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Mothers Without Borders Program Evaluation: Establishing Effective Program Evaluation to Assess Holistic Orphan Care Initiatives in Zambia

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Honors Thesis

MOTHERS WITHOUT BORDERS PROGRAM EVALUATION: ESTABLISHING EFFECTIVE PROGRAM EVALUATION TO ASSESS HOLISTIC ORPHAN CARE INITIATIVES IN ZAMBIA

by
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ABSTRACT

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This paper uses an interdisciplinary approach—combining theories and methodologies from the Social Impact and Public Health disciplines—to design an evaluation of Mothers Without Borders' (MWB) programs in Lusaka, Zambia. Their programs aim to support communities as they care for children in crisis living in their communities—with a focus on communities with large populations of orphaned and vulnerable children (OVC) as a result of the HIV/AIDS epidemic. This paper provides an overview of the orphan crisis, international orphan care standards, and evaluation practices in order to understand and design an effective evaluation plan for the organization. This project aims to provide the organization with a clear, actionable evaluation plan by completing the following three phases: *Phase 1: Historical Analysis*, *Phase 2: Process and Outcome Evaluation Design,* and *Phase 3: Evaluation Toolkit and*

Expansion Plan. Qualitative interview responses and social worker reports on the children are explored, and recommendations are proposed to encourage goal-based evaluation practices in accordance with industry standards.

ACKNOWLEDGEMENTS

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Introduction

Overview

This paper provides an overview of the orphan crisis in Zambia and explores the influence of holistic childcare by designing an evaluation plan for Mothers Without Borders' (MWB) programs. Tanner Crandall, MPH, the COO of Mothers Without Borders, oversaw the completion of this program evaluation design. This project was completed with the help of thesis committee chair, Dr. Ali Crandall, PhD, MPH, and committee member, Dr. Jeff Glenn, MPA, DrPH—both professors in the BYU Department of Public Health. This project aims to design a clear, actionable evaluation plan for MWB by developing a comprehensive understanding of the organization and its programs through the following three phases: *Phase 1: Historical Analysis*, *Phase 2: Process and Outcome Evaluation Design,* and *Phase 3: Evaluation Toolkit and Expansion Plan.* Evaluation models and theories from the Social Impact and Public Health disciplines were used to provide direction and research-driven support to these phases.

Phase 1 focused on a historical analysis of MWB organizational structure, mission, and interventions to establish an understanding of contextual influences, contributing factors, and consequences of the orphan crisis. Additionally, research and qualitative interviews aided in documenting and understanding program intent and implementation. Phase 2 focused on analysis of current program documentation to influence the design of process and outcome evaluation tools and protocols. An organization-wide process evaluation was established, and the structure for a program-specific outcome evaluation was developed for the Children's Resource Center (CRC).

Phase 3 addressed the implementation and continuation of MWB's evaluation efforts by creating the MWB Evaluation Toolkit to document all processes and protocols for the process and outcome evaluations. Additionally, this toolkit provides recommendations for steps needed to adapt the CRC outcome evaluation to the other MWB programs. The main objective of this thesis is to provide a summary of current research and MWB efforts to mitigate the orphan crisis through community development practices and to establish evaluation processes founded on industry best practices.

The Orphan Crisis in Zambia

Since the first HIV case was reported in Zambia in 1984, the prevalence of HIV/AIDS has had considerable impact on the stability of communities in Zambia (World Health Organization, 2005). In 2019, it was estimated that 1.2 million adults over the age of 15 and 66,000 children ages 0-15 were living with HIV in Zambia—with the majority of those being women and girls due to heterosexual and mother-to-child transmission (Joint United Nations Programme on HIV/AIDS, 2019; World Health Organization, 2005). Though there has been a 15% decline in HIV prevalence and a 27% decline in AIDS related deaths since 2010, the ongoing impact of this epidemic has been the primary contributor to the orphan crisis in Zambia (Joint United Nations Programme on HIV/AIDS, 2019). As this trend has continued over the past several decades, AIDS has taken the lives of hundreds of thousands of parents and caretakers, leading to an estimated 280,000–440,000 children being orphaned due to the HIV/AIDS epidemic (Joint United Nations Programme on HIV/AIDS, 2019; United Nations Children's Fund, 2019). As a result, a large percentage of children live on the streets or become the head of

their households from an extremely young age (Armstrong, 1993; United Nations Children's Fund, 2019).

Mothers Without Borders Mission & Work

MWB Mission

Mothers Without Borders—a nonprofit organization based in Provo, Utah, USA—is a development agency focused on supporting communities to better care for the children in crisis living in their communities. MWB primarily works with communities with large orphaned and vulnerable children (OVC) populations in Lusaka, Zambia. Their mission states,

> "Mothers Without Borders offers hope in developing countries by strengthening local communities in their efforts to: 1) nurture children in crisis by providing a safe home, access to caring adults who invite healing from trauma, clean water, nutrition, and education, and 2) empower women and girls with literacy and business skills. We teach principles of conscious living, personal growth, and self-reliance to inspire each individual to be the best version of themselves." (Mothers Without Borders, n.d.)

The organization's current programming supports Bwafwano—a community bordering the Central and Lusaka Provinces near the capital city of Lusaka—through increased access to water, education, food security, holistic orphan care, and empowering women through literacy and business skills training. The Bwafwano community programs are run primarily at the organization's property in Lusaka West, Zambia, as well as through local community partners *(see Figure 1)*. In accordance with the organization's emphasis on local wisdom, all programming is led by local Zambian staff

to address the holistic needs of the communities they serve. MWB focuses their efforts on sustainable programs committed to supporting their women and children by introducing programs in communities that show a readiness for change.

Figure 1: Map showing Lusaka, Zambia with the MWB property location highlighted with the green marker.

MWB Initiatives in Zambia

After conducting a community assessment and determining the readiness of Bwafwano for support, Mothers Without Borders introduced a series of programs focused on improving quality of life and inspiring the dreams of children through community programs focused on individual development. The community's primary challenges included lack of resources, lack of community support and development, and a significant number of children living on the streets or bearing the responsibilities of their families due to the devastation of the AIDS epidemic. To combat these issues, the following programs were introduced:

1. *The Children's Resource Center (CRC)* is the orphan transition center located on the MWB property. The center offers care to 52 children who have been either

found on the street or removed from dangerous or vulnerable situations. The CRC provides a safe and loving place of transition for children who the community cannot currently support—providing them with a home focused on becoming self-sufficient through holistic care including nutrition, safety, education, play, medical treatment, and trauma-relief therapy.

