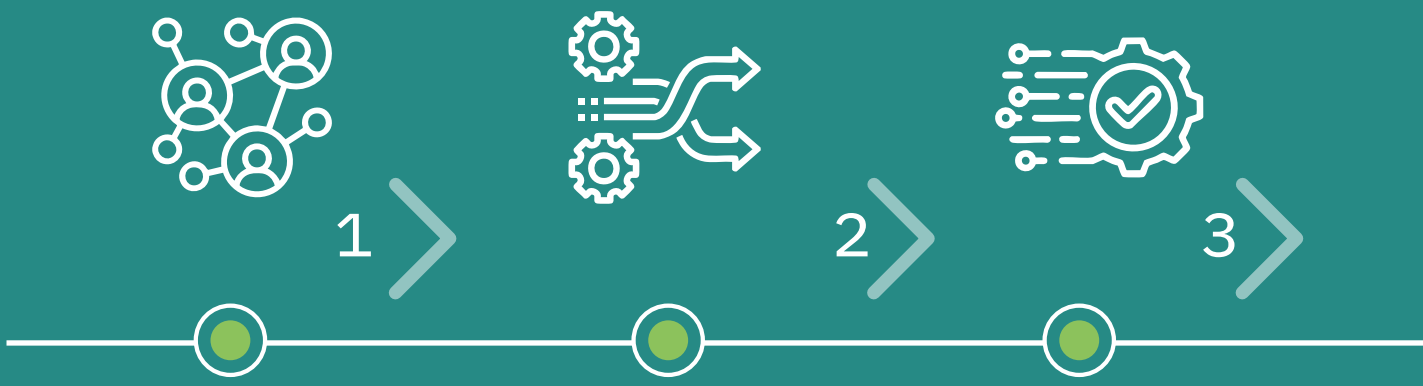
Principle	Description
1 **Involve stakeholders**	Stakeholder engagement is key to defining what should be measured, how it should be evaluated, and how its value should be determined. As the ones most directly experiencing the changes brought about by an intervention, stakeholders provide essential insights for accurately capturing outcomes. This principle calls for the systematic identification and active involvement of stakeholders throughout the analysis, ensuring that both the measurement framework and the valuation process genuinely reflect the perspectives of those affected by or influencing the activity.
2 **Understand What Changes**	This involves articulating change mechanisms and evaluating them through collected evidence, while accounting for both positive and negative changes, whether intended or unintended. Value generation occurs for or through stakeholders as a consequence of various change typologies, including stakeholder-driven changes, both intended and unintended, with positive and negative effects. This principle entails articulating the processes through which change occurs and substantiating them with evidence.
3 **Value the things that matter**	This entails using financial proxies to demonstrate outcome recognition. The principle is particularly significant because numerous outcomes lack market-equivalent valuations, thereby risking non-recognition. Financial proxies should therefore be applied to capture and acknowledge the intrinsic value of such outcomes.
4 **Only Include What is Material**	This principle requires identifying the information and evidence that must be included to ensure a fair and accurate representation, thereby enabling stakeholders to draw logical and well-founded conclusions about impact. It calls for assessing whether decisions would differ if certain pieces of information were absent, and it extends to determining which stakeholder groups experience significant changes, as well as the nature of those outcomes.

Principle	Description
5 **Do not Overclaim**	Claims should include only the value that the organization was responsible for generating. This principle requires examining general trends and benchmarks to evaluate only the change generated by the activity, not other factors, and to consider what would have happened anyway. It also requires acknowledging contributions from other individuals and organizations to reported outcomes, linking contributions to achieved results.
6 **Verify the Results**	Ensure appropriate independent assurance. Although SROI analysis provides an opportunity to develop a more complete understanding of the value generated from the activity, this analysis involves some subjectivity. Therefore, appropriate independent assurance is necessary to help stakeholders assess whether the decisions made by those responsible for the analysis are reasonable and rational.
7 **Be Transparent**	Demonstrate the basis on which the analysis can be considered accurate and honest, and show that this basis will be reported and discussed with stakeholders. This requires clarifying and documenting both information sources and collection methods, and different scenarios. This will include an account of how those responsible for the activity will create change in activity as a result of the analysis.
8 **Be Responsive**	Strive to achieve optimal social value by relying on decision-making processes that are consistent and supported by appropriate documentation and reports. Responsiveness means continuous improvement in activities to enhance social value generation.

(The SROI Network, n.d.; Social Value International, 2022a; Social Value International, 2022b).

Steps of **SROI Methodology**

The SROI methodology comprises a series of essential steps that must be implemented to ensure reports are prepared appropriately and in compliance with the standards established by Social Value UK. These steps are illustrated in Figure 1 below:



Establishing Scope and Identifying Stakeholders

The scope of analysis is clearly defined through a structured framework to streamline the SROI reporting process. This step identifies relevant stakeholders for engagement and establishes the structural elements of the SROI analysis, with particular emphasis on the research question

Mapping Outcomes (Theory of Change)

This step articulates the programme logic model, creating a comprehensive map of the resources (inputs) utilized to implement activities and demonstrating the causal pathway through which these activities generate outcomes for stakeholders.

Evidencing Outcomes and Giving Them a Value

Data is collected through both quantitative and qualitative methods to demonstrate and measure the extent to which outcomes are achieved and sustained.

Figure (1) Steps of SROI Methodology (Deltetto et al., 2023)

4

Establishing Impact

The extent to which activities contribute to achieving impact is determined by contextualizing the intervention›s effect and understanding what constitutes material and valuable changes resulting from the intervention. This allows for the validation of the theory of change.

5

Calculating SROI and Writing Reports

At this stage, the collected data is expressed as a ratio representing the social return on investment, by assigning monetary values to the material outcomes identified during the research phase.

6

Reporting, Using, and Embedding

The SROI report includes quantitative, qualitative, and financial results to narrate the story of change and provide information about the social value that may have been generated (or could have been generated) through the intervention.

Step 1

Establishing Scope and Identifying Stakeholders

Establishing Scope and Identifying Stakeholders

First: Establishing Scope

About the Association (Hayat Association)

Overview

Hayat Charitable Association specializes in providing free medical and therapeutic services to underprivileged patients residing in Medina and visitors of the Prophet›s Mosque, including those performing Hajj and Umrah.

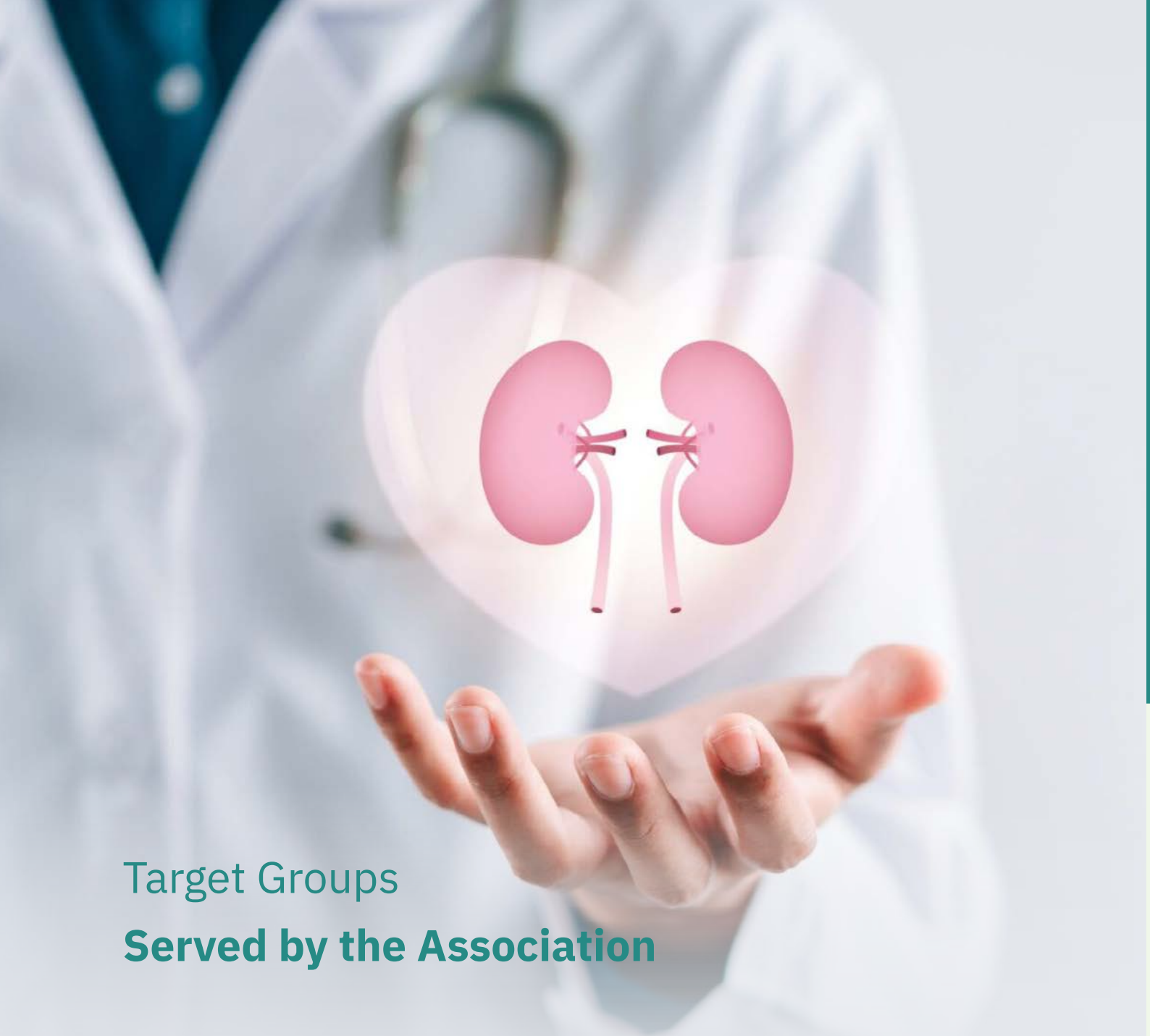
Our Mission

To enhance the quality of life for Medina's residents and visitors through awareness programs and specialized health services.

Our Vision

To achieve institutional excellence through specialized health programs delivering measurable competitive social impact and sustainable funding sources.

1	4	4	7
Hospital	Specialized programs	Awards	Sustainable funding Sources



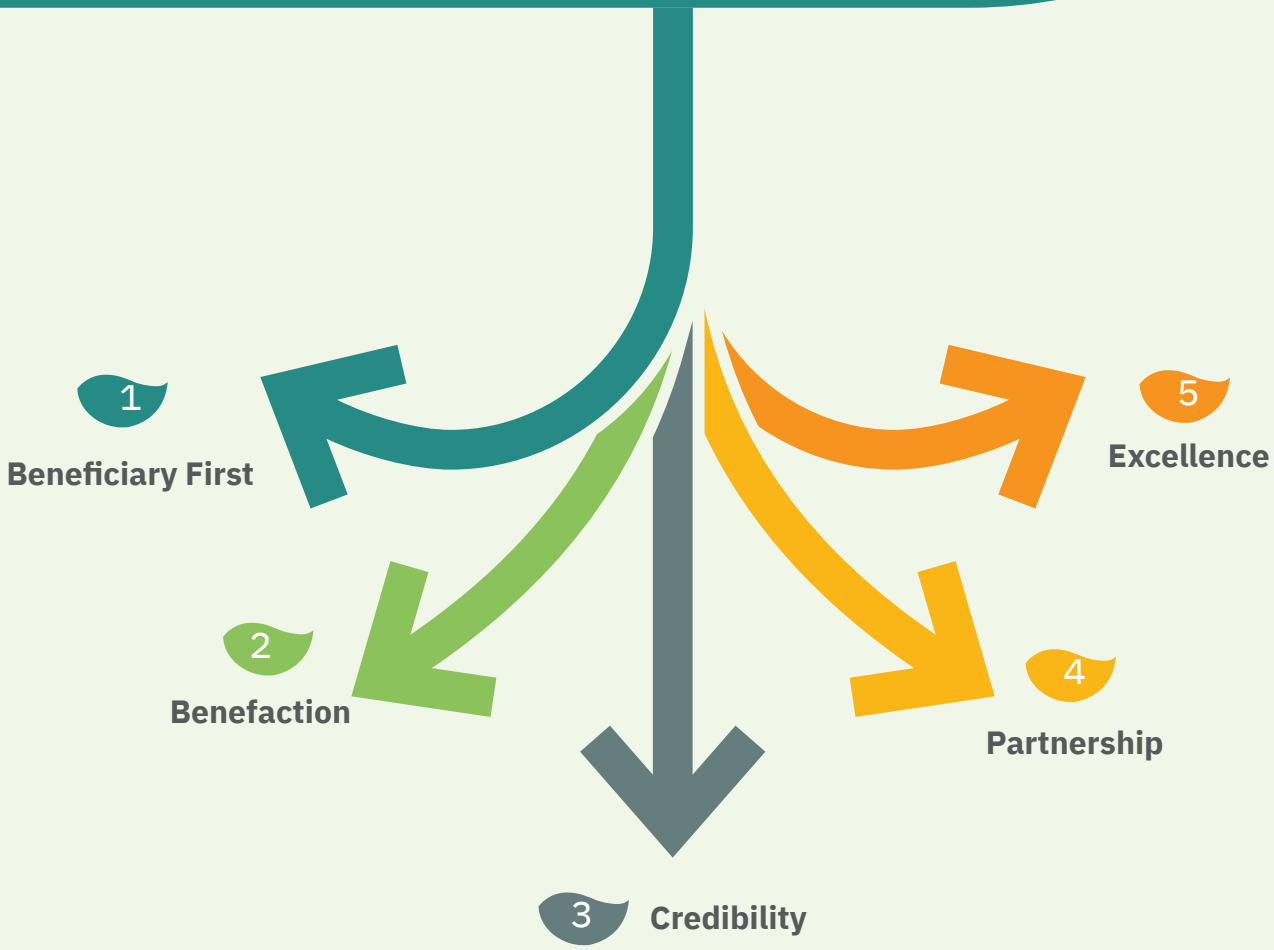
Target Groups
Served by the Association

- Underprivileged patients
- The elderly and their families
- Performers of Hajj and Umrah
- Adolescents and their families
- Kidney failure patients and their families
- Donors

Hayat Association and Institutional Excellence

Hayat Association endeavors to embrace the highest standards of organizational excellence, implementing accredited quality specifications and continuous improvement methodologies. The Association aims to achieve distinctive prominence at both local and regional levels while delivering services that surpass beneficiary expectations.

Association Values



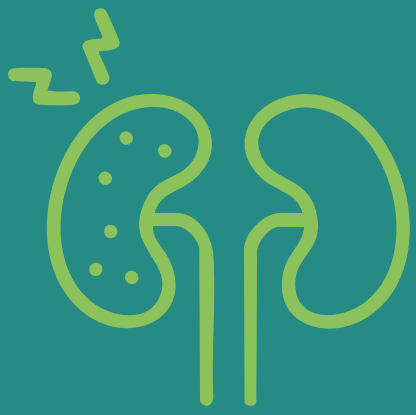
The Dialysis Project: An Introduction

Overview

Hayat Dialysis Waqf stands as a state-of-the-art medical facility dedicated to renal care. This charitable initiative features cutting-edge equipment fully compliant with Ministry of Health standards and specifications. The project directly supports Saudi Vision 2030's healthcare objectives by fostering community wellness through specialized medical services tailored to patients› comprehensive health requirements.

1. **55 Dialysis machines**
2. **50 Dialysis chairs**
3. **Water pump system for equipment operation**
4. **Laboratory for beneficiary testing and health monitoring**
5. **Pharmacy providing medications after each dialysis session**
6. **Equipment maintenance room**

The center serves patients with renal failure across all demographics, both genders and all age brackets, with a monthly capacity of 500 patients. This Waqf is an initiative of Hayat Charitable Association and operates through partnerships with highly specialized medical institutions and centers renowned for their professional excellence and superior quality standards. The facility provides dialysis services at no cost to underprivileged patients registered with Hayat Association, while the operational partner allocates remaining treatment slots to insurance companies and government healthcare facilities.