2. *The Carol Zulu Primary School*, located on the MWB property, provides first through seventh grade education to 525 students—including the children living at the CRC as well as children from surrounding villages.
3. *The 17 to Self-Reliance* and *Be That Girl* programs support 260+ youth as they pursue higher education and apprenticeship skills training programs. Many of the students are placed with "foster families" near schools or job sites. The teens regularly meet with mentors trained to help them develop increased self-reliance and self-determination.
4. The *Women's Empowerment Program* provides 198 women living in 3 villages with empowerment, literacy, and business training in sewing and banking. Additionally, *Community Feeding Programs* reach 5 communities in the Lusaka area to provide resources and prepare the communities for further programming in the future.

Each of these programs is focused on developing the Bwafwano community to encourage greater self-reliance as a whole, promoting the care and development of the community's current and future children.

Organizational Structure

Mothers Without Borders was founded in 1989 by Kathy Headlee who continues to serve as the founder and CEO of the organization. The staff is composed of two teams—the U.S. Operations Team led by Kathy Headlee and Tanner Crandall, MPH (COO) and the Zambian staff led by Josephine Daka, MSW (Zambian Country Director) *(see Figure 2)*. The organization operates with the support of both the MWB Board of Directors and Advisory Board.

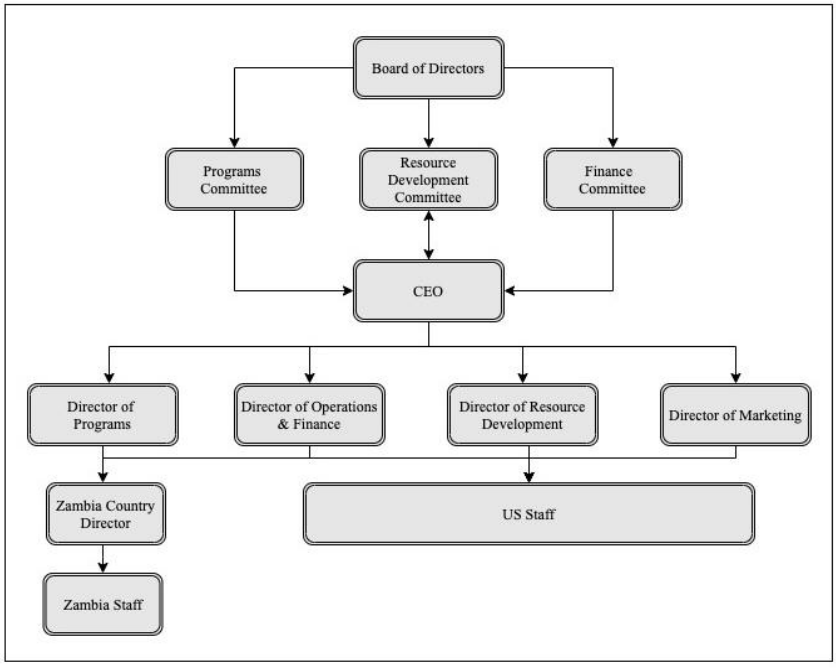


Figure 2: Mothers Without Borders Organizational Structure

Purpose of the Project

The purpose of this project was to design an organization-wide process evaluation and a program-specific outcome evaluation, with the final product being an evaluation toolkit to aid the organization in the implementation and continuation of the recommended evaluation protocols. The program-specific outcome evaluation was designed for the Children's Resource Center (CRC), and all tools were designed with specificities to the Bwafwano community. However, the protocols, mechanisms, and database structure have been constructed as a skeleton—modifiable for use in all current MWB programs and future programs introduced in new communities. Instructions and

recommendations for these modifications are included in the evaluation toolkit. The results of this project will be used to create more effective programs and improve both internal communication and organization marketing efforts to secure future funding and support. As the organization looks to move into more communities, it is essential that there is a deeper understanding of the influence of the Bwafwano programs and that effective methods of ensuring continued evaluation have been established.

Relevant Literature

Mothers Without Borders' programs were created to meet the immediate needs of orphaned and vulnerable children while encouraging future community development in Bwafwano and neighboring communities in Lusaka, Zambia. A well-established body of literature supports the mission, purpose, and framework of Mothers Without Borders as a whole; however, this literature also demonstrates the need for further development of evidence-based evaluation metrics for programs introduced in each community. The following literature is tailored to MWB's orphan care initiatives in Bwafwano.

Due to the interdisciplinary nature of this project, the following operational definitions will be used in all evaluation models and discussion for the remainder of this evaluation report:

- ***Output:*** *Direct result of the implementation of an intervention.*
- ***Short-term Outcome:*** *Changes in attitudes, behaviors, beliefs, or knowledge.*
- ***Intermediate Outcome:*** *Changes in attitudes, behaviors, beliefs, or knowledge over time and that builds on short-term outcomes.*
- ***Long-term Outcome:*** *Changes in quality of life or well-being.*

- ***Impact:*** *To what degree the changes in quality of life or well-being can be attributed to the intervention.*
- ***Social Issue:*** *The overarching problem being addressed that specifies the issue that exists (social problem), where it exists (geography), and whom it is impacting (demographic).*
- ***Theory of Change:*** *The foundational model or framework used to address a social issue.*
- ***Single Orphan:*** *Children with one living parent.*
- ***Double Orphan:*** *Children with no living parents.*

Nurturance

Nurturance is defined as the holistic nourishment and care given to an individual—including emotional, physical, and mental support—and is identified by researchers as a basic right of children (Miller et al., 2011; Ruck et al., 1998). Common in the field of psychology, researchers often compare nurturance with self-determination, stating that nurturance is especially important in early childhood development as the child transitions from a reliance on nurturance to self-determination. It has been shown that "early parental nurturance [is] associated with resilience to the health effects of childhood disadvantage" (Miller et al., 2011). This correlation suggests that nurturance is a vital element in a child's development and ability to transition to self-reliance—then offering nurturance to their future families and communities (Ruck et al., 1998). Orphaned and vulnerable children (OVC)—particularly those in developing countries—are at increased risk for delay in their developmental years due to the traumas and circumstances of their

early childhood (Armstrong, 1993; United Nations Children's Fund, 2017; Yendork & Somhlaba, 2015).

Mothers Without Borders' programs all focus on providing nurturance to those who are orphaned or vulnerable due to lacking resources, education, and stability. By providing nurturance to both OVC and the surrounding communities, Mothers Without Borders aims to increase the community's capacity to support the orphaned children in their communities.

International Development of Communities with Large OVC Populations

A review of comparable non-governmental organizations operating in Zambia included 14 known organizations addressing holistic community development with a focus on child well-being. Their initiatives include healthcare and disease prevention, lack of education, poverty, and the orphan crisis. Of the 14 in operation, 4 have missions similar to MWB, yet only one—*The Butterfly Tree*—highlights nurturance and holistic, long-term human development as a priority. *The Butterfly Tree* aids orphaned children in Lusaka through holistic orphan care and education initiatives—many of which align closely with the MWB programs (The Butterfly Tree, 2020). The organization roots their sustainability efforts in the United Nations Global Sustainability Goals; however, the organization's publicly available evaluation reports focus solely on output data metrics of survival factors and resource allocation. Little data was available to show the influence programs have had on long-term well-being and quality of life improvement. Of the four organizations most closely aligned with the MWB mission, *The Butterfly Tree* shows the greatest focus on evidence-based planning and evaluation processes. Analysis of these organizations shows that a lack of evidence-based process and outcome evaluation is

common in orphan care organizations throughout Zambia. Additionally, this review of organizations operated by both secular and religious groups showed that no known comparable organizations emphasized conscious living principles in their messaging or evaluation reports—a factor integral to the MWB mission.

While the literature demonstrates a lack of best practices in program design and implementation, there is more research surrounding evaluation of orphan care programs internationally. Catholic Relief Services and the United Nations International Children's Emergency Fund's (UNICEF) are leaders in this field through their efforts to support women and children through holistic care and education (Catholic Relief Services, n.d.; United Nations Children's Fund, n.d.). The practices established by these organizations and their partners have relied on evaluation methods and tools primarily developed by three groups or individuals: Catholic Relief Services, Chapman, and Measure Evaluation. Each of these groups has evaluated programs using goal statements or metrics to define standards of care. These evaluation methods have been reviewed by researchers and tested in a number of countries, including Zambia. By expanding the analysis to include these best processes and researcher-reviewed evaluation methods, it becomes clear that, while evidence-based evaluation tools have been created, they have not been widely used in community development organizations not affiliated with governing bodies, Catholic Relief Services, or UNICEF—demonstrating the need for increased program evaluation of organizations focused on child well-being in Zambia.

International Orphan Care Standards

In 2017, UNICEF released data to demonstrate the global orphan crisis. They reported that, as of 2015, there were 140 million orphans with 52 million of those

orphans being in Africa (United Nations Children's Fund, 2017). In response to this orphan crisis, international aid organizations established programming to support communities and evaluation metrics to assess the outcomes of their programming. These child well-being metrics are primarily based on Measure Evaluation's Orphaned and Vulnerable Children Evaluation tools; however, they are supported by Catholic Relief Services and Chapman's OVC evaluation metrics. These evaluation tools support that metrics essential to childhood health and development include 1) Food and Nutrition, 2) Shelter and Care, 3) Protection, 4) Health, 5) Psycho-social Well-being, 6) Education and Skills Training, and 7) Community & Support. Synthesis of the metrics from these three sources resulted in each metric being divided into two goals which can be used as measurement indicators to promote intentional, evidence-based orphan care program planning and evaluation (*see Table 1*).

Table 1 — Child Well-being Metrics for Orphaned and Vulnerable Children	
1. Food and Nutrition [1,2,3]	
1a.	*Food Security Goal:* The child has sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.
2b.	*Nutrition and Growth Goal:* The child is growing well compared to others of his/her age in the local community.
2. Shelter and Care [1,2,3]	
2a.	*Shelter Goal:* The child has a stable shelter that is adequate, dry, and safe.
2b.	*Care Goal:* The child has at least one adult (age 18 or over) who provides consistent care, attention, and support.
3. Protection [1,3]	
3a.	*Abuse and Exploitation Goal:* The child is safe from any abuse, neglect, or exploitation.
3b.	*Legal protection Goal:* The child has access to legal protection services as needed.
4. Health [1,2,3]	
4a.	*Wellness Goal:* The child is physically healthy. (Wellness is defined as good overall physical

	condition and freedom from illness at any given time)
4b.	*Healthcare Services Goal:* The child can access health care services, including preventive care and medical treatment when ill.
5. Psycho-social Well-being [3]	
5a.	*Emotional Health Goal:* The child is happy and content with a generally positive mood and hopeful outlook.
5b.	*Social Behavior Goal:* The child is cooperative and enjoys participating in activities with adults and other children.
6. Education and Skills Training [1,2,3]	
6a.	*Performance Goal:* The child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.
6b.	*Education and Work Goal:* The child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.
7. Community and Support [1,2]	
7a.	*Community Involvement and Support Goal:* The child feels secure in their community and regularly interacts with the community.
7b.	*Basic Adult Support Goal:* The child reports having a trusted adult in their life, who they feel they can confide in.

Sources:
1. Catholic Relief Services. (2009). *Orphans and Vulnerable Children Well-being Tool Users Guide 2009*. 38.
2. Chapman, J. (2013). *Core Orphans and Vulnerable Children (OVC) Program Impact Indicators* [Publication]. Measure Evaluation. https://www.measureevaluation.org/resources/publications/ms-13-61
3. Measure Evaluation. (n.d.). *Child Status Index* [Page]. Retrieved June 8, 2020, from https://www.measureevaluation.org/resources/tools/ovc/child-status-index/

In addition to accepted child well-being metrics, research and public health theory supports these elements as foundational to an individual's self-actualization—as shown through Maslow's Hierarchy of Needs *(see Figure 3)*. Maslow's work focused on understanding human motivation and desire, and he concluded that an individual's ability to reach self-actualization was dependent on the fulfillment of the foundational levels of 1) Physiological Needs, 2) Safety Needs, 3) Love & Belonging, and 4) Esteem (Maslow, 1943). Maslow states, "[Self-actualization] refers to the desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. This

tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming" (Maslow, 1943). Comparison of Maslow's Hierarchy of Needs with the child well-being metrics, MWB mission, and program goals suggest the need for additional metrics to assess progress toward self-actualization and conscious living.