The Project's Mission

To deliver comprehensive renal care services, including specialized medical treatment and dialysis sessions, to economically disadvantaged patients suffering from kidney failure in Medina. Our mission focuses on addressing essential healthcare needs while minimizing financial burden, thereby safeguarding patients› health and well-being.

Project Rationale

1. Significant backlog of critical patients awaiting dialysis treatment in hospitals—individuals unable to access care due to regulatory barriers or disqualification from subsidized treatment programs.
2. Renal disorders represent among the most life-threatening medical conditions, with cascading complications that compromise multiple organ systems and may lead to complete systemic failure, ultimately resulting in mortality. Beyond physical deterioration, these conditions impose substantial emotional and cognitive burdens on both patients and their families.
3. Prohibitive treatment costs and dialysis session fees for the vulnerable and economically disadvantaged patients.
4. The sacred status of Medina and its uniquely diverse demographic profile encompassing citizens, the Prophet's Mosque devotees, expatriates, visitors, and performers of Hajj and Umrah.

Innovative Dimensions of the Initiative

1. Addressing critical patients' needs.
2. Extending services to a wider beneficiary population.
3. Pioneering medical facility; the first specialized center of its kind in Medina.
4. Implemented through collaborative partnerships with elite specialized medical institutions.
5. Premium-quality care delivered at subsidized rates.
6. Achieving strategic efficiency through excellent performance
7. Holistic care approach creating added value through specialized services addressing spiritual wellbeing, including Quranic recitation and memorization programs for patients through partnership with the Prophet›s Mosque study circles.
8. A novel endowment approach through establishing Hayat Dialysis Waqf.

Excellence Hallmarks of Hayat Dialysis Waqf

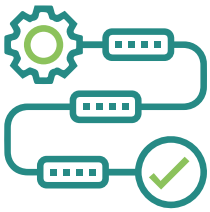
- Pristine healthcare environment adhering to rigorous quality standards
- Team of specialized medical professionals with advanced clinical expertise
- Comprehensive health education and awareness programming
- Internet access in dialysis rooms
- Quranic memorization and recitation guidance during treatment sessions
- Dedicated maintenance room for dialysis equipment
- Regular laboratory testing services available
- Dedicated space for patients› companions

Study Overview

Study Objectives

The primary aim of this SROI analysis is to quantify and evaluate the tangible impact generated by Hayat Dialysis Center in serving underprivileged and economically disadvantaged renal patients throughout Medina. Through this assessment, Hayat Association intends to leverage the outcomes to:

Develop Hayat Dialysis Center project and implement improvements



Identify both achievements achieved, and challenges encountered by stakeholders, with particular emphasis on beneficiary patients

Enable decision-making stakeholders to make appropriate financial and social decisions about the project

Study Scope

The scope for this SROI has been established within the broader context of the dialysis project, as outlined below:

Table 2: Project Scope Parameters

Inquiry	Parameter
Implementing Organization	Hayat Charitable Association, Medina
Subject of Analysis	A charitable endowment featuring a state-of-the-art dialysis center equipped with advanced technology meeting Ministry of Health specifications. The facility advances Saudi Vision 2030 healthcare objectives of building a healthy society by providing comprehensive therapeutic services and clinical care to economically disadvantaged renal patients in Medina, addressing their health requirements.
Impact Pathway	Through the provision of specialized clinical services and comprehensive medical support to vulnerable kidney patients throughout Medina. This holistic approach addresses patients' physiological, psychological, and social wellbeing needs.
Application of Findings	Through examining the outcomes produced by the project of Hayat Dialysis Waqf, this evaluation will inform new strategic decisions aimed at improving and supporting the therapeutic pathway for vulnerable and economically disadvantaged patients throughout Medina.
Temporal Scope	The assessment covers a twelve-month period encompassing the complete 2023 calendar year. This timeframe was selected to enable reliable documentation of both short-term and long-term health, psychological, and social impacts resulting from the intervention.
Analytical Approach	Additionally, the report aims to develop new insights to be utilized in improving the services provided through the project in terms of service quality and delivery mechanisms.

Analysis Timeframe

This report examines a complete twelve-month period spanning the 2022/ 2023 fiscal year. Given the project's nature as an ongoing program rather than a one-time event, alternative evaluation periods could have been selected.

Type of SROI Analysis

This evaluation employs the SROI framework to measure and assess the impact generated by the dialysis project. The approach adopted in this report is evaluative rather than predictive, focusing exclusively on completed activities and their measurable consequences. This evaluative methodology examines tangible, verifiable impacts that have already materialized, rather than projecting potential future outcomes from planned interventions.

Study Target Population

Patients requiring healthcare services at the dialysis center in Medina. The total target population during the study period comprised 200 individuals, from which a representative sample of 190 participants was drawn—constituting 90% of the total population. This sample size is deemed statistically sufficient to fulfill the scientific and methodological objectives of the study. The study scope extended beyond patients to encompass key stakeholder groups including operational management personnel, clinical team and healthcare specialists, and donors.

Study Timeframe

This SROI study was implemented during 2024, analysing impact resulting from investments made in the dialysis project throughout 2023. This facilitates thorough documentation and evaluation of benefits accrued to both targeted groups and stakeholders..

Geographical Scope of Analysis:

The scope of this SROI evaluation encompasses the health care and medical services delivered by Hayat Association to individuals accessing dialysis services in Medina.

Study Implementation:

The SROI analysis was independently conducted by a third party commissioned by Hayat Association, in line with the principle of transparency to ensure credible findings and accurate reporting.

Second: Identifying Stakeholders

Stakeholders, as defined by the project, include individuals, groups, or entities that are affected by, or that influence, project activities—either directly or indirectly, positively or negatively. Stakeholder identification and analysis represent an essential stage in the SROI process. This enables comprehensive understanding of impacts, encouraging stakeholder participation in decision-making, facilitating risk assessment, and defining the intended outcomes.

Identified Stakeholder Categories

All categories that may have influenced or been affected by the provision of healthcare and therapeutic services to patients receiving treatment at the dialysis center in Medina were identified, whether the impact was intended or unintended, and whether it was positive or negative.

Stakeholders were identified following discussions and sessions with project team to understand the roles and impacts provided and sought from stakeholders. This report contains a list of stakeholders relevant to the dialysis project. Table (3) below presents a list of all stakeholder categories that were considered to determine whether they should be included or not, along with rationale for inclusion and exclusion.

Table (3) List of Stakeholders in the dialysis project

Stakeholder	Inclusion/ Exclusion	Rationale	Total Number	Number included	Sample Percentage	Inclusion Method
Patients	Included	The primary beneficiaries of the dialysis program. The project was established specifically for them, as they receive therapeutic services and medical care through the Dialysis Center.	200	190	90%	Questionnaire + interviews
Patients' Family Members	Excluded	As most beneficiaries are expatriate workers living alone, Therefore, patients› family members were excluded from the SROI analysis.	-	-	-	-
Hayat Association (Members of the Management Team)	Included	The entity responsible for implementing the dialysis project. It plays a fundamental role in the project through the direct involvement of members of the management team in decision-making, monitoring, and directing the procedures and activities implemented within the project framework.	12	12	100%	Questionnaire + interviews
Dialysis Center (Physicians and Social Workers)	Included	The dialysis center exerts significant influence on the project›s operations, as physicians and social workers deliver essential therapeutic services and medical care directly to beneficiaries.	11	11	100%	Questionnaire + interviews
Nurses	Excluded	Although nurses contributed to carrying out the initiative›s activities, their impact on activities was minimal compared to that of other stakeholders, particularly physicians and social workers at the Dialysis Center. According to interviewed nurses, taking part in the dialysis project was not associated with any significant impacts personally or professionally.	20	20	0%	-
Donors	Included	Donors› contributions play a vital role in providing financial support to the dialysis project, directly enabling ongoing provision of essential medical services to vulnerable patients targeted by the project.	14	7	50%	Questionnaire + interviews
Saudi Ministry of Health	Excluded	Despite the dialysis project›s role in alleviating the burden of providing therapeutic services and medical care to dialysis patients, the impact on the Saudi Ministry of Health from the project›s activities is not sufficiently material to warrant inclusion in the analysis.	-	-	-	-
Broader Saudi Society	Excluded	Despite the possibility that the dialysis projects impacts the Saudi society at large, due to its role in reducing expenditures that the Saudi government would have expended for providing therapeutic services and healthcare to beneficiaries, this impact is considered immaterial due to the substantial role of the Saudi Ministry of Health in serving the Saudi society at large. Therefore, the broader Saudi society is not included in the analysis.	Unknown	Unknown	0%	-

Recruitment of Stakeholders

Hayat Association recruited patients through the identification of patients visiting the Dialysis Center in Medina. Collected data included data registered at the Center and information reported by patients to the research team. Additionally, the research team informed beneficiaries of basic information on the planned SROI study, including purpose of the study, proposed data collection methods, and research team members› contact information in order to enable patients to report further information later or inform the research team of their willingness, readiness, and agreement to participate in the study.

Due to the ease of access to the Dialysis Center and the need to visit it repeatedly, the research team contacted the Center›s management through telephone interviewing. The same procedure was applied with Hayat Association; the research team also contacted the Association›s management through telephone interviewing due to ease of access and communication. With regards to donors, contact via email was preferred as the recruitment method due to the difficulty of finding suitable timing for conducting interviews with them.

Inclusion of Stakeholders

Direct inclusion of stakeholders is a prominent aspect that distinguishes the SROI methodology from other methodologies such as the Cost-Effectiveness Analysis (CEA) and Cost-Benefit Analysis (CBA) methodologies. The inclusion of stakeholders facilitates the measurement and identification of social value yielded from an intervention or initiative. The inclusion of stakeholders is also significantly important for understanding the significance of changes resulting from the intervention and for measuring the changes quantitatively, as stakeholders are involved in the valuation of each outcome. Therefore, the inclusion of stakeholders is essential to the valuation of intangible inputs, such as time and efforts expended in the context of implementing the initiative.

The process of stakeholder inclusion for this report consisted of the following main phases:

- Identification of included and excluded stakeholder groups.
- Recruitment of participants.
- Conducting interviews with stakeholders—in order to identify the main outcomes and refine the theory of change.
- Administering a survey of stakeholders—in order to verify and valuate the outcomes.
- Conducting follow-up interviews—in order to confirm the final outcomes.

Stages of Stakeholder Involvement

Qualitative Stage (Interviews)

In order to obtain qualitative and detailed information, the research team preferred interviewing as a method for collecting data from participants. This data collection method was also preferred due to the relatively limited number of participants from the primary and secondary stakeholders groups.

Interviews were conducted with participants via telephone to eliminate the space and time constraints affecting the conventional, one-on-one interview approach. The numbers of participants with which interviews were conducted are indicated in Table 4 below.

Table (4) Numbers of Participants in Interviews

Stakeholder Group	Number of Participants
Patients	**25**
Hayat Association (Management)	**10**
Dialysis Center (Doctors - Specialists)	**8**
Donors	**5**

Due to the time and effort requirements, interviews were not conducted with all stakeholder groups simultaneously. Therefore, we conducted interviews at a series of stages. Table 5 below provides an overview of the order of stakeholder groups based on the timing of interviewing along with comments regarding these stages.

Table (5) Order of Interviewing Stakeholder Groups

Interview Stage	Stakeholder Group	Comment on the Stage
1	Hayat Association (Management)	Hayat Association was the first stakeholder group to be interviewed because it was the sponsor of the dialysis project and with which cooperation was key to the completion of this report. Moreover, due to the close cooperation with Hayat Association's management team members, we found them to be the stakeholder group that was the easiest and fastest to reach.
2	Dialysis Center (Physicians – Social Workers)	A large proportion of the discussions in the interviews with Hayat Association's management team members focused on the Dialysis Center's contribution to the dialysis project. Therefore, doctors and social workers were the second stakeholder group to be interviewed. Moreover, we believed that talking with doctors and social workers would set the stage for interviewing patients next.
3	Patients	We believed that it would be logical to interview patients after physicians and social workers at the Dialysis Center. Interviews and talking with physicians and social workers provided us with clear ideas on how to approach interviewing patients.
4	Donors	Due to challenges in finding appropriate timings for interviewing, donors were the last stakeholder group to be interviewed. Donors were not as easily reachable as other stakeholder groups because of donors' commitments and time schedules. Therefore, we needed to delay interviews with some participants multiple times.

Quantitative Stage (Questionnaires)

Due to the difficulty of collecting detailed, qualitative data from beneficiaries, a survey was preferred as the main data collection method for measuring outcomes. The questionnaire form was administered electronically via email in order to ensure ease of access and eliminate time and place constraints. The questionnaire form was designed to be semi open such that both close- and open-ended questions are included. Numbers of participants who took part in the survey from all stakeholder groups are outlined in Table 6 below.

Table (6) Numbers of Participants in the Survey

Stakeholder Group	Number of Participants
Patients	190
Hayat Association (Management)	12
Dialysis Center (Doctors - Specialists)	11
Donors	7

Exclusion of Stakeholders

As indicated in Table 3, patients› family members are not included in the SROI analysis. The reason for excluding this group is that most beneficiaries are expatriate workers. In Saudi Arabia, most expatriate workers often live alone. According to the study of Abdul Salam and Alhamoudi (2025), Saudi Arabia is characterized by the presence of a significant number of adult expatriates who live alone without their families. Therefore, patients› family members were excluded from the SROI analysis.

Another excluded stakeholder group is that of nurses. The reason for excluding this group is that the introduction of the dialysis project did not have a significant impact on nurses› daily work. Thus, it was believed that they would not have specific perceptions on the nature or impact of the project on them or patients. Moreover, contributions made by nurses to the care provided to patients are relatively limited compared to those provided by physicians and social workers at the Dialysis Center.

In addition to the aforementioned groups, another stakeholder group excluded is the broader Saudi society. The reason for excluding this group is that the project serves a very specific group that represents a minority in the Saudi society. Thus, it was deemed that the project does not impact society at large.

Involvement of Stakeholder in Identifying other Stakeholder Groups

During the data collection process, the research team consulted beneficiaries to identify new stakeholder groups that might have been impacted by the dialysis project but have not been identified. This procedure contributed to the definition of the final list of stakeholder groups included in the SROI analysis. Qualitative, one-on-one telephone interviews were conducted with beneficiaries. In all of these interviews, the research team asked participants two main questions:

1. Who else might have been impacted by your experience?
2. Who else might have been impacted by the activities provided in the dialysis project?

During interviews, respondents indicated several groups that might have been impacted by the project. Interview responses indicated the following stakeholder groups:

Patients

Interviews indicated several potential other stakeholder groups, such as family members, relatives, friends, and neighbors. However, from among these groups, only family members were included as new stakeholder groups. However, as most patients are expatriate workers, the impact from or on these groups was deemed significantly low that their experiences are not adequately relevant to the SROI analysis.

Dialysis Center

Physicians and social workers at the Dialysis Center expressed their belief that nurses are a potential secondary stakeholder group impacted by the dialysis project. However, nurses were deemed ineligible to be included in the analysis. Although nurses contributed to carrying out the initiative›s activities, their impact on activities was deemed minimal compared to that of other stakeholders, particularly physicians and social workers at the Dialysis Center. Moreover, nurses did not experience significant impacts personally or professionally. Therefore, although nurses were identified as a secondary stakeholder group, they were excluded from the SROI analysis.

Hayat Association (Management)

Member of the management team at Hayat Association believed that patients› families and the broader Saudi society are potential other stakeholders impacted by the dialysis project. As already mentioned, family members were excluded due to their minimal potential presence. Moreover, the broader Saudi society was excluded from the analysis. Despite the possibility that the dialysis project impacts the Saudi society at large, due to its role in reducing expenditures that the Saudi government would have expended for providing therapeutic services and healthcare to beneficiaries, this impact is considered immaterial due to the substantial role of the Saudi Ministry of Health in serving the Saudi society at large.

Donors

Interviews revealed that donors believed that other stakeholder groups impacted by the dialysis project include the broader Saudi society and the Saudi Ministry of Health. As already mentioned, the broader Saudi society was excluded from SROI analysis. The Saudi Ministry of Health was also excluded from the analysis. Despite the dialysis project›s role in alleviating the burden of providing therapeutic services and medical care to dialysis patients, the impact on the Saudi Ministry of Health from the project›s activities was deemed not sufficiently material to warrant inclusion in the analysis.

2

Step 2

Value Chain Analysis

Value Chain
Analysis

This step in the report preparation process addresses the value chain analysis. The value chain components include inputs, outputs, and outcomes leading to the final impacts of the Kidney Dialysis project. These components were identified through consultation with project managers to determine both financial and non-financial elements. Accordingly, this step identifies the stakeholders, inputs, outputs, and outcomes associated with each stakeholder in the project as follows:

This section of the report examines the value chain analysis which encompasses the interconnected components of inputs, outputs, and outcomes that collectively generate the project›s ultimate impact. These elements were identified through collaborative consultation with project team to capture both financial and non-financial dimensions. This step identifies stakeholders alongside their associated inputs, outputs, and outcomes. Table 7 below provides an overview of inputs of the dialysis project.

Table (7) Inputs of the Dialysis Project

Stakeholders	Inputs	Value
Patients	Time	-
	Efforts	
Hayat Association	Establishment	-
	Supervision	
	Management	
	Monitoring	
Dialysis Center	Provision of medical care	-
	Provision of psychological support	
	Provision of social support	
Donor	Financial support	**23,781,927**
Total Value of Inputs		**23,781,927**

The financial support provided for the dialysis project sufficed for meeting the needs of carrying out all activities. Other inputs were not valued because they were viewed as contingent upon the provided financial support, as staff from Hayat Association and the Dialysis Center received compensation for participating in the dialysis project. Therefore, financial support was viewed as inclusive of all inputs devoted to the dialysis project.

Theory of Change for **the Dialysis Project**

Development and Construction of the Theory of Change

The Theory of Change for the dialysis project delineates both planned and anticipated transformations, together with the sequential outcomes expected for patients (beneficiaries) and other stakeholders. This theory articulates the primary stakeholder categories and maps the pathways through which change manifests—beginning with inputs, progressing through outputs and outcomes, and ultimately leading to impacts.

The initial conceptualization of the Theory of Change was established at project inception through the following steps:

Precise stakeholder categorization:
Excluded stakeholder categories, despite having been consulted, were omitted from the final analysis due to their negligible influence on the causal chain leading to meaningful outcomes and ultimate impacts.

Systematic mapping of stakeholder contributions:
No inputs were assigned to patients given their status as beneficiaries. Hayat Association›s contributions included establishment, supervision, management, and ongoing monitoring activities. The dialysis center›s inputs consisted of service provision and medical care, while donors contributed through direct financial support.

Outcome identification:
This process entailed a detailed assessment of the changes experienced by patients alongside the outcomes generated by Hayat Association, the dialysis center, and donors.

Figure (2) The Theory of Change for patients in the dialysis center project

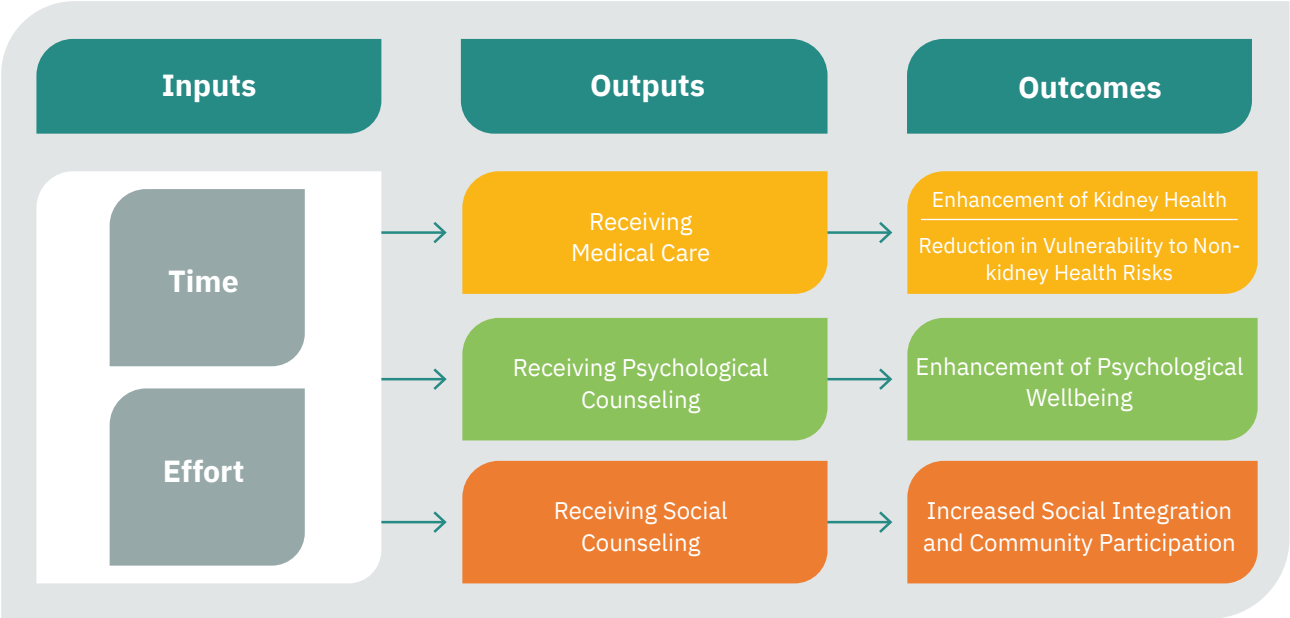


Figure (3) The Theory of Change for Hayat Association in the dialysis center project

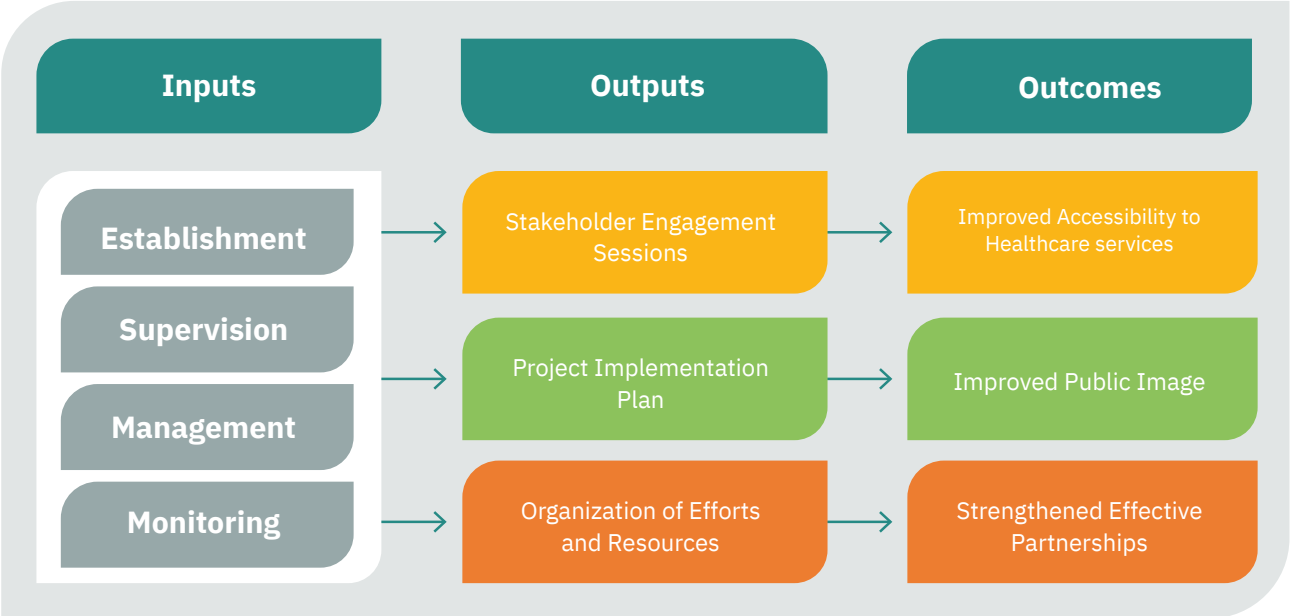


Figure (4) The Theory of Change for the Dialysis Center in the dialysis center project

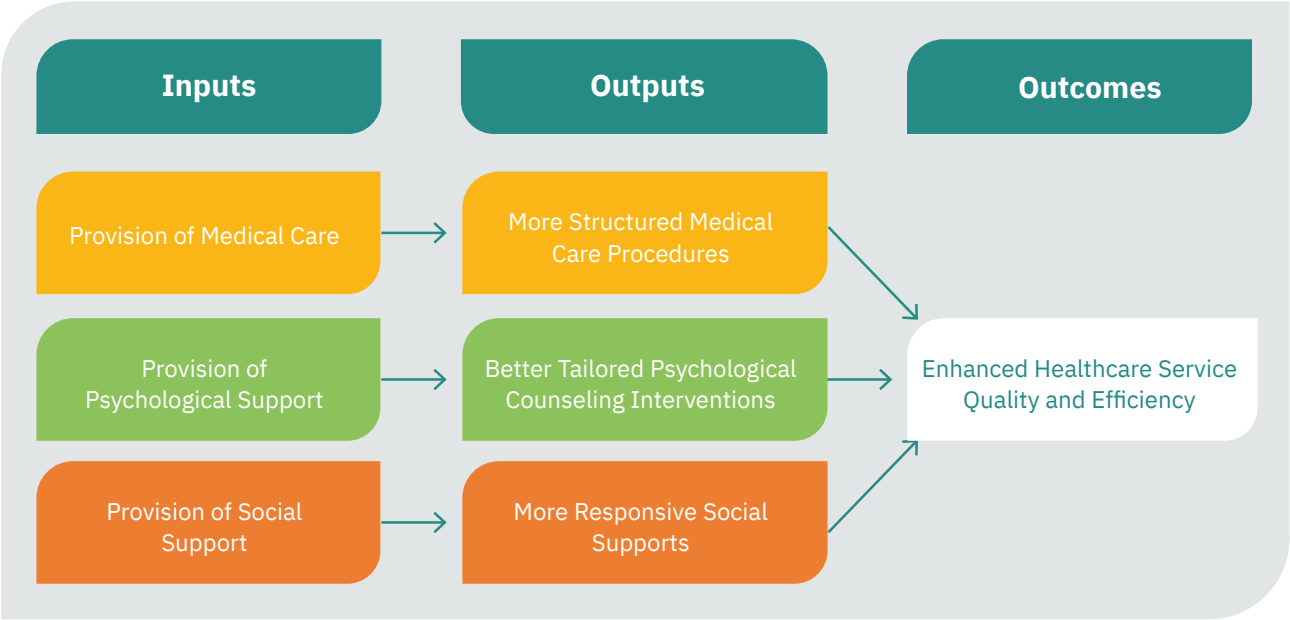
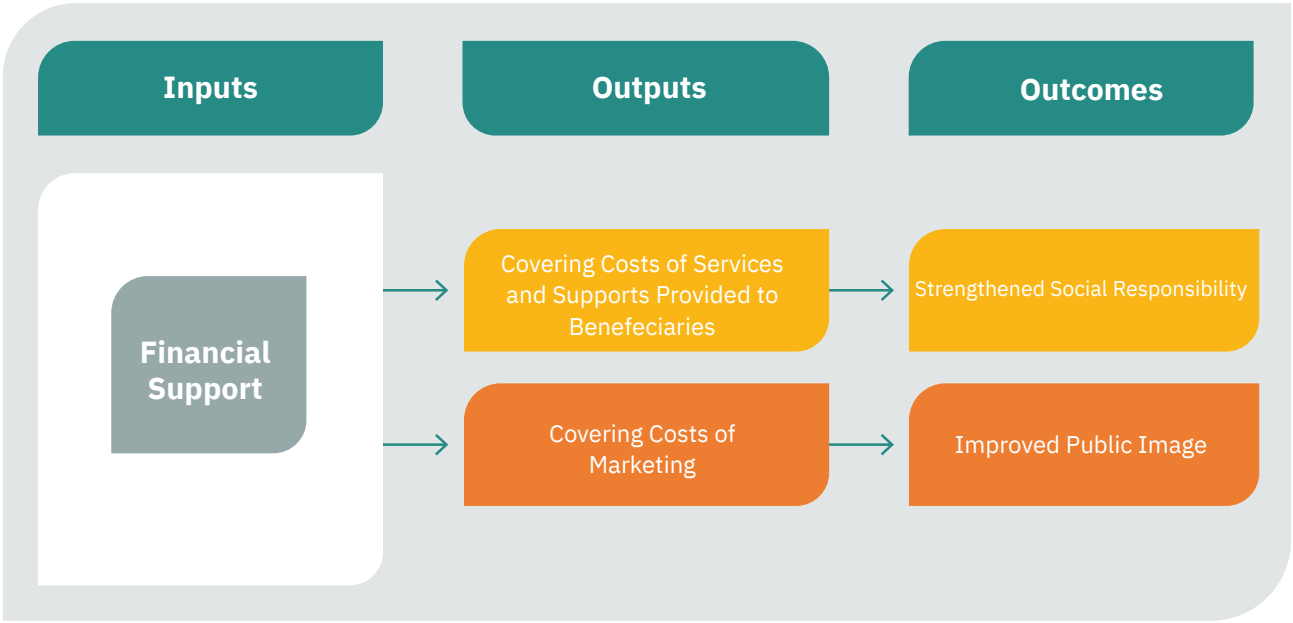


Figure (5) The Theory of Change for Donors in the dialysis center project



Figures 2 - 5 outline casual links in outcome chains assumed to be representing the value generated by the dialysis project. Below is a brief description of each of the main rows illustrated in Figures 2 - 5 :

Inputs:

These are the resources allocated for performing the activities leading to generating the desired outcomes of the dialysis project. The project required both material (financial) and immaterial (time and effort) resources. In this SROI study, only financial resources were valuated because time and effort were viewed as contingent upon the providing financial resources; thus, financial resources represent the totality of resources allocated for the project. Stakeholders were involved in defining inputs. Discussions with donors were essential to measuring the financial resources allocated for the project. Hayat Association and the Dialysis Center believed that financial resources represent the bulk of inputs allocated for the project, as they believed that efforts expended to conducting the project›s activities were contingent upon the provision of financial resources. Therefore, they believed that financial resources represent the totality of inputs of dialysis project.

Output:

This row represents the main and direct output(s) resulting from using the inputs allocated for the dialysis project. The main output resulting from the project is the provision of integrated treatment and healthcare services to patients examined in the study. Due to their short-term nature, outputs are not included in the SROI analysis. Stakeholders were directly involved in defining the dialysis project›s main outputs. Hayat Association and the Dialysis Center believed that the providing care services to patients represent the main output yielded by the project.

Outcomes

These are the results evaluated in the present SROI report. Unlike outputs, outcomes are generated for all stakeholder groups. Outcomes are tangible in the short, medium, and potentially, long run. Thus, they can be assessed within a time range of 04- years, which is the time range of focus in the study. Therefore, they are considered representative of the project›s achievements. Moreover, the outcomes were identified based on the perceptions of stakeholders. Details of data collection procedures that led to the identification of outcomes are provided later in this report. As indicated earlier in this report, stakeholders were involved in identifying the project›s outcomes. Each stakeholder group was involved in identifying its respective outcomes. They were also involved in identifying unintended outcomes (outlined later in the report). While the dialysis project›s theory of change includes the main outcomes, it does not include unintended outcomes, as the latter were perceived by included stakeholders as of limited significance. This is evident in that these outcomes received low scores of relative importance (as outlined in Table 14). Indicators used for measuring the identified outcomes are outlined later in this report.