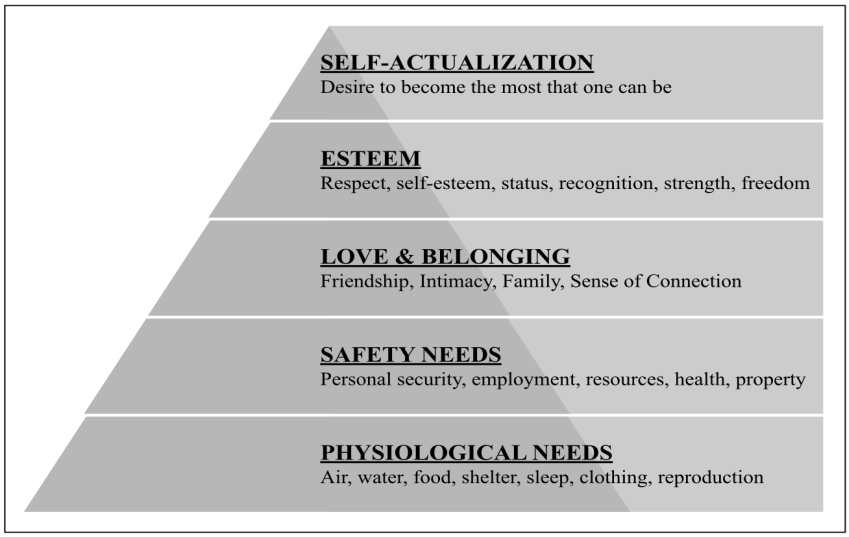


Figure 3: Maslow's Hierarchy of Needs by Maslow, A. H. (1943). A Theory of Human Motivation. Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346*

Evaluation Design Theories

The Public Health and Social Impact disciplines support developing effective evaluations using data-driven metrics as indicators of program growth and impact. To meet the needs of MWB's unique operating platform, the evaluation process was driven by an interdisciplinary approach using the *Social Impact Cycle* and *CDC Evaluation Framework* (Centers for Disease Control and Prevention, 2017; Manwaring, 2019).

The *Social Impact Cycle* was developed by Todd Manwaring, Director of the Ballard Center for Social Impact at Brigham Young University. This model provides a foundational understanding of a program's purpose by developing a secure understanding of the social issue and its impacts—including the comprehensive understanding of contextual influences, contributing factors, and the consequences of the social issue *(see Figure 4a)*. This understanding is then coupled with in-depth analysis of the organization's operating model and core values to generate a Theory of Change. The process also emphasizes cyclical evaluation to improve program implementation and improvements—making it a good framework for establishing a long-term evaluation protocol focused on the organization's mission and goals *(see Figure 4b)*.

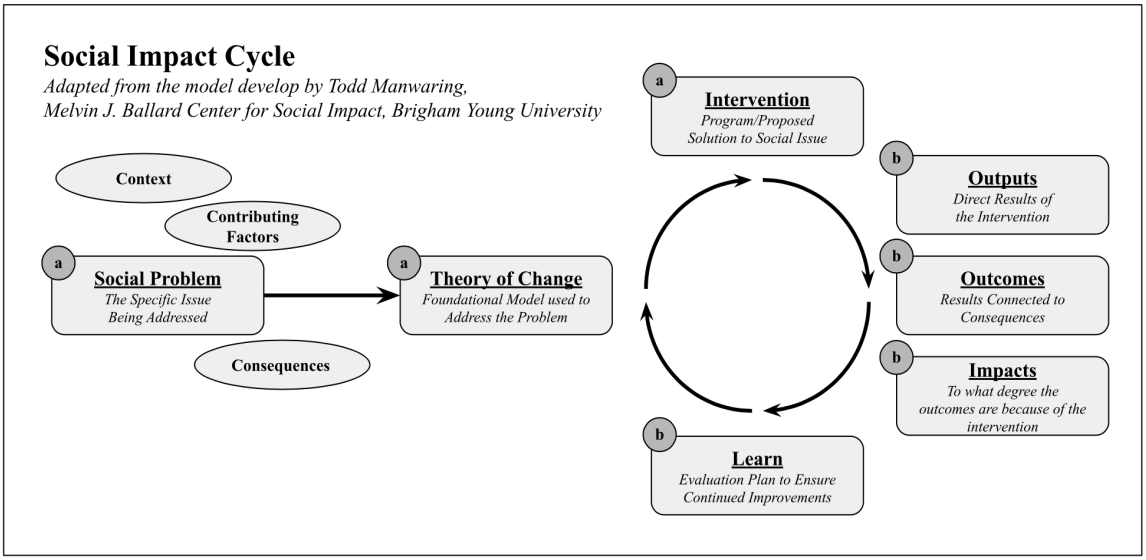


Figure 4: Social Impact Cycle by Manwaring, T. (2019, September). Social Impact Cycle. *Social Impact: Do Good Better MSB 375, Brigham Young University.*

To strengthen the evaluation protocol emphasized in the *Social Impact Cycle (see Figure 4b)*, the *CDC Evaluation Framework* was used to compare evaluation steps, inform decision-making, and ensure the methodology followed evaluation best practices *(see Figure 5)*. This framework provides actionable steps for designing the evaluation and ensures attention is given to the 4 framework standards: utility, feasibility, propriety, and accuracy (Centers for Disease Control and Prevention, 2017). Incorporating this model promotes the transparency, ethicality, and logic of the evaluation to ensure steps are taken for an effective and comprehensive evaluation process. For an in-depth, step-by-step explanation of the use of each model, see Appendix 5.