Impact:

This is the expected long-term result of the dialysis project. This result is expected to impact the beneficiaries. The result was assumed based on professional judgment; the outcomes were perceived as leading to, and summed up in the form of, good health and improved overall well-being. Developing a clearer understanding of the extent of this impact requires conducting a follow-up study for examining the lasting effects of the project on stakeholders, particularly patients. Stakeholders were directly involved in identifying the main impact of the dialysis project. All stakeholder groups agreed that «good health and well-being» for patients represents the main and lasting impact of the project.

Indicators

The outcomes were identified with the involvement of stakeholders are generic and abstract. Therefore, indicators were defined to provide a more objective basis for measuring the outcomes resulting from the dialysis project. The indicators defined for the assumed outcomes of the project are outlined below:

Patients:

- Alleviation of financial burden: Decreased number of weekly dialysis sessions.
- Enhanced healthcare: Reduced cost of comprehensive care for a chronic kidney disease (CKD) patient.
- Enhanced psychological wellbeing: Reduced costs of psychological counseling services.
- Reduced vulnerability to health risks: Avoided healthcare costs associated with complications commonly resulting from CKD.
- Increased social integration and community participation: Avoided costs of social counseling sessions.

Hayat Association:

- Improved accessibility to healthcare services: Reduced costs of comprehensive therapy for a CKD patient.
- Improved public image: Reduced cost of social media marketing.
- Expanded collaborative networks: Decreased overall marketing costs.

Dialysis Center:

- Enhanced healthcare service quality and efficiency: Decreased costs of developing innovative treatment plans.

Donors:

- Strengthened social responsibility: Elimination of costs of therapy needed for a CKD patient.
- Improved public image: Reduced cost of social media marketing.

These quantitative indicators were used for measuring the extent of change resulting from delivering the dialysis project›s activities. Values measured using these indicators represented market prices of goods and services with equivalent effects on stakeholders. These values were used as financial proxies includes in the SROI analysis:

Establishing the Baseline

Measurement of the outcomes resulting from the dialysis project necessitated establishing the baseline. The baseline allows for using indicators to measure the extent of change that has occurred across all defined indicators. Because the present study is retrospective, the baseline was defined as representing the absence of the outcomes indicated by stakeholders in the interviews; this was because interviews required participants to discuss the value that was created and brought about by the project. Therefore, the value of a financial proxy was defined as representing the extent of change that has occurred from the baseline as a result of implementing the project. The numbers of participants in interviews who contributed to defining the baseline are outlined in the aforementioned Table 4.

Analyzed Activities

The analysis in this study focuses on specific activities. The analysis of these activities forms the bases for calculating the SROI generated from the dialysis project. The analyzed activities in this study and numbers of people (patients) served by them are outlined in Table 8 below.

Table (8) Activities Analyzed in the Study

Activity	Number of Served Individuals (Patients)
Core Dialysis Services (Hemodialysis - Peritoneal Dialysis)	190
Specialized Patient Care (Vascular Access Care - Anaemia Management - Nutrition Counselling - Blood Pressure & Diabetes Control - Medication Management)	190
Support and Education (Patient Education - Social Work and Counseling - Support Groups)	190

Use of Averages in Data Analysis

Averages were used in analyzing the data collected from stakeholders through questionnaires. While the values of financial proxies were estimated based on consultations and discussions with stakeholders and other parties, the data derived from the questionnaires formed the basis for calculating average percentages for attribution, deadweight, displacement, drop-off, and duration. Each average score was rounded to the nearest whole number divisible by 5. Averages were the main evidence used for estimating the percentages because they represent stakeholders› perceptions of the actual change and its extent. Percentages were also assessed based on the research team›s own professional judgment.

Step 3

Outcome Identification

Outcome Identification

The third step in the SROI analysis for the dialysis project details the methodologies applied to identify outcomes, the tools employed with stakeholders to define and collect outcome data, the subsequent analysis of these outcomes, the assessment of their materiality and relative significance, and the review of unintended outcomes.This chapter of the report discusses the third step of making the SROI report concerning the dialysis project. Topics discussed in this chapter include steps of outcome identification, data collection tools used for idenfiying and collecting data on outcomes, outcome analysis, materiality analysis of outcomes, analysis of relative importance of outcomes, and review of unintended outcomes.

Stages of Data Identificaion and Collection

The process of data identification and collection consisted of two main stages, which are outlined below.

Qualitative Stage:

This was first stage of data collection. The importance of this stage stemmed from its role in defining the outcomes, which were measured quantitatively in the quantitative data collection stage, which was the second stage of data collection. The qualitative data collection stage involved conducting interviews with a sample representing all included stakeholder groups, with the purpose of discussing with respondents actual outcomes and realized changes. Participants included subsets of all included primary and secondary stakeholder groups. In order to ensure convenience and access to participants, interviews were conducted via telephone. Telephone interviewing was preferred because of its advantages in overcoming the constraints of time and place.

The research team adopted a semi-structured approach for the interviews. This approach was deemed the most appropriate because it allows for flexibility in asking questions and discussing the «story of change». Asking stakeholders open questions provides the opportunity for reporting information not normally expected. Although an interview guide was developed and tailored for interviewing members of each specific stakeholder group, interview guides (Appendices B, C, D, and E) included two questions aimed at defining the outcomes resulting from implementing the dialysis project. These two questions are as follows:

1. «What do you think are the outcomes of your participation in the dialysis project?».

2. «How do you think these outcomes are generated from the project?».

Participants in the interviews were from all stakeholder groups included in the study. Numbers of participants in the interviews are outlined in Table 9 below.

Table (9) Numbers of Participants in Interview for Identifying Outcomes

Stakeholder Group	Number of Participants
Patients	25
Hayat Association (Management)	10
Dialysis Center (Physicians - Social Workers)	8
Donors	5

In addition to the aforementioned stakeholders, nurses at the Dialysis Center were also interviewed. A total of 20 nurses were interviewed. Although virtually all nurses expressed appreciation of the potential value of the dialysis project, most participants (18 nurses) believed that it did not have any significant impacts on them personally or professionally. Therefore, nurses were excluded from the SROI study.

Below is a brief description of outcomes that were repeatedly mentioned by participants and summaries of their justifications for mentioning them:

1. Patients:

a. **Alleviation of financial burdens:** A total of 24 patients expressed satisfaction with the role of the project in helping them save costs needed for accessing quality healthcare for meeting their needs. They indicated that high healthcare costs were a primary concern that they encountered before receiving support from the dialysis project. One participant noted: «It helped me save costs of dialysis sessions». Another participant praised the project for mitigating costly treatment, which he considered «the biggest problem dialysis patients encounter».

b. **Enhancement of kidney health:** All participants praised the quality of nephrology services provided through the project. They indicated that enhancement of kidney health is a major benefit of their participation in the project. According to one participant, the project «alleviated kidney problems, despite their chronic nature».

c. **Enhancement of psychological wellbeing:** Discussions with participants repeatedly highlighted the crucial role of the project in enhancing their psychological wellbeing. Before taking part in the project, kidney problems caused immense distress to participants and significantly affected their quality of life. A total of 23 patients found the project›s role crucial in improving their psychological well-being. One participant noted: «Now I feel much better about life».

d. **Reduction in vulnerability to non-kidney health risks:** Interviews unveiled that 22 participants believed that reduction of other health risks is a direct impact of taking part in the dialysis project. They believed that mitigating the impacts and burdens of addressing kidney health issues would protect from other health problems affecting other parts of the body. According to one participant, «Having a healthier body can save me from having other problems in the rest of my body later on».

e. **Increase of social integration and community participation:** According to 23 participants, taking part in the dialysis project will impact their lives through increased social integration and community participation. They indicated that unmet dialysis and healthcare problems that they had encountered before taking part in the project limited their ability to engage in activities with others in their social environments. One participant stated the following: «With a better kidney health, you can move and interact with people normally again».

2. Hayat Association (Management):

a. **Improved accessibility to healthcare services:** All ten participants expressed their belief in the dialysis project›s role in improving access to healthcare services, especially those provided to dialysis patients. They believed that the project provides advantages, in terms of quality and ease of access, that patients could not readily find at the time of starting taking part in the project. According to one participant: «The additional resources we received surely helped us improve access to healthcare services, especially to expatriates, of whom many cannot afford costly treatments».

b. **Improved public image:** Eight participants expressed their expectation that supporting the dialysis project will be of value in improving Hayat Association›s public image in the Saudi society. One participant expressed his belief that «Hayat Association will become viewed more favorably and as dedicated to addressing health issues in the Saudi society».

c. **Expanded collaborative networks:** Eight participants believed that a key expected outcome of supporting the dialysis project is the expansion of Hayat Association›s collaborative networks. Participants attributed that to the multiplicity of parties involved in the project, such as the Dialysis Center and Donors. According to a participant, «Being the central party in the dialysis project, Hayat Association could expand its networks to include entities linked to other parties [that took part in the dialysis project]».

3. Dialysis Center (Physicians - Social Workers):

a. **Enhanced healthcare service quality and efficiency:** All participating physicians and social workers expressed their belief that a key outcome of the project is the improvement of quality and efficiency of healthcare services provided at the Dialysis Center. A physician was optimistic about this potential outcome due to the «increased resources». Moreover, one social worker suggested that «interconnected support» will help the Dialysis Center provide improved medical, psychological, and social support to dialysis patients.

4. Donors:

a. **Strengthened social responsibility:** In the interviews, four of the participating donors expressed their belief that their contributions to the dialysis project will strengthen their roles in the area of social responsibility in the Saudi society. They believed that they affected positive change in their community. As one donor noted, «Playing a role in addressing health problems is one of the most significant ways of showing that we [donors] are committed to our social responsibility toward the Saudi society».

b. **Improved public image:** All participants stressed that contributing to the dialysis project will lead to improving their public image. They particularly highlighted expected improved reputation and status in the Saudi society, especially with the increased publicity of the project›s achievements and outcomes. According to one of the donors, «The publicity resulting from our role in the dialysis project will improve image in [the Saudi] society».

Quantitative Stage

This was the second data collection stage. It followed the qualitative data collection stage. This stage involved administering a qualitative questionnaire. Participants in the survey included most members of the primary and secondary stakeholder groups. The questionnaire form was distributed in order to collect information from respondents on the amount of each change, durations of changes, and relative importance of outcomes.

Due to the difficulty of collecting detailed, qualitative data from beneficiaries, a survey was preferred as the main data collection method for measuring outcomes. The questionnaire form was administered electronically via email in order to ensure ease of access and eliminate time and place constraints. The questionnaire form was designed to be semi open such that both close- and open-ended questions are included. Most members of other stakeholder groups participated in the survey. Numbers of participants in the survey are outlined below. The numbers of participants in the survey are outlined below.

Table (10) Numbers of Participants in the Survey

Stakeholder Group	Number of Participants
Patients	30
Hayat Association (Management)	12
Dialysis Center (Doctors - Specialists)	11
Donors	7

Analysis **of Outcomes**

Patients

Alleviation of Financial Burdens

A total of (190) of patients expressed their belief that the dialysis project has helped them in alleviating the financial burdens that they incurred to access medical treatment. These burdens included those related to dialysis sessions and other related treatment and medications.

Enhancement of Kidney Health

A total of (189) patients believed that the dialysis project has contributed to enhancing the healthcare that they received. They attributed this belief to improved ease of access to dialysis services, medical analyses, and other medical treatments.

Enhancement of Psychological Wellbeing

A total (189) of patients reported that receiving treatment and medical care services has had a significant positive impact on their psychological health. They attributed this impact to the project›s role in mitigating stress accompanying the circumstances of being a CKD patient.

Reduction in Vulnerability to Non-kidney Health Risks

According to what was indicated by (189) patients, medical treatment services provided through the dialysis project has contributed significantly to reducing the risk of having other health problems alongside those related to kidneys. Respondents attributed this to the comprehensive and high-quality treatment and medical services provided by the project.

Increase of Social Integration and Community Participation

A total of (179) patients indicated that receiving support and care through the dialysis project has improved their ability and willingness to communicate with their community. Respondents attributed this perception to the role of the project›s services in mitigating financial and psychological pressures associated with the circumstances of CKD; thus, they became more able to return to integrating into society again.

Hayat Association

Improved Accessibility to Healthcare Services

All respondents from Hayat Association expressed their belief that delivering the dialysis project has had a significant impact in facilitating CKD patients› receiving of treatment and care services needed for responding to their needs and addressing their chronic health issues.

Improved Public Image

A total of (11) respondents believed that delivering the dialysis project has contributed to improving Hayat Association›s public image in the Saudi society. Respondents attributed this to the project›s contribution in serving patients with CKD, which is a chronic disease that significantly impacts a patient›s quality of life. Hayat Association›s efforts in providing assistance and help to this patient group show the Association›s keenness on serving society›s health needs.

Expanded Collaborative Networks

A total of (11) respondents reported that the dialysis project has contributed to expanding collaborative networks with Hayat Association. Respondents referred to the multiplicity of parties involved in delivering the project›s activities to support this assumption.

Dialysis Center

Enhanced Healthcare Service Quality and Efficiency

A total of (11) respondents believed that the dialysis project has significantly contributed to improving the quality and efficiency of healthcare services delivered to patients with CKD. Participants mentioned a number of examples on this, such as providing expensive treatments, providing medications on a monthly basis, providing transportation services to facilitate patients› movement, providing nutritional recommendations, and providing dialysis and analysis services.

Donors

Strengthened Social Responsibility

All donors believed that delivering the dialysis project has had an effective role on their social responsibility. They also expressed their hope in the continuance of the project and their contributions in supporting it.

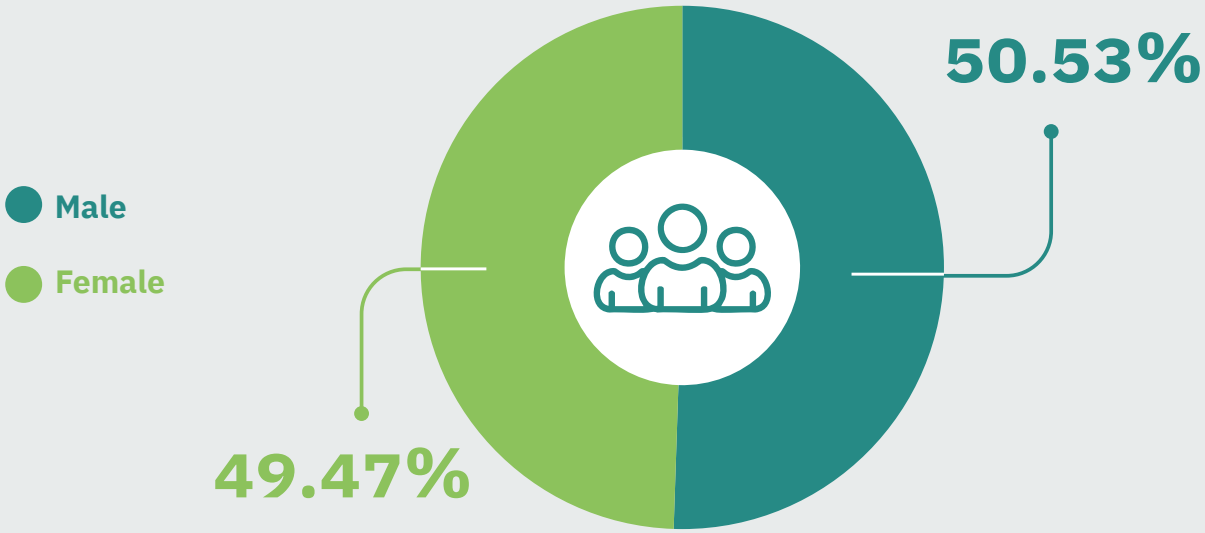
Improved Public Image

A total of (5) donors expressed their belief that delivering the dialysis project has played a significant role in building a positive public image for their institutions. Respondents mentioned that the provision of financial support to the project improved the image of their institutions as entities that support the healthcare sector and contribute to improving the quality of services it provides.