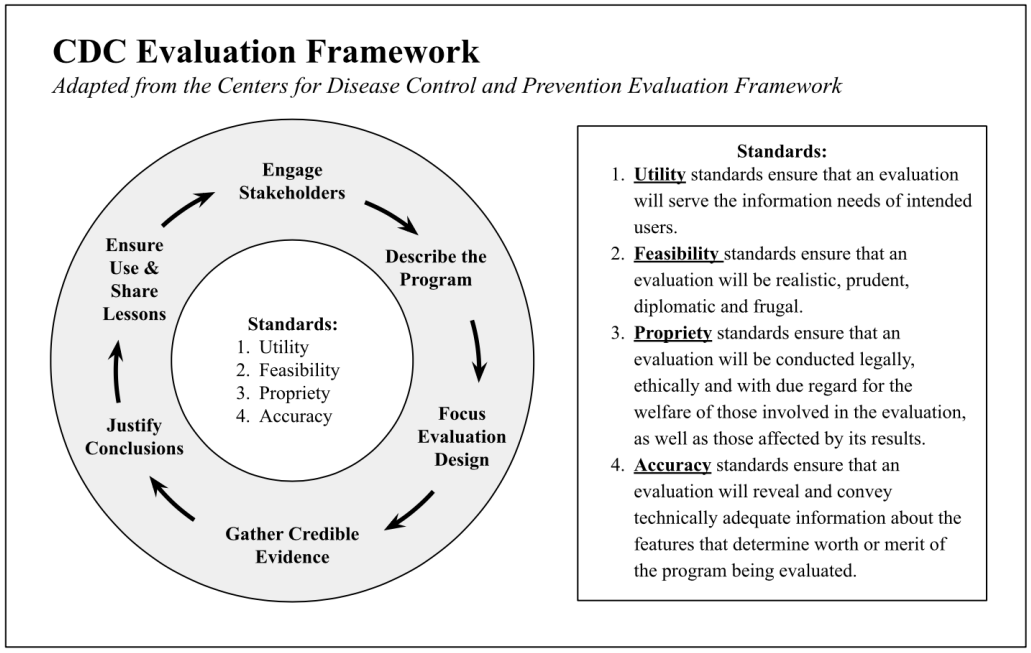


Figure 5: CDC Evaluation Framework by Centers for Disease Control and Prevention. (2017). A Framework for Program Evaluation. *Centers for Disease Control and Prevention. https://www.cdc.gov/eval/framework/index.htm*

Methods

To establish an effective evaluation process for Mothers Without Borders, the following mixed method data collection process was used to develop a comprehensive understanding of program and evaluation needs— *Phase 1: Historical Analysis*, *Phase 2: Process and Outcome Evaluation Design,* and *Phase 3: Evaluation Toolkit and Expansion Plan (see Figure 6).*

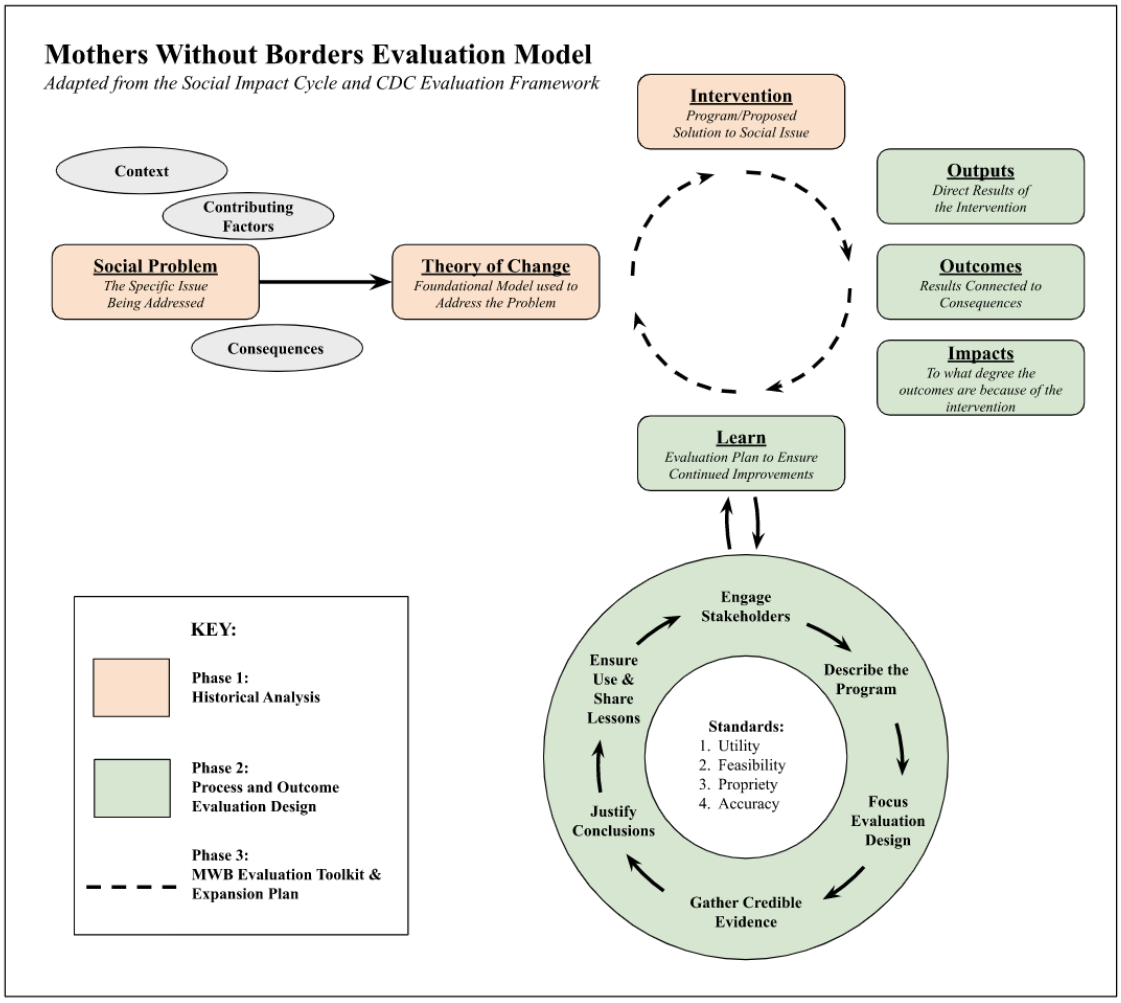


Figure 6: Mothers Without Borders Evaluation Model adapted from the Social Impact Cycle and CDC Evaluation Framework.

Phase 1: Historical Analysis

Phase 1 included a historical analysis completed using primary data collection to understand organization culture, history, and projected goals for program outcomes *(see Figure 6)*. The lead evaluator conducted semi-structured interviews with 3 key informants *(see Table 2)* aimed at understanding program origin, implementation, growth, and intent. These results were used to create an in-depth understanding of MWB programs and purpose, displayed in logic models created for each program. Additionally, the lead evaluator inductively coded these qualitative responses to identify major themes in organization purpose and operations.