Characteristics of Beneficiaries

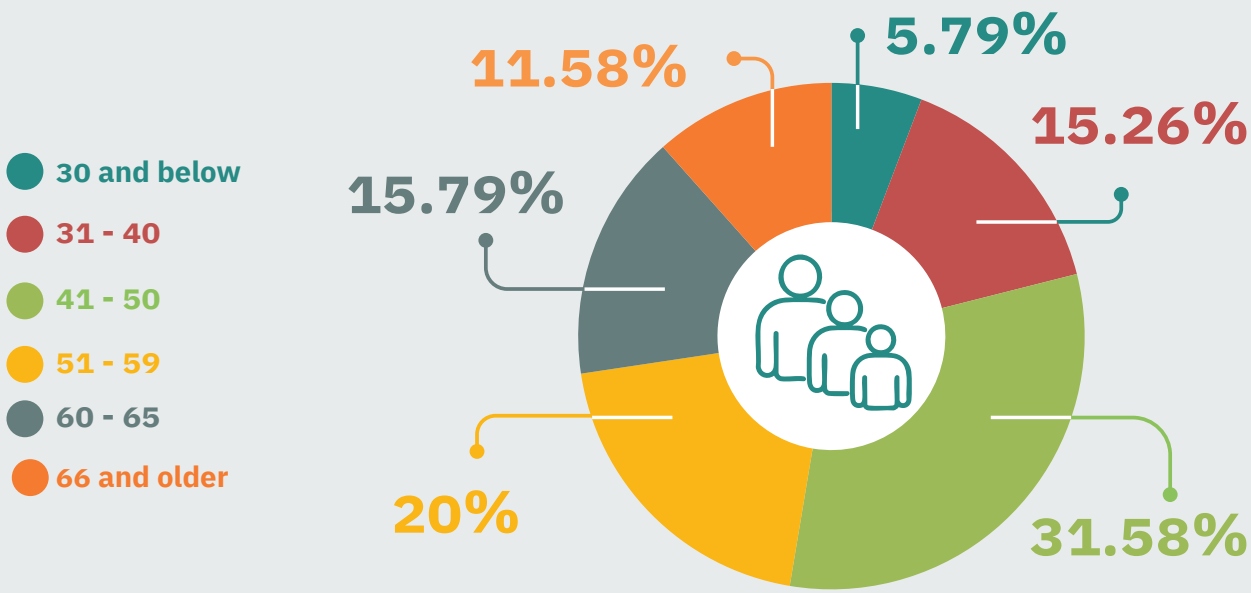
Gender

Table (11) Distribution of Beneficiaries Based on Gender



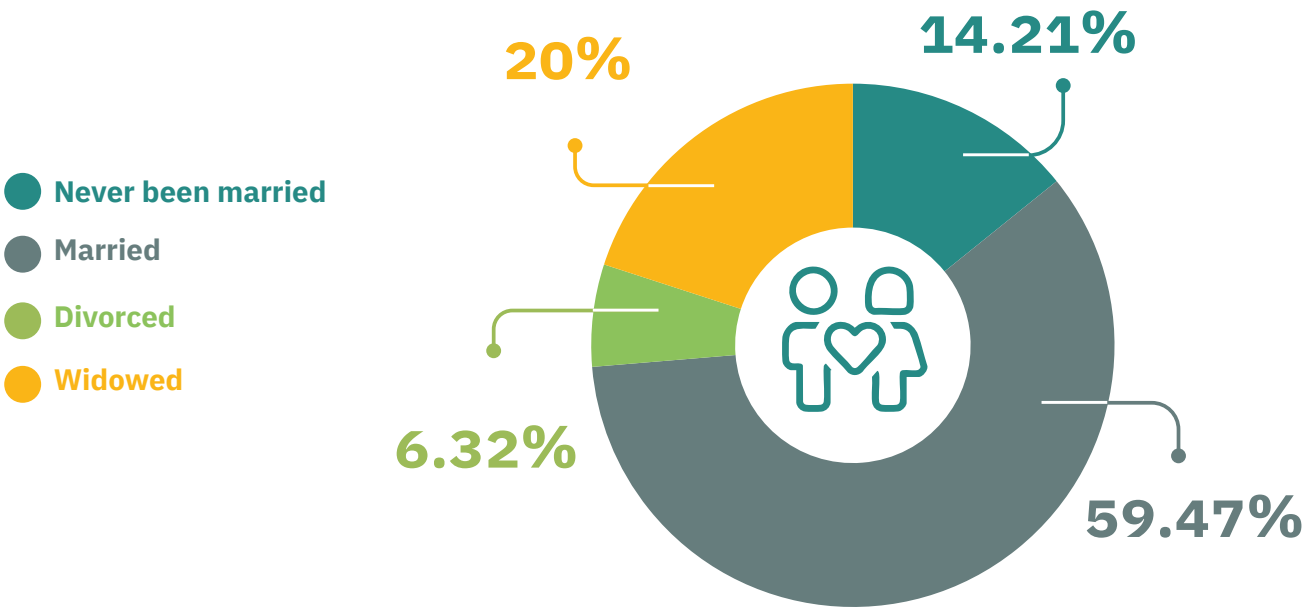
Age Group

Table (12) Distruction of Benefeciaries Based on Age Group



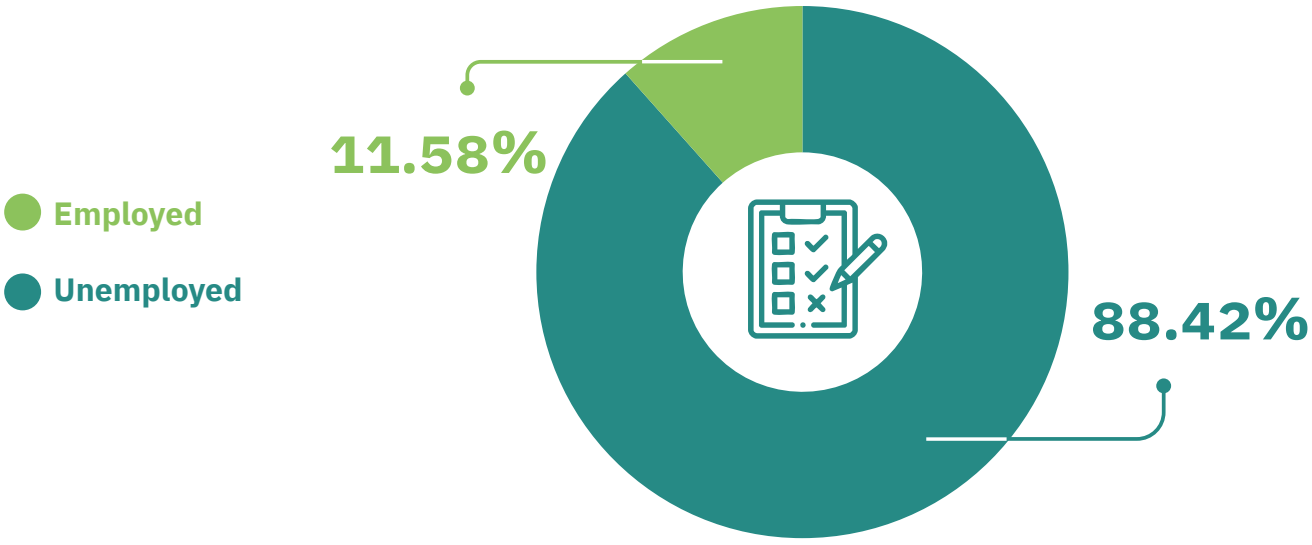
Marital Status

Table (13) Distrubution of Beneciareis Based on Marital Status



Employment Status

Table (14) Distribution of Benefeciaries Based on Employment Status



Recommendations and Suggestions by Beneficiaries from Services of the Dialysis Center

Table (15) Recommendations and Suggestions by Beneficiaries

S	Recommendations and Suggestions for Developing the Center's Services	n	%
1	Improving and changing meals.	30	15.79
2	Improving drug dispensing procedures	14	7.37
3	I propose establishing a pharmacy.	9	4.74
4	Improving procedures of drawing samples and delivering analysis results.	6	3.16
5	Providing transportation services.	6	3.16
6	Directing care to cleanliness of restrooms.	5	2.63
7	Improving devices attached to beds.	5	2.63
8	Paying attention to sterilizing the place due to low immunity among patients	5	2.63

Outcome Analysis

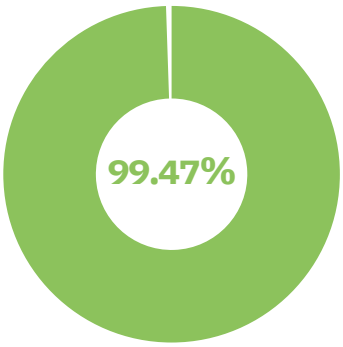
First: Analysis of Change Outcomes for Patients

1. Alleviation of Financial Burdens

All 190 surveyed patients (100%) indicated that the dialysis center project has significantly alleviated their financial burdens associated with treatment access. These financial burdens encompass dialysis session fees, medication costs, and other related healthcare expenditures.

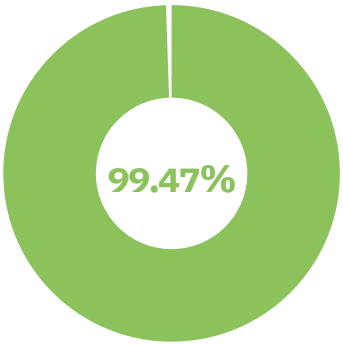
2. Enhancement of Kidney Health

99.47% of beneficiary patients reported improved healthcare outcomes through their participation in the dialysis project. Respondents specifically attributed these improvements to enhanced accessibility of dialysis services, laboratory analyses, and medical interventions.



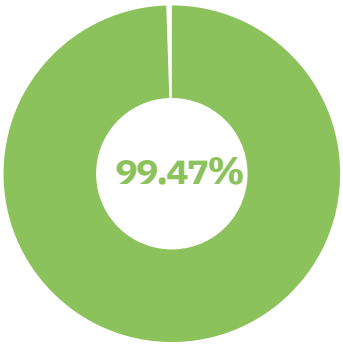
3. Enhancement of Psychological Wellbeing

99.47% of patients reported significant positive psychological impacts from accessing treatment through the dialysis project. Patients specifically highlighted how the program mitigates the psychological burden associated with kidney disease. The integration of Quranic recitation and memorization sessions from the Prophet›s Mosque study circles within the facility has proven particularly beneficial, fostering peace of mind, reducing anxiety, and enhancing overall psychological health among patients.



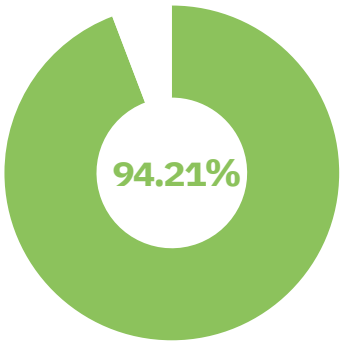
4. Reduction in Vulnerability to Non-kidney Health Risks

99.47% of beneficiaries indicated that treatment and medical care provided through the dialysis center has substantially decreased their vulnerability to non-renal health complications. Patients attributed this protective effect to the holistic, high-quality clinical services delivered within the program framework.



5. Increase of Social Integration and Community Participation

94.21% of patients reported that the support and care received through the dialysis center has enhanced both their capacity and willingness to participate in community life. Respondents specifically noted how the program›s alleviation of financial and psychological stressors associated with kidney disease has facilitated their successful reintegration into society.



Second: Analysis of the Outcomes Generated by the Project Implementers from Hayat Association

1. Improved Accessibility to Healthcare Services

All personnel charged with the project in Hayat Association reported that the dialysis center has significantly improved patients› access to essential treatment and medical care services. This enhanced accessibility has enabled more comprehensive management of patients' complex renal conditions.

2. Improved Public Image

All staff responsible for the project at the association indicated that the dialysis center has substantially enhanced Hayat Association›s standing in the community. They attributed this reputational benefit to the project›s focus on addressing a particularly challenging chronic condition that severely compromises quality of life. The association›s commitment to this vulnerable patient population demonstrates its responsiveness to critical healthcare needs. Moreover, the association›s specialization in renal care has elevated its prominence among donors, decision makers, and community.

3. Expanded Collaborative Networks

All project implementers from Hayat Association reported that the dialysis initiative has catalyzed valuable strategic partnerships with the association. They highlighted the diverse range of collaborating entities involved in project implementation as tangible evidence of this network expansion.

Third: Analysis of the Outcomes Generated by the Dialysis Center Staff:

Enhanced Healthcare Service Quality and Efficiency

All clinical staff (100%) at the dialysis center reported that it has significantly improved the quality and efficiency of renal care services. Staff identified several key improvements, including consistent provision of consulting, therapeutic, and pharmaceutical services. These enhancements have fostered a comprehensive care model that extends well beyond basic dialysis services to address patients› holistic health needs.

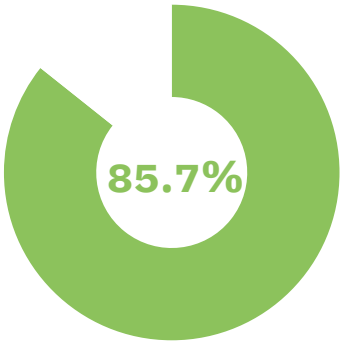
Fourth: Analysis of Outcomes Generated by Project Donors:

1. **Strengthened Social Responsibility**

   All donors indicated that supporting the dialysis project has substantively enhanced their social responsibility objectives. Donors expressed their appreciation for the unique value of this project, characterized by its specialization in providing integrated, high-quality healthcare services to a patient group that rarely receives attention. Additionally, the association›s specialization and services are considered by donors as an added value that advances the objectives and goals of funding institutions, particularly supporting healthcare services, programs, and initiatives like those offered by Hayat Association.

2. **Improved Public Image**

   85.7% of donors reported that their support of the dialysis project has significantly strengthened their organizations› public image. Respondents noted that financial contributions to the program have positioned their institutions as active supporters of healthcare advancement and service quality improvement, reinforcing their commitment to continued support. This percentage is considered reasonable for the overall sample, as it reflects some donors› expectations that the impact measurement report will demonstrate the project›s role in enhancing their public image.



Materiality Analysis of Outcomes

The SROI methodology requires that only material outcomes be incorporated into the analysis framework. Outcome materiality is determined through two key criteria: relevance and significance.

Relevance is established when an outcome demonstrably affects stakeholders and is perceived by those stakeholders as having importance to them. Significance requires that an outcome reaches threshold levels of causal impact, magnitude, and duration sufficient to influence project decisions and procedures. As this report focuses exclusively on material findings, all outcomes presented in the materiality analysis meet both relevance and significance criteria.

In the present study, the relevance and significance of outcomes were defined based on the outcomes of data collection processes. Relevance emerged from the qualitative stage of stakeholder engagement. This stage helped in identifying potential material outcomes, including those that are unintended and negative. Thus, this stage allowed for identifying what matters to impacted stakeholders. An outcome was considered relevant if it was mentioned by most members of the stakeholder group during the interviews. Accordingly, all outcomes identified during the qualitative stage of stakeholder engagement were identified as «relevant».

The significance of outcomes was determined in the quantitative stage of data collection. The significance of outcomes is based on quantity, duration, value, and causality. An outcome was considered significant if most members of the stakeholder group made estimations above 0% of deadweight, displacement, attribution, drop-off, and duration. Accordingly, all outcomes were identified as «significant».

Table 16 provides a comprehensive materiality assessment of outcomes generated through the dialysis project.