The lead evaluator discussed these interview responses with local staff to define core values and create operational definitions with shared understandings across both cultures. The *Social Impact Cycle* was used to guide evaluation team conversations with stakeholders during recurring round-table discussions. Synthesizing the interview responses and round-table discussions, a Theory of Change outlining the organization's foundational model for addressing the orphan crisis was created. This included making the *Social Impact Cycle* specific to MWB and completing revisions of the child well-being metrics and organization's vision, values, and branding—all of which were used to inform the structure and objectives of *Phase 2*. These processes focused on understanding MWB operations and the interconnected nature of their initiatives to promote a comprehensive evaluation design in *Phase 2.*

Phase 2: Process and Outcome Evaluation Design

Phase 2 focused on developing collection tools and designing the process and outcome evaluation frameworks to promote continued learning and improvement *(see*

Figure 6). The process evaluation aimed to understand and create a protocol for assessing ongoing program implementation on a monthly, semi-annual, and annual basis. The lead evaluator used the CRC logic model *(see Figure 7)* and peer-reviewed child well-being metrics *(see Appendix 5, Tool 2)* defined in *Phase 1* to create a monthly output data collection form *(see Appendix 1)*. This form was designed and reviewed with local staff—establishing shared understandings of metrics and determining the collection protocol. Monthly stakeholder meetings were instated to review and verify the quantitative data outputs to ensure the accuracy of the data and the shared understanding of the data's meaning across both cultures. This meeting also provided an opportunity to collect qualitative responses on the month's successes, setbacks, and needed changes. The data collection form was piloted for three months—November 2020 through January 2021. The form—designed to be filled out monthly by the Zambian Country Director—was adjusted each month based on this qualitative. The procedure for continued output collection and analysis have been implemented.

The CRC outcome evaluation was designed to assess the influence of the CRC on child well-being over time. After reviewing the CRC logic model and child well-being metrics (defined in *Phase 1)* with local staff, evaluation goals and guiding questions were written to focus the evaluation design. The lead evaluator analyzed 28 CRC intake forms to better understand current practices, and gaps between these practices and the logic model and well-being metrics *(see Appendix 2)*. These forms include based demographic and admissions information, as well as space for written observations about the child's educational attainment, medical status, and psychosocial well-being. An inductive analysis of the forms was completed using Atlas.ti to code each form and identify

commonalities in these preliminary reports on the child's reason for admission and status at the time of intake *(see Appendix 3)*. The codes were compared with the child well-being metrics to identify gaps in current data collection procedures and inform the creation of new CRC data collection forms, resulting in the MWB Evaluation Toolkit *(see Phase 3)*.

Phase 3: Evaluation Toolkit and Expansion Plan

Phase 3 was designed to ensure the use and understanding of the evaluation protocols in all MWB programs *(see Figure 6)*. The MWB Evaluation Toolkit was created to provide documentation of all theories, protocols, and data collection tools created *(see Appendix 5)*. The toolkit provides a copy of all tools, with all editable files stored in the online, shared evaluation drive. The results of this phase are geared toward improving internal communication to create shared understandings of program growth—creating effective tools to communicate impact to the community and ensuring the continuation of evidence-based evaluation.

Results and Recommendations

The following provides an overview of the results of each phase. It should be noted that an inductive approach was taken to the data collection and analysis process. An in-depth outline of the processes can be found in the MWB Evaluation Toolkit *(see Appendix 5)*.

Phase 1: Historical Analysis

Historical Analysis of the organization allowed for in-depth study of organizational structure, goals, and growth through 3 semi-structured interviews with key informants. Of those interviewed, two participants were U.S. staff members and one participant was a Zambian staff member *(see Table 2)*. The analysis of these 3 semi-structured interviews—supported by follow-up, round-table discussions with stakeholders—provided the following understandings of current MWB programming.

Table 2: Semi-Structured Interview Participants

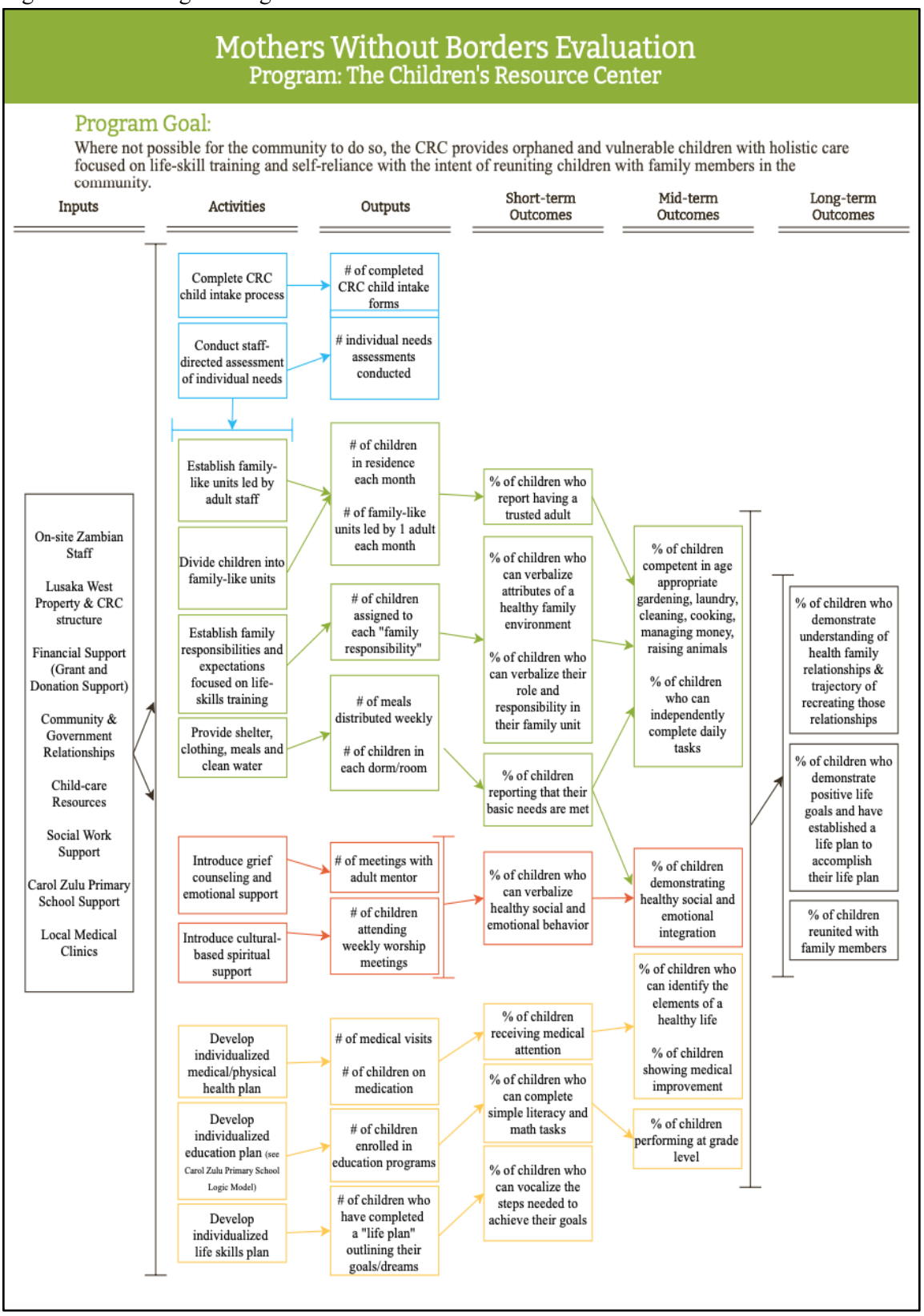
Interviewee Name	**Interviewee Position**
Kathy Headlee	MWB Founder & Chief Executive Officer
Josephine Daka	MWB Zambia Country Director & Licensed Social Worker
Tanner Crandall	MWB Chief Operating Officer

Logic Models

The interviews provided in-depth understanding of MWB programs allowing the lead evaluator to synthesize findings and create logic models for each MWB program to better understand program goals, structure, and implementation. The CRC logic model *(see Figure 7)* was compared with the child well-being metrics *(see Table 1)* to identify overlaps as well as gaps in the logic of the program. This analysis showed that the intended structure and design of the CRC orphan care program does address each of the 7

peer-reviewed child well-being metrics. However, the logic model analysis demonstrated that the program's focus on both goal and dream development, and conscious living were not accounted for in the child well-being metrics. Further analysis of the semi-structured interviews, and the logic models created from them, demonstrated that while the program implementation was clear, a more articulate understanding of the individual program's purpose and the way in which the program connects to the MWB mission was need. Additionally, the models demonstrated a gap in that no formal evaluation was in place to assess the implementation, progress, and results of these indicators. These results prompt the need for an evaluation plan *(see Phase 2 Results).*

Figure 7: CRC Program Logic Model



Theory of Change

Identifying the need for documented program goals led to the analysis of the semi-structured interviews and round-table discussions to identify commonalities. Three primary themes—Local Wisdom, Individual Development, and Conscious Living—were identified as core values common to all MWB programs, and the organization's underlying Theory of Change *(see Table 3)*.

Table 3: Phase 1 Interview Themes and Operational Definitions

Theme	Operational Definition
Local Wisdom	Comments about relationships with community, community buy-in, local wisdom and counsel, respect for culture, and Zambian staff relationships
Individual Development	Comments about holistic childcare, development-based work, nourishment, individual journeys, and specialized/individualized care plans
Conscious Living	Comments about hope, love, consciousness, enabling dreams, empowerment, self-reliance, self-determination, and personal growth

Theme 1—Local Wisdom. "Local Wisdom" was identified as a theme to describe community relationships and the organization's focus on following local wisdom to inform programming decisions. Most responses focused on establishing strong community relationships to increase community support of program implementation. Subsequently, another large focus was on how this buy-in creates a foundation for the programs to build upon—helping to ensure the sustainability of the programs.

> "We can nurture and care for vulnerable children, we can go and visit, but we are going to leave. So we have to leave in place a group of people that will provide support to the orphaned and vulnerable children in their community." (Kathy, Female, US Staff)

> "The goal is to get everyone speaking the same language—that we believe and that they believe that orphaned and vulnerable children in Zambia is everybody's problem." (Kathy, Female, US Staff)

Theme 2—Individual Development. Additionally, "Individual Development" was identified as an important part of the holistic model used at MWB. Those interviewed emphasized how the programs are built to support each child as they pursue their individual dreams.

> "When your goal is to develop humans, it has to be everything! And those pieces are always moving." (Kathy, Female, US Staff)

> "Supporting each kid's individual dream is the whole point. If it was your child, you would support them whether they wanted to be a doctor, farmer, or teacher. It's the same with these kids—they should be supported in whatever path they want to pursue." (Tanner, Male, US Staff)

In order to do this, the MWB staff highlighted the difference between development and relief—explaining that development is not possible if basic needs are not met.

> "You have to offer relief right away and rescue them, and then you can focus on [individual] development." (Kathy, Female, US Staff)

Additionally, this theme highlights how the organization measures each child's success based on their ability to contribute to society.

> "As long as a child is able to contribute in their own way in society and meet the basic needs of themselves, we are happy—regardless of what they are doing." (Josephine, Female, Zambian Staff)

Theme 3—Conscious Living. The third theme, "Conscious Living" was identified to encompass comments focused on love, hope, personal growth, self-reliance, and self-development. Each of the participants emphasized the importance of conscious living in both the development of local programs and the operations of the organization as a whole, demonstrating how these factors unify and empower each individual.

> "As we help others love each other and themselves, we help them to find the power that was already there and they become agents for social change." (Kathy, Female, US Staff)
>
> "Love is essential to identifying and addressing the complex needs of others. As we help others to love themselves, they find the inner grit, resilience, and power that was already there, amidst very difficult circumstances, and they step up." (Tanner, Male, US Staff)

Application of Results

Theory of Change Development. These three themes have been accepted as operational pillars that are foundational to each program's development. In doing so, they highlight both the social issue being addressed and the Theory of Change, or foundational model used as a solution to the social issue. Based on analysis of all information collected, the lead evaluator developed the following social issue statement in alignment with the *Social Impact Cycle* constructs: "*CRC Social Issue*—Lack of Nurturance for Orphaned Children in Lusaka, Zambia" *(see Appendix 5)*.