Table (16) Materiality Assessment of Outcomes Generated by the dialysis Project

Stakeholders	Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Patients	Alleviation of financial burdens	**Yes** Stakeholders identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrates substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Enhancement of Kidney Health	**Yes** Stakeholders identified this outcome during consultations and emphasized its critical importance to them	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Enhancement of Psychological Wellbeing	**Yes** Stakeholder specifically referenced this outcome during consultations and affirmed its vital importance to them	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group.	The outcome meets both relevance and significance thresholds
	Reduction in Vulnerability to Non-kidney Health Risks	**Yes** Stakeholder specifically referenced this outcome during consultations and affirmed its vital importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Increased social integration and community participation	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds

Stakeholders	Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Hayat Association	Improved accessibility to healthcare services	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Improved public image	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Expanded collaborative networks	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
Dialysis center	Enhanced Healthcare Service Quality and Efficiency	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
Donors	Strengthened Social Responsibility	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds
	Improved Public Image	**Yes** Stakeholder identified this outcome during consultations and emphasized its critical importance to them.	**Yes** • Demonstrate substantial influence on the broader context • Creates significant positive impact for this stakeholder group	The outcome meets both relevance and significance thresholds

Unintended Outcomes

To ensure comprehensive outcome capture, stakeholders were consulted regarding any unintended outcomes—both positive and negative—that emerged during project implementation. Through stakeholder engagement, several consistent patterns of unintended outcomes were identified. Table 17 presents these unintended outcomes that materialized through the dialysis project.

Table (17) Unintended Outcomes Generated by the Dialysis Project

Stakeholders	Unintended Outcomes	Results	
		Positive	Negative
Patients	Enhanced awareness of chronic kidney disease	✓	
Hayat Association	Increased potential for securing project funding through multiple resource channels	✓	
Dialysis Center	Enhancement of communication skills with patients from diverse nationalities	✓	
Donors	Increased capability for expanding regional partnership networks	✓	

The process of defining unintended outcomes was part of the general process of identifying the main outcomes of the dialysis project. Among the list of questions presented during interviews is a question that was presented to all participants from all groups. This question is as follows: «Did your participation in the project yield outcomes that you did not initially expect?». This approach for identifying unintended outcomes is in line with the guidelines provided by Social Value International, which emphasizes the involvement of stakeholders in identifying outcomes, including those perceived as negative and/or unintended (Adams et al., 2022).

Relative Importance of Outcomes

This section presents the relative importance of each outcome as perceived by stakeholders. Relative importance here refers to how significant an outcome is for different stakeholder groups, highlighting its non-financial value. The assessment of relative importance was carried out by engaging stakeholders affected by each outcome in a quantitative evaluation process. Stakeholders were involved in assessing the relative importance of the dialysis project›s outcomes. Each stakeholder group was asked to assess its respective assumed outcomes which were identified in the qualitative phase of data collection. For the assessing the relative importance of outcomes, quantitative questionnaires were administered. Questionnaires contained lists of outcomes, which respondents were asked to rate on a scale from 1 to 10. The final score of relative importance for each outcome was determined by calculating the average value of respondents› ratings.

Relative importance was a significant consideration for defining financial proxies selected for identified outcomes. Outcomes perceived as highly important (e.g., with a score of 7 and above) were included and taken into consideration in the SROI analysis. This approach in using relative importance was adopted in compliance with Principle 3 of the SROI methodology («Valuing the things that matter»). Relative importance of the assumed outcomes of dialysis project is outlined in Table 18 below.

Table (18) Average Relative Importance Values for Outcomes Generated by the Dialysis Project

Stakeholders	Outcomes	Relative Importance
Patients	Alleviation of financial burdens	10
	Enhancement of kidney health	10
	Enhancement of psychological wellbeing	8
	Reduction in vulnerability to non-kidney health Risks	8
	Increased social integration and community participation	7
	Enhanced awareness of chronic kidney disease	3

Stakeholders	Outcomes	Relative Importance
Hayat Association	Improved accessibility to healthcare services	9
	Improved public image	10
	Expanded collaborative networks	9
	Increased potential for securing project funding through multiple resource channels	3
Dialysis Center	Enhanced healthcare service quality and efficiency	10
	Enhancement of communication skills with patients from diverse nationalities	4
Donors	Strengthened social responsibility	10
	Improved public image	8
	Increased capability for expanding regional partnership networks	4

4

Step 4

Financial Valuation of Outcomes

Calculating the SROI ratio requires monetization of all material outcomes generated by project activities. However, social outcomes generated by any project typically lack direct market values. Therefore, it is essential to estimate the financial proxy values for these outcomes, enabling the necessary calculations that lead to the determination of the SROI ratio. This step in the SROI analysis establishes the monetary values necessary for calculating the final SROI ratio and demonstrating value of the outcomes in financial terms. This approach relies on indirect valuation methods rather than directly asking stakeholders for monetary estimates. Instead, it involves analysing available relevant data. For example, the financial proxy for an outcome like «Enhanced psychological wellbeing" might be estimated as the equivalent cost of counselling sessions at a psychological clinic (Big Lottery Fund, 2014).

Establishing Financial Proxies for Outcomes

Monetizing non-financial outcomes requires applying suitable financial proxies that accurately represent the value of changes experienced by stakeholders. Because many outcomes are intangible and lack direct market prices, the research team consulted with stakeholders to gather insights on appropriate financial proxies. To ensure inclusive consideration of all stakeholder perspectives, the team validated the selected proxies through recognized monetary estimation techniques within the SROI analytical framework. This process employed the two main valuation approaches, which are outlined below:

Cost-based approach: The reason for selecting the cost-based approach is that some outcomes are directly related to quantifiable financial savings. This approach involves valuation by measuring the avoided cost linked to the resulting change. There are several methods for calculating costs according to this approach, and these methods include replacement costs (e.g., the cost of replacing volunteers' time with paid staff doing the same role), opportunity costs (e.g., what a volunteer could have earned through employment or being paid an hourly rate if they had not decided to donate their time volunteering), and damage costs avoided (e.g., costs of damage to property or businesses that may be avoided owing to the existence of an ecosystem service).

Revealed preference approach: The reason for adopting the revealed preference approach is that the value of some outcomes can be inferred from people›s actual, observed behavior in related markets. According to this approach, financial proxies are defined according to the prices of related goods and services that are available in the market. Valuation revolves around the question on the outcome›s value to impacted stakeholders, but valuation is undertaken indirectly; valuation is not based on asking stakeholders directly, but on examining available, related data. As an example of applying this approach, if an initiative results in improving someone›s physical fitness, the value of this could be derived by analyzing how much time and money they put into achieving this change (e.g., going to a fitness club).

Table 19 below provides the selected financial proxies for the outcomes generated by the dialysis project and explains the rationale behind the selection of these values.

Table (19) Financial Proxies for Outcomes Generated by the Dialysis Project

Stakeholders	Outcomes	Outcome Valuation (Monetary Proxy)	Financial Proxy Value	Rationale
Patients	Alleviation of financial burdens	Average annual cost per patient including dialysis services and medications	91,200	The proxy value was set based on estimated annual cost for weekly dialysis sessions, combined with medical consultations, medication, and ancillary services. These values were informed by direct inquiries about the cost for a dialysis session with service providers in Medina; the average annual cost is approximately 91,200 SAR.
	Enhancement of kidney health	Average annual cost per patient including dialysis services and medications	91,200	The financial proxy value was set based on estimated cost for comprehensive care for a CKD patient. Information was obtained through communications with service providers in Medina; average annual cost for comprehensive renal care package per patient slightly exceeds 1,750 SAR weekly or about 91,200 SAR annually.
	Enhancement of psychological wellbeing	Average annual cost for psychological counselling sessions	7,200	The financial proxy value was estimated to be equivalent to the cost of providing psychological counselling services to a kidney patient at a rate of one counselling session per month. This value was determined based on inquiries about the cost of sessions through communication with several mental health centers and clinics operating in Medina. The information obtained indicated that the average cost of a single psychological counselling session is approximately 600 SAR. Consequently, the annual cost of providing psychological therapy sessions was estimated at around 7,200 SAR.

Stakeholders	Outcomes	Outcome Valuation (Monetary Proxy)	Financial Proxy Value	Rationale
Patients	Reduction in vulnerability to non-kidney health risks	Average annual cost per patient including dialysis services and medications	91,200	This financial proxy represents the avoided healthcare costs associated with complications commonly resulting from chronic kidney disease. The proxy is considered equivalent to the «enhancement of kidney health» valuation. This proxy value was estimated through inquiries conducted with multiple dialysis centers and healthcare providers offering renal services in Medina. Based on the collected data, the average weekly cost of delivering a comprehensive therapeutic care pathway for a kidney patient was estimated slightly above 1,750 SAR, which equates to approximately 91,200 SAR annually.
	Expanded collaborative networks	Average annual cost of professional social counselling services	4,800	The financial proxy was derived from the typical cost of a social counselling session, ascertained through engagement with several social counselling centers in Medina. Consultation indicated that the average annual cost of these sessions is approximately 4,800 SAR.
Hayat Association	Improved accessibility to healthcare services	Average cost to develop a patient therapeutic pathway program	270,000	The financial proxy for this outcome was determined as equivalent to the average cost of developing a therapeutic pathway for patients. This estimation was informed by the experience of Hayat Association in designing and implementing healthcare programs for kidney patients. Based on this experience, the average budget allocated for the development of a therapeutic treatment program is approximately 270,000 SAR
	Improved public image	Average cost a marketing campaign	35,000	The financial proxy for this outcome was determined as equivalent to the average cost of launching a social media marketing campaign. Research was conducted with relevant companies and agencies that develop marketing campaigns in the city to determine the average cost. Based on the information obtained, the average cost of launching a comprehensive marketing campaign targeting Medina was estimated at approximately 35,000 SAR.

Stakeholders	Outcomes	Outcome Valuation (Monetary Proxy)	Financial Proxy Value	Rationale
Hayat Association	Expanded collaborative networks	Average recruitment cost for three staff members	288,000	The financial proxy was set at the annual cost of employing three staff members. This figure was established through consultation with the association to ascertain the average cost of employment. Based on these discussions, the research team calculated an average employment cost of 288,000 SAR per year.
Dialysis Center	Enhanced healthcare service quality and efficiency	Average cost of developing an innovative treatment program for patients.	250,000	This financial proxy was established as equivalent to the average cost of an innovative program for developing a therapeutic plan for patients. Drawing on the experience and expertise of the association and center management in determining the value of such programs, the financial proxy was set at approximately 250,000 SAR.
Donors	Strengthened Social Responsibility	Average cost of developing an innovative treatment program for patients.	250,000	This financial proxy was established as equivalent to the average cost of an innovative program for developing a therapeutic plan for patients. Drawing on the experience and expertise of the association and center management in determining the value of such programs, the financial proxy was set at approximately 250,000 SAR.
	Improved public image	Average cost a marketing campaign	35,000	The financial proxy for this outcome was deemed equivalent to that utilized for Hayat Association›s «Improved public image» outcome. This proxy was established as the average cost of implementing a social media marketing campaign. Through consultations with specialized marketing agencies in the city, the research team determined that a comprehensive marketing campaign targeting Medina would cost approximately 35,000 SAR.

Step 5

Calculating Social Impact Value

Proportions of Attribution, Displacement, Deadweight, and Drop-Off

The SROI methodology provides an outcome-based evaluation framework that maps the outcomes of the project and assigns values to them with the aim of connecting the achieved social change with investment made. After valuing the outcomes, we must calculate actual impact by considering four critical factors: deadweight, displacement, attribution, and drop-off.

Step 5 in this SROI analysis for the dialysis project focuses on calculating the social impact value. This requires determining specific percentages for deadweight, displacement, attribution, and drop-off for each identified outcome. These percentages were carefully established based on direct stakeholder feedback and consultation.

Attribution recognizes that some portion of observed change may result from external organizations, initiatives, or individuals. Meanwhile, displacement percentage examines whether the change generated by the intervention has displaced something else, either positively or negatively.

In this report, a displacement rate of 5% was applied uniformly across all outcomes, reflecting stakeholder consensus that the dialysis project created minimal displacement effects for any other outcomes from any other sources. This determination followed structured stakeholder consultation.

Deadweight percentages refer to the change that would have happened anyway even without the project or initiative. Deadweight rates represent the consideration that part of the change leading to the outcome may have occurred due to other factors.

As for the drop-off duration, it refers to the number of years during which the intervention›s impact is expected to continue after its implementation has been completed.

In adherence to the SROI principle of «do not over claim», counterfactual (deadweight), attribution, displacement, drop off, and duration were estimated for the identified outcomes of the dialysis project. Due to the specificity and uniqueness of the project›s context, these values were estimated based on stakeholders› perceptions. Data used for estimating these values were collected from stakeholders by administering a questionnaire form. The form required the respondent to rate deadweight, attribution, displacement, and drop off by determining percentages that reflect their influence on outcomes. For each of these values, the average value of respondents› responses was calculated to be used for valuating outcomes. In order to streamline the valuation process, each average percentage was rounded to the nearest whole number divisible by 5. This process was considered as not undermining the accuracy of estimations because they are essentially rough and subjective.

With regards to duration (in years), stakeholders were asked to estimate its value on a scale from 1 to 4 for each outcome related to their stakeholder group. This time range was selected in order to avoid over claiming and make realistic estimations of the periods for persistence of outcomes. In order to streamline the valuation process, each estimated average duration period was rounded to the nearest whole number within the defined time range. This process was also considered as not undermining the accuracy of estimations because they are essentially rough and subjective.

The numbers of stakeholders involved in defining the aforementioned filters are outlined in Table 20 below.

Table (20) Numbers of Participants Involved in Defining Outcome Filters

Stakeholder Group	Number of Participants
Patients	25
Hayat Association (Management)	10
Dialysis Center (Physicians – Social Workers)	8
Donors	5

Table 21 below presents the comprehensive set of impact adjustment factors—attribution, displacement, deadweight, drop-off percentages, and drop-off durations—for the outcomes generated by the dialysis project.

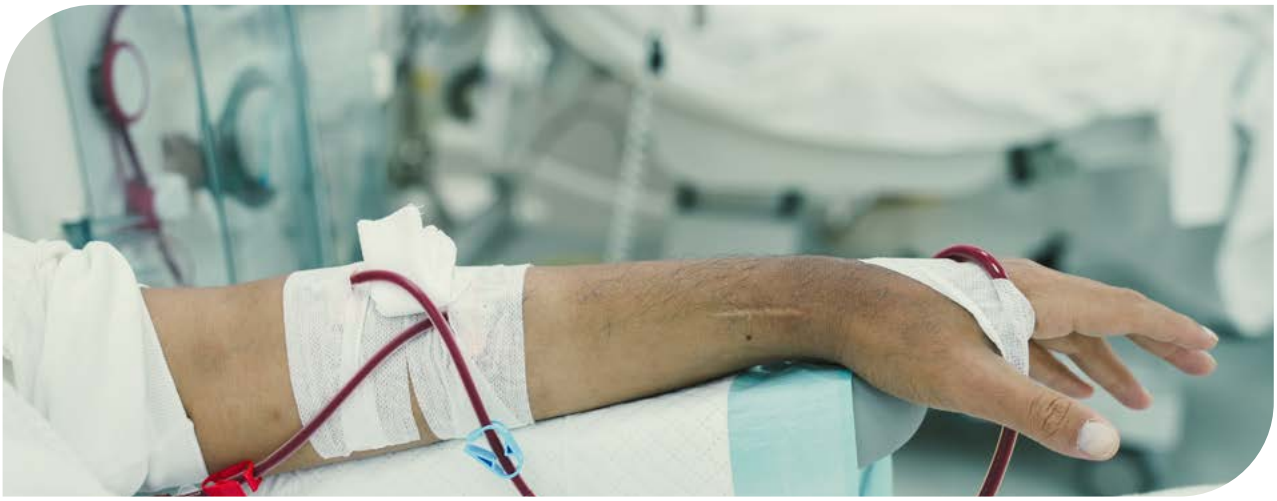


Table (21) Attribution, Displacement, Deadweight and Drop-off Percentages for Outcomes Generated by the Dialysis Project

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
Patients	Alleviation of financial burdens	20%	5%	10%	30%	3	Based on interviews and discussions with stakeholders, the percentages assigned to the four factors relating to the outcome "Alleviation of Financial Burdens" were determined with due consideration to each factor, as outlined below: Attribution: The Saudi Ministry of Health's efforts have contributed to alleviating patients' financial pressures. Deadweight: It was recognized that a portion of the outcome would likely have occurred anyway over time due to the progressive enhancements within the Kingdom's healthcare system. Drop-off: Given the extensive scope and intensity of the support provided to beneficiaries through the dialysis project, it was assumed that the impact of this outcome would gradually diminish in subsequent years following project completion. Drop-off Duration: Considering the significant role of the dialysis program in helping beneficiaries manage treatment-related expenses, the drop-off period was projected to extend over a relatively long timeframe.
	Enhancement of Kidney Health	20%	5%	10%	30%	2	Drawing on interviews and consultations with stakeholders, the percentages allocated to the four impact factors for the outcome "Enhancement of Healthcare" were determined, taking into account the relative influence of each factor as outlined below: Attribution: The initiatives of the Saudi Ministry of Health are likely to have contributed to improving the quality of healthcare services accessible to patients. Deadweight: A proportion of the outcome is expected to have occurred independently over time, owing to the ongoing advancements within the Kingdom's healthcare system. Drop-off: Given the scale and comprehensive nature of the medical support provided to beneficiaries through the dialysis project, it is anticipated that the effect of this outcome will gradually diminish in the years following project completion. Drop-off Duration: Considering the project's pivotal role in enabling beneficiaries to secure high-quality therapeutic and medical services, the duration of the drop-off is expected to extend beyond one year. However, it is not projected to be prolonged, as the continuous development initiatives of the Saudi Ministry of Health are expected to maintain and further strengthen the healthcare system's quality and efficiency.

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
	Enhancement of psychological wellbeing	50%	5%	10%	20%	3	Based on interviews and discussions with stakeholders, the percentages attributed to the four factors for the outcome «Enhancement of Psychological Well-being» were determined, with consideration given to each factor as follows: Attribution: A substantial portion of this outcome is expected to be achieved with beneficiaries receiving psychological support from multiple sources, particularly from friends. Deadweight: Part of the outcome may have occurred regardless, due to the presence of existing psychological support mechanisms within the patients' social circles and the Kingdom›s mental health care system. Drop-off: Considering the intensity and comprehensiveness of care and support provided through the dialysis project, it is anticipated that the impact will diminish at a measurable rate in the years following the project's completion. Drop-off Duration: Given the critical role of accessible therapeutic services and medical care in improving the overall psychological state of kidney patients, this decline in effect is expected to extend over a relatively long period.
	Reduction in vulnerability to non-kidney health risks	20%	5%	10%	15%	2	Based on interviews and consultations with stakeholders, the percentages allocated to the four impact factors for the outcome « Reduction in vulnerability to health risks» were established as follows: Attribution: It is recognised that part of this outcome may be attributed to therapeutic services and medical care obtained from sources other than the dialysis project. Deadweight: Given the dialysis project's focus on kidney patient needs specifically, the proportion of outcomes likely to have occurred regardless is estimated to be low. Drop-off: Considering the continuous development in the healthcare system across the Kingdom, the rate of decline in the impact magnitude over time is expected to be relatively low. Drop-off Duration: Due to the multiple potential sources contributing to this outcome, the period over which the effect diminishes is not anticipated to extend beyond two years.

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
	Increased social integration and community participation	50%	5%	20%	20%	3	Drawing upon interviews and discussions with stakeholders, the percentages assigned to the four factors for the outcome «Increased social integration and community participation» were established, with consideration given to each factor as detailed below: Attribution: It is recognised that a substantial portion of this outcome arises from support by individuals within the patient's social network. Deadweight: A portion of the outcome is anticipated to have transpired naturally, facilitated by established social ties between community groups and the ease of communication which drives social integration and community participation without the programme's intervention. Drop-off: Given the pivotal anticipated role of the dialysis project in fostering patient community engagement, it is expected that the impact will decrease at a measurable rate in the years subsequent to project completion. Drop-off Duration: Thanks to the importance of sustained community interaction encouraged by the dialysis project, the duration of the decrease in the value of outcomes after the completion of the project is expected to be relatively extended.
	Improved accessibility to healthcare services	15%	5%	10%	20%	3	Based on interviews and discussions with stakeholders, the percentages assigned to the four factors for the outcome «Improved accessibility to healthcare services» were determined as follows: Attribution: Stakeholders identified that ongoing advancements in Saudi Arabia›s healthcare system have played a role in enabling patients to access some of the healthcare services they received. Deadweight: A portion of healthcare access improvement would have naturally occurred through the Kingdom›s ongoing healthcare system modernization efforts. Drop-off: Considering the critical role of the dialysis project in easing access to therapeutic and medical care for kidney patients, a notable reduction in impact is anticipated in the years following project completion. Drop-off Duration: Due to the specialised and intensive nature of facilitating access to healthcare services within the framework of the project implementation, the drop-off period is expected to be relatively extended.

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
	Improved public image	10%	5%	10%	30%	3	Based on comprehensive interviews and consultations with stakeholders, the percentages attributed to the four evaluation factors for the outcome «Improved public image» were established, reflecting the influence of each as follows: Attribution: It is acknowledged that part of the improvement in the public image of Hayat Association stems from its involvement in additional social initiatives and activities throughout 2024, beyond the dialysis project. Deadweight: It is likely that a portion of this improvement would have materialised independently, driven by ongoing social efforts of the association and persistent dissemination of information about its work via social media channels. Drop-off: Given the intensified focus of the dialysis project on providing support to vulnerable kidney patients, it is anticipated that the end of the project may gradually diminish the strength of its contribution to the association›s public image. Drop-off Duration: Considering the association's improved profile linked to the dialysis project's contributions, the reduction in public image impact is expected to occur over a relatively prolonged period.
	Expanded collaborative networks	20%	5%	30%	30%	3	Based on the interviews and consultations with stakeholders, the percentages assigned to the four evaluation factors for the outcome «Expanded collaborative networks» were determined, reflecting the influence of each factor as follows: Attribution: Recognising the significant social role of Hayat Association, it is acknowledged that a part of the success in fostering effective partnerships derives from factors beyond the dialysis project. Deadweight: Given the association's proactive engagement within the community, stakeholders confirmed that a considerable portion of these partnerships would likely have formed irrespective of the project. Drop-off: Due to the dialysis project's impactful collaboration with entities such as dialysis centre and donors, it is anticipated that the formation of these effective partnerships will sustain without decline. Drop-off Duration: The drop-off period is expected to continue for several years given the perceived strong role of the dialysis project in enhancing effective partnerships during its implementation period.

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
	Enhanced healthcare service quality and efficiency	30%	5%	30%	30%	3	Based on interviews and discussions with stakeholders, the percentages assigned to the four factors for the outcome «Enhanced healthcare service quality and efficiency» were determined as follows: Attribution: Stakeholders noted that a considerable portion of this outcome reflects the ongoing efforts of the dialysis centre to enhance the quality and efficiency of therapeutic and medical services provided to patients. Deadweight: It was observed that much of the outcome would likely have occurred irrespective of the project, owing to the centre's commitment to continuous service development. Drop-off: Given the focused and intensified efforts of the dialysis project, a gradual reduction in the impact magnitude is anticipated over the years following project completion. Drop-off Duration: Given the intensification and focus of the dialysis project›s efforts, the decline in outcome benefits, during the years following the completion of the project, is expected to be significant not only in rate but also sustained over a relatively prolonged period.
	Strengthened social responsibility	30%	5%	30%	30%	3	Based on consultations and interviews with stakeholders, the percentages attributed to the four factors for the outcome «Strengthened social responsibility» were established, reflecting the influence of each as follows: Attribution: A notable share of this outcome is likely due to donors' engagement in various social initiatives coinciding with the dialysis project›s execution. Deadweight: It is likely that a considerable portion of the outcome would have transpired independently, given donors' ongoing commitments to social initiatives beyond the dialysis project. Drop-off: Considering the significant impact achieved through the dialysis project in fostering social responsibility among donors, a rapid-paced decline in the outcome's value is expected in the years following project completion. Drop-off Duration: Given the intensification and focus of the dialysis project›s efforts, it is noted that the value of this outcome will diminish during the years following the completion of the project not only at a rapid pace but also over a relatively extended period of time.

Stakeholders	Outcomes	Attribution %	Displacement %	Deadweight %	Drop-off %	Drop-off Duration (years)	Comments
	Improved public image	30%	5%	30%	30%	3	Drawing upon stakeholder interviews and discussions, the percentages assigned to the four impact levels for the outcome «Improved public image» were established as follows: Attribution: A considerable portion of this outcome is likely attributable to donors' contributions to social initiatives that coincided with the implementation of the dialysis project. Deadweight: It was likely that a significant part of this outcome would have occurred independently, driven by donors' ongoing support for various social initiatives beyond the dialysis project. Drop-off: Given the substantial impact of the dialysis project in bolstering the association›s public image within the community, a gradual decline in this impact is anticipated over the years following the project's completion. Drop-off Duration: Given the intensification and focus of the dialysis project›s efforts, it is noted that this outcome will diminish during the years following the completion of the project not only at a rapid pace but also over a relatively extended period of time.

Step 6

Calculating SROI Ratio

This section of the report details the methodology for calculating the SROI ratio for the dialysis project. Utilizing the conclusions from the assessment of inputs, outputs, and outcomes, this calculation determines the SROI ratio achieved by the dialysis project. To verify robustness and reliability of the calculated ratio, sensitivity analyses were applied. This was followed by an in-depth interpretation of the outcomes, which identified a set of enhancement opportunities, aiming to introduce developments and improvements in the project›s implementation practice.

To accurately determine the SROI ratio, the first step is to calculate the change value in order to reflect the current impact value of anticipated outcomes. However, this calculation extends beyond standard present value methods by integrating a discount rate that accounts for the time-related decrease in money's value, facilitating the derivation of the net present value (NPV) which forms the numerator of the SROI formula. While various discount rates have been proposed for SROI reports, the 3.5% rate set forth in the UK Treasury's Green Book stands out as the most authoritative. This is the recommended rate for calculating discount values on public funds (Szplit, 2013).

The NPV calculation approach for the dialysis project, including outcome-specific drop-off rates and durations along with the chosen discount rate, is outlined in Table 22 below.

Table (22) NPV Generated by the Dialysis Project

Stakeholders	Outcomes	Drop-off Duration (years)	Value of Change (in Saudi Riyals)*		
			Year 1	Year 2	Year 3
Patients	Alleviation of financial burdens	3	11,852,352.00	8,296,646.40	5,807,652.48
	Enhancement of kidney health	2	11,789,971.20	8,252,979.84	0.00
	Enhancement of psychological wellbeing	3	581,742.00	465,393.60	372,314.88
	Reduction in vulnerability to non-kidney health risks	2	11,789,971.20	10,021,475.52	0.00
	Increased social integration and community participation	3	326,496.00	261,196.80	208,957.44
Hayat Association	Improved accessibility to healthcare services	3	2,354,670.00	1,883,736.00	1,506,988.80
	Improved public image	3	296,257.50	207,380.25	145,166.18
	Expanded collaborative networks	3	1,685,376.00	1,179,763.20	825,834.24
Dialysis Center	Enhanced healthcare service quality and efficiency	3	1,280,125.00	896,087.50	627,261.25
Donors	Strengthened social responsibility	3	698,250.00	488,775.00	342,142.50
		3	81,462.50	57,023.75	39,916.63
Total (before applying discount rate)			42,736,673.40	32,010,457.86	9,876,234.39
Present Value (after applying discount rate)			41,291,471.88	29,882,104.94	8,907,797.57
Total Present Value			**80,081,374.39**		

Table 10 shows that the total NPV generated by the dialysis project is 80,081,374.39 SAR. The total input value is 23,781,927 SAR. Therefore, the SROI ratio for the project was calculated as follows:

$$\text{SROI} \quad \frac{80,081,374.39}{23,781,927} = 1:3.37$$

This means that each Saudi Riyal invested in the dialysis project generated a social return of 3.37 SAR.

* The estimated value of change is calculated based on the specified drop-off period for each outcome. These drop-off periods represent the duration over which the outcome›s benefits persist, indicating how long the positive effects

Sensitivity

The sensitivity analysis derives its importance from validating the SROI ratio›s stability or variability under alternative assumptions different from the original ones established for the program or project of interest. The more stable the ratio remains under these alternative assumptions, the greater the reliability of the original ratio.

This discussion presents an analysis of the SROI ratio›s sensitivity under a range of alternative assumptions covering five key areas: attribution, displacement, deadweight, drop-off, and drop-off durations. Table 22 below presents a sensitivity analysis showing the magnitude of change in the SROI ratio considering multiple and diverse scenarios, specifically in the rates of attribution, displacement, deadweight, drop-off, and number of drop-off years.

Table (23) Sensitivity Analysis Results for the Rates of Attribution, Displacement, Deadweight, Drop-off, and Number of Drop-Off Years

Sensitivity Scenario		New SROI Ratio	Change (%)
Attribution	10% (for all outcomes)	3.76	+11.6%
	25% (for all outcomes)	3.13	-7.1%
	50% (for all outcomes)	2.09	-38%
Deadweight	10% (for all outcomes)	3.46	+2.7%
	25% (for all outcomes)	2.89	-14.2%
	50% (for all outcomes)	1.92	-43%
Displacement	10% (for all outcomes)	3.10	-8%
	25% (for all outcomes)	2.58	-23.4%
	50% (for all outcomes)	1.72	-49%
Drop-off	10% (for all outcomes)	3.74	+11%
	25% (for all outcomes)	3.32	-1.5%
	50% (for all outcomes)	2.68	-20.47%
Duration (Years)	1 (for all outcomes)	1.68	-50.1%
	2 (for all outcomes)	2.90	-14%
	3 (for all outcomes)	3.78	+12.1%

Based on the table above, the SROI ratio in the sensitivity analysis reveals ranges of 2.093.76- for attribution, 1.723.10- for displacement, 1.923.46- for deadweight percentages, 2.683.74- for drop-off rates, and 1.683.78- for the number of drop-off years. It also became obvious that all sensitivity test results remain positive, and the variations are not statistically significant enough to impact decision-making processes. This comprehensive sensitivity testing confirms that the original SROI ratio exhibits minimal sensitivity, therefore it can be deemed a reliable rate.

Discussion

The assessment clearly affirms the value generated through investment in the project of the dialysis center. This analysis of the SROI ratio and results from sensitivity testing together provide strong evidence of the project›s effectiveness. All calculated SROI ratios—including the baseline and those tested under the sensitivity analysis—remained positive. The project's outcomes remained stable under varied assumptions, with any observed differences not sufficiently significant to require a major redesign. These consistently positive and similar ratios confirm the project›s viability, effectiveness, and efficiency, while also indicating high reliability in the report›s findings. The results maintained their positive nature and consistency even when tested under various alternative assumptions.

When assessing the feasibility and effectiveness of investment in the dialysis project, it can be helpful to compare the project's performance to that of other similar initiatives. However, given the distinctive nature of the dialysis project—which is founded on providing a comprehensive and integrated patient care services including consultation, diagnostics, medication, treatment, follow-up, and holistic care for patients in need and those underserved—the scope for such comparisons is naturally limited. This constraint is further intensified by the scarcity of recent reports and studies on projects employing a similarly holistic care model. One noteworthy reference is the 2024 report by Albir Society in Jeddah, which documented a social return of 2.04 riyals for each riyal invested in their dialysis project.

The dialysis project›s core mission aligns with health enhancement and service improvement objectives, directly supporting Saudi Vision 2030›s primary healthcare targets at the first level, specifically improvement of accessibility to healthcare services and enhancement of healthcare service quality and efficiency. Additionally, the project contributes indirectly to tertiary Vision goals through its advancement of non-profit sector capabilities.

Among global examples of initiatives similar to the dialysis project in terms of target beneficiary category is the non-profit Auriga initiative in the UK, which serves renal patients receiving care from University Hospitals Birmingham Foundation Trust. This program is funded through a mix of National Health Service contract and charitable contributions, including those from the Severn Trent Water Charitable Trust and the Money Advice Service. Auriga's services include social welfare checks, support beneficiaries with welfare benefit applications or tax relief claims, debt restructuring consultation and debt advice, utility bill review and transfer, and referral to legal and charitable agencies for accessing welfare entitlements. A social impact evaluation covering May 2016 to May 2018 reported SROI ratio of £14.52 for each pound invested in this initiative (Hay, 2018).

Verification of Findings

Patients

Whilst each patient had their own circumstances, there were a number of common findings presented in the present SROI report that were confirmed over a number of one-to-one interviews. Patients who participated in the interviews were sent copies of the draft report. We received no questions or concerns from patients regarding our conclusions or assumptions following this procedure.

Hayat Association

The SROI report was shared among stakeholders from Hayat Association. The final report was reviewed with participants to assess the extent to which the findings represent the project›s impact. The Hayat Association approved the report and did not have comments or concerns on the findings of the derived overall conclusions.

Dialysis Center

The findings from this SROI report were shared with physicians and social workers at Hayat Association. Participants confirmed our results and predictions based on their own experiences of the activities and outcomes of the dialysis project.

Donors

Copies of the draft report were shared with donors. Participants expressed their belief that the reported findings provide a realistic representation of the outcomes yielded from the dialysis project.

Opportunities for Enhancement

While the dialysis project demonstrated significant success, it still can benefit from further optimization opportunities. By addressing these areas for improvement, the project management team can further reinforce its core strengths and potentially elevate the SROI ratio if the project is implemented again in the future. The report identifies the following key enhancement opportunities:

- Providing psychological counselling services for kidney patients and their families to help them cope with the ongoing emotional challenges that chronically accompany the management of this group of patients' specific needs.

- Integrating multidisciplinary clinical expertise from related specialties that, while not directly nephrology, play a significant role—such as diabetology and endocrinology—to provide more comprehensive diagnostic evaluations and develop personalized treatment recommendations that better address the patients' specific conditions.

- Facilitating medication dispensing procedures

- Enhancing transport capacity to better serve underprivileged beneficiaries

- Tailoring meal plans to meet specific medical requirements

- Developing a continuous monitoring and evaluation system to support and maximize the results of the project's SROI assessment.

Limitations

Risk of Errors

Despite the care and attention to accuracy in the study›s procedures, risk of errors is still one of its main limitations. This risk stems from various factors, such as the inherently subjective nature of the processes of assigning financial proxies to abstract outcomes, potential bias in the data collection process, and the use of hypothetical adjustment factors (e.g., attribution, deadweight, etc.).

Risk of Double Counting

Double counting is a major risk taken into consideration in this study. This risk stems from the possibility of measuring or counting outcomes more than once, potentially leading to exaggerated and inaccurate valuation of outcomes and impact. In order to address the risk of double counting, the study applies the measures outlined below:

- Development of a clear theory of change for each stakeholder group: The study›s theories of change outline: The study›s theory of change outlines the expected sequence of outcomes yielded by the dialysis project.
- Involvement of stakeholders in defining outcomes: In this study, included stakeholders were involved in defining outcomes related to them (either as contributors or as affected individuals). Stakeholders were asked to indicate the outcomes that matter most to them. This procedure was conducted to ensure that the analysis captures material and unique changes and prevents over claiming of outcomes.
- Combination of similar outcomes: The research team took into careful consideration the importance of avoidance of having similar outcomes. Some outcomes were similar but reported by difference stakeholders, such as «improved public image» (reported by both Hayat Association and Donors); however, such outcomes were valued differently, depending on the expected equivalent financial proxy for each stakeholder group. Moreover, outcomes that are related or complementary, but not identical or duplicated, were added, without combining or deleting. An example of this is the inclusion of both «enhancement of healthcare» and «reducing vulnerability to health risks» as outcomes yielded to patients.
- Careful definition of non-overlapping outcomes: Outcomes were defined with the consideration of them being separate and non-overlapping. Therefore, the definition of broad outcomes with potential risk of double counting (i.e., «improved overall health») was avoided. Instead, outcomes were defined in a mutually exclusive manner. This was specifically the case in defining the outcomes yielded for beneficiaries. The outcomes assumed to have resulted for patients include «enhancement of kidney health», «enhancement of psychological wellbeing», and «reduction in vulnerability to non-kidney health risks». These outcomes pertain to three separate and distinct domains of health and wellness.

- Applying the «materiality» principle: In accordance to this principle, only outcomes that are material to the project and stakeholders were evaluated in the report. Included outcomes were considered material due to the assumption that their omission would lead to misrepresenting the project›s activities and achievements.

Risk of Over Claiming

In virtually all SROI reports, the risk of over claiming is a significant issue that warrants attention. Over claiming can result in exaggerating the representation of outcomes yielded by the evaluated project, leading to calculating an exaggerated SROI ratio. In order to address this claim, the study used specific filters to ensure the accuracy of outcome and impact reporting. These filters are deadweight (counterfactual), attribution, displacement, drop off, and duration. Further detail on these filters is provided below in this section of the report.

Risk of not Using the Anchoring Method

While relative importance was assessed and used as a basis for determining the outcomes that are material and should be included in the analysis (Principle 4), the anchoring method was not used for the valuation of financial proxies. The absence of an anchoring process, which aligns with Principle 3 of the SROI methodology, means that financial proxies presented in this report may not fully reflect stakeholders› perceptions of the importance of outcomes. This represents a limitation of the analysis presented in the report and should be taken into consideration in the interpretation of the report›s findings and conclusions.

7

Appendices

Questionnaires and Interview Questions for SROI Study of Hayat Dialysis Center

Appendix A: Questionnaire for Beneficiaries Patient of Hayat Dialysis Center Services

Patient Basic Information						
Patient Name						
Gender	Male		Female			
Marital Status	Married	Widowed	Divorced	Never married		
Age Group	Less than 30 years	31-40 years	41-50 years	51-59 years	60-65 years	
Duration of Hospital Treatment	1 year or less	1 year to less than 2 years	2 to 3 years	More than 3 years		
Employment Status	Employed		Unemployed			
Assessment of Service Impact on Beneficiaries (Impact Indicators)						Rate the importance of each outcome to you out of 10
1. The healthcare provided by the hospital has helped alleviate my financial burdens	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
2. The healthcare provided by the center has helped me attend my medical appointments regularly	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
3. The healthcare provided by the hospital has improved my health	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
4. The healthcare provision has given me a sense of security and reassurance	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
5. The healthcare provided by the center has helped reduce my stress and anxiety	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
6. The healthcare provided to me by the center has enhanced my communication with my family	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
7. The healthcare services provided by the center have contributed to preventing other diseases	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
8. The healthcare provided to me by the center has enabled me to attend social events and activities	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
9. The Quran recitation and memorization sessions provided have contributed to my psychological comfort	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree	
Third: Challenges and Suggestions						
What are the most important challenges you face, if any?						
What are your most important suggestions for improving the services provided to you?						

Appendix B: Interview with Patients

Dear Esteemed Partners,

May peace, mercy, and blessings be upon you

As part of our continuous commitment to measuring and enhancing the impact of our initiatives, Hayat Charitable Association in Medina is conducting an assessment study for the Hayat Dialysis Center project. We would be most grateful for a few moments of your valuable time to share your insights by responding to the following questions. Your perspectives will serve as a cornerstone in refining the project, strengthening its outcomes, and ensuring it continues to fulfil its mission.

Please be assured that all provided information will be treated with the strictest confidentiality. Data will remain private throughout the collection process and any subsequent reporting.

Area of Focus	Question
Health Condition	When has your kidney health problems emerged?
	What is the health issue that impacts your life the most?
Coping Difficulties	How do kidney health problems affect your mental and social well-being?
	To what extent do kidney health problems interrupt with your daily life?
Outcomes of the Project	What do you think are the outcomes of your participation in the dialysis project?
	How do you think these outcomes are generated from the project?
Potential Other Stakeholders	Who else might have been impacted by your experience?
	Who else might have been impacted by the activities provided in the dialysis project?

Appendix C: Interview with Project Administrators – Hayat Charitable Association

Dear Esteemed Partners,

May peace, mercy, and blessings be upon you

As part of our continuous commitment to measuring and enhancing the impact of our initiatives, Hayat Charitable Association in Medina is conducting an assessment study for the Hayat Dialysis Center project. We would be most grateful for a few moments of your valuable time to share your insights by responding to the following questions. Your perspectives will serve as a cornerstone in refining the project, strengthening its outcomes, and ensuring it continues to fulfil its mission.

Please be assured that all provided information will be treated with the strictest confidentiality. Data will remain private throughout the collection process and any subsequent reporting.

Job Title	
Years of experience at Hayat Association	
Average working hours on the Hayat Dialysis Center project	
Average hourly rate	
Your role or work in the Hayat Dialysis Center project	
1. From your perspective, has the project contributed to improving the patient's health-related quality of life? How?	
2. From your perspective, has the project helped reduce financial burdens on patients? How?	
3. From your opinion, what is the importance of this project for the association, and why?	
4. From your opinion, do you believe the project is achieving its intended impact? How?	
5. From your point of view, do you believe this project provides added value and quality compared to similar projects? Why?	
6. From your point of view, what are the unintended outcomes (negative or positive) resulting from the project?	
7. What are the obstacles or challenges, aspirations or wishes you would like the project to overcome/ achieve?	

Job Title	
8. What do you think are the outcomes of your participation in the dialysis project?	
9. How do you think these outcomes are generated from the project?	
10. Who else might have been impacted by your experience?	
11. Who else might have been impacted by the activities provided in the dialysis project?	

Appendix D: Interview with Social Workers/ Physicians (Hayat Association - Dialysis Center)

Dear Esteemed Partners,

May peace, mercy, and blessings be upon you

As part of our continuous commitment to measuring and enhancing the impact of our initiatives, Hayat Charitable Association in Medina is conducting an assessment study for the Hayat Dialysis Center project. We would be most grateful for a few moments of your valuable time to share your insights by responding to the following questions. Your perspectives will serve as a cornerstone in refining the project, strengthening its outcomes, and ensuring it continues to fulfil its mission.

Please be assured that all provided information will be treated with the strictest confidentiality. Data will remain private throughout the collection process and any subsequent reporting.

Name	
Years of experience at Hayat Association/ Dialysis Center	
Your role in the Dialysis Center project	Physician Psychologist Social worker at the center Social worker at the association Center director Association director Other
Your main task/ role in the project	
Average working hours on the Hayat Dialysis Center project	
Average hourly rate	
1. From your perspective, how has the project contributed to improving the patient's treatment journey?	
2. From your opinion, do you believe the project is achieving its intended impact? How?	
3. From your point of view, do you believe this project provides added value and quality compared to similar projects? Why?	

Name	
4. From your point of view, what are the unintended outcomes (negative or positive) resulting from the project?	
5. Based on your interaction with beneficiaries, what are their most prominent suggestions for developing and improving the service?	
6. Would you recommend that the association continue this project? Why?	
7. What do you think are the outcomes of your participation in the dialysis project?	
8. How do you think these outcomes are generated from the project?	
9. Who else might have been impacted by your experience?	
10. Who else might have been impacted by the activities provided in the dialysis project?	

Appendix E: Donor Interview Questions (Financial Support)

Dear Esteemed Partners,

May peace, mercy, and blessings be upon you

As part of our continuous commitment to measuring and enhancing the impact of our initiatives, Hayat Charitable Association in Medina is conducting an assessment study for the Hayat Dialysis Center project. We would be most grateful for a few moments of your valuable time to share your insights by responding to the following questions. Your perspectives will serve as a cornerstone in refining the project, strengthening its outcomes, and ensuring it continues to fulfil its mission.

Please be assured that all provided information will be treated with the strictest confidentiality. Data will remain private throughout the collection process and any subsequent reporting.

Name of Individual/ Organization	
Support channel and type	
1. What motivated you to support the Hayat Dialysis Center project?	
2. Do you intend to continue supporting the project in the future? Please explain why.	
3. Has your involvement in the project contributed to enhancing your organization's public image? If so, how?	
4. In your view, has the project helped improve the treatment journey of patients?	
5. What suggestions would you offer the project administrators to focus on??	
6. What do you think are the outcomes of your participation in the dialysis project?	
7. How do you think these outcomes are generated from the project?	
8. Who else might have been impacted by your experience?	
9. Who else might have been impacted by the activities provided in the dialysis project?	

Fifth: Stakeholder Interview Questions to Identify Levels of Deadweight, Displacement, Attribution, and Drop-off

Peace be upon you, and God's mercy and blessings.

As part of the evaluation process, the evaluator and participating team are conducting this interview to determine the levels of deadweight, displacement, attribution, and drop-off associated with the project's outcomes.

Your participation by sharing your valuable insights in response to the following questions will greatly contribute to the accuracy and depth of the study›s findings, thereby enhancing the project's development and the achievement of its objectives.

<table>
<tr><th>Stakeholder</th><th colspan="5">1-Project Beneficiary ( )
2-Project officer from Hayat Association ( )
3-Project Execution Officer from the Dialysis Center ( )
4-Donor ( )</th></tr>
<tr><th>Levels</th><th colspan="5">Questions</th></tr>
<tr><td rowspan="13">Duration of outcomes</td><td colspan="5">How long does each of the following outcomes continue:</td></tr>
<tr><td rowspan="2">Outcome</td><td colspan="4">Duration of Outcome</td></tr>
<tr><td>1 Year</td><td>2 Years</td><td>3 Years</td><td>4 Years</td></tr>
<tr><td>Alleviation of financial burdens</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Enhancement of kidney health</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Enhancement of psychological wellbeing</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Reduction in vulnerability to non-kidney health risks</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Expanded collaborative networks</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Improved accessibility to healthcare services</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Improved public image</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Expanded collaborative networks</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Enhanced healthcare service quality and efficiency</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Strengthened Social Responsibility</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Improved public image</td><td></td><td></td><td></td><td></td></tr>
</table>

Stakeholder	1-Project Beneficiary ( ) 2-Project officer from Hayat Association ( ) 3-Project Execution Officer from the Dialysis Center ( ) 4-Donor ( )
Levels	**Questions**
Deadweight	If you had not participated in this project, what percentage of change would you have expected to achieve without it? 1. No change would have occurred at all (0%) 2. Change would have occurred to some extent (50%) 3. Yes, change would have occurred (100%)
Displacement	Did you face problems or negative changes as a result of receiving services from this project? • Yes ( ) • No ( ) If the answer is yes, how significant was its impact on you? • Very significant • Moderate • No impact • Low impact
Attribution	Are there organizations or entities that provide the same services that were provided to you? • Yes ( ) • No ( ) If the answer is yes, to what extent did you benefit from services from other sources? • Significant benefit (more than 75%) • Moderate benefit (50%) • Low benefit (from 30% to less than 50%) • Limited benefit (less than 30%)
Drop off	How much do you estimate the decrease percentage for each of the

Stakeholder	1-Project Beneficiary ( ) 2-Project officer from Hayat Association ( ) 3-Project Execution Officer from the Dialysis Center ( ) 4-Donor ( )				
Levels	**Questions**				
	following outcomes?				
	Outcome	Percentage of Decrease (out of 100%)			
	Alleviation of financial burdens				
	Enhancement of kidney health				
	Enhancement of psychological wellbeing				
	Reduction in vulnerability to non-kidney health risks				
	Expanded collaborative networks				
	Improved accessibility to healthcare services				
	Improved public image				
	Expanded collaborative networks				
	Enhanced healthcare service quality and efficiency				
	Strengthened Social Responsibility				
	Improved public image				

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للتجوّل الافتراضي في وقف حياة لغسيل الكلى

تعليمات هامة لمساعدتك اثناء الجولة

- 1 الدور الأول 3D
- 2 الدور الثاني 3D
- للتجوّل مرئياً
- راعي ذهبي
- راعي برونزي
- داعم أبيض
- مخطط المبنى3D

جمعية حياة الخيرية بالمدينة المنورة
مرخصة من المركز الوطني لتنمية القطاع غير الربحي برقم ٣٦٢