The organization's Theory of Change is founded on the core values identified in the theme analysis. The lead evaluator worked with the organization's leadership to write

the following guiding statements to encourage implementation of these themes into all programming, marketing, and communication efforts.

1. *Local Wisdom: We value local wisdom and recognize the importance of identifying the needs of the local community from the individuals who reside there.*
2. *Individual Development: We believe in holistic, sustainable programs that nurture an individual's physical, emotional, and mental development as they pursue their individual dreams.*
3. *Conscious Living: We believe that love is at the center of all that we do and is essential to enabling each individual to reach their potential.*

Child Well-being Metrics. Additionally, this analysis prompted the creation of two additional well-being metrics to be added to Table 1 *(see Appendix 5, Tool 2).* These metrics were written as goal-based indicators to support the organization's mission, the other 7 metrics, and to reinforce the ideas emphasized in Maslow's Hierarchy of Needs (Maslow, 1943; Mothers Without Borders, n.d.).

1. *Metric 8a—Conscious Living Mindset Goal: The child is thinking about their future and their dreams.*
2. *Metric 8b—Conscious Living Self-Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.*

Phase 2: Process and Outcome Evaluation Design

Analysis of the CRC logic model, child well-being metrics, and stakeholder discussions resulted in an evaluation plan table to promote comprehensive, goal-oriented evaluation *(see Table 4)*. A process evaluation was derived from this evaluation plan table—focused on reporting monthly implementation outputs of each program *(see*

Appendix 1). Additionally, 3 preliminary output data collections from November 2020 to January 2021 demonstrated gaps the data collection process, prompting revisions after each collection to ensure shared understandings across cultures and the continued improvement of the data collection tool.

Table 4: Children's Resource Center (CRC) Evaluation Plan Table					
Children's Resource Center (CRC) Logic Model Component	**Indicators Measured** ***(see Appendix 5, Tool 2)***	**Source of Data**	**Responsible**	**Frequency**	**Collection Time**
CRC Outputs					
# of new intakes this month	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of children on the last day of this month	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of times Josephine met with children this month	2b, 3a, 3b, 5a, 5b, 7b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of medical visits this month	4b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of children newly started on HIV meds this month	4a, 4b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of family units	2b, 3a, 7b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children in each family unit	2a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of meals distributed	1a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children in each room	2a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children attending weekly worship meetings	7a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children enrolled in various educational programs	6a, 6b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children who created a “life plan” aiming for their dreams	8a, 8b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
CRC Outcomes					
% of children who report having a trusted adult	2b, 3a, 7b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can verbalize attributes of a healthy family environment	2b, 3a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake

% of children whose basic needs are met	1a, 1b, 2a, 4a, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children demonstrating healthy social and emotional behavior	5a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children receiving consistent medical attention/medication	1b, 4a, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can complete simple literacy and math tasks	6a	CZPS Semester Report	Zambia Social Worker	Semesterly	April & December
% of children performing at grade level	6a, 6b, 8b	CZPS Semester Report	Zambia Social Worker	Semesterly	April & December
% of children who can vocalize the steps needed to achieve their goals	8a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children competent in age-appropriate gardening, laundry, cleaning, cooking, managing money, raising animals	6a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can independently complete daily tasks	6a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children demonstrating healthy social and emotional integration	5a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children showing medical improvement	1b, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
CRC Impact					
% of children relocated this month (converted from #/total kids)	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
% of those relocated who were reunited with family members	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
% of children who demonstrate understanding of health family relationships & trajectory of recreating those relationships	2b, 5a, 5b, 7b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who demonstrate positive life goals and have established a life plan to accomplish their life plan	5a, 5b, 8a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake

Current Intake Form Analysis

Analysis of the 28 current intake forms allowed for further understanding of typical experiences of children admitted to the CRC and of the child well-being metrics' use in practice. Of the sample, 12 were male (42.86%) and 16 were female (57.14%), with the highest percentage of children being single orphans (42.86%), closely followed by double orphans (39.29%), and then children whose parental status was unknown (25%) *(see Table 5)*.

Table 5: Intake Form Demographics & Document Overview

Demographics	**Availability Sample from CRC** Number | % n=28
Gender	
Male	12 | 42.86%
Female	16 | 57.14%
Orphan Status	
Double Orphan	11| 39.29%
Single Orphan	12 | 42.86%
Unknown	7 | 25%
Referral Method	
Social Welfare Services	13 | 46.43%
Partner Organization	14 | 50%
Unknown/Found	1 | 3.57%

The documents were inductively coded and 6 main categories or themes of interest were identified: Actions Needed, Reason for Admission, Health, Counseling, Education, and Trauma *(see Table 6)*.

Table 6: Phase 2 Intake Form Themes & Operational Definitions	
Theme	**Operational Definition**
Actions Needed	Notes or observations concerning next steps to care for the child. Common examples include court case proceedings, family tracing, foster care, or plans for reintegration.
Reason For Admission	Notes or observations concerning circumstances prompting admission. Common examples include abandonment, basic needs not met, orphaned, or outgrown previous facility placement.
Health	Notes or observations concerning the child's health status and medical treatment history. Common examples include good health, non-life-threatening condition, HIV, malnourished, or disabled.
Counseling	Notes or observations concerning level of counseling received and notes on status. Forms commonly indicated counseling had been completed, was continuing, or had been completed.
Education	Notes or observations concerning educational attainment and performance. Common examples include grade school level completed, learning concerns or disabilities, or no education attained.
Trauma	Notes or observations concerning physical or emotional trauma experienced. Common examples include abuse, defilement, child headed household, death of 1 or both parents, neglect or abandonment, or physical illness/injury.

Comparisons of Themes with Child Well-being Metrics. Identification and coding of the 6 main themes *(see Table 6)* demonstrated that some metrics were explicitly requested in the form while others were voluntarily provided in the qualitative responses. When comparing these current forms with the child well-being metrics *(see Appendix 5, Tool 2)*, it becomes clear that metrics 3a, 4a, 4b, and 6b were directly addressed at intake. Metrics 1b, 2a, 2b, 3b, 5b, and 7b were indirectly addressed, and metrics 1a, 5b, 6a, 7a, 8a, and 8b were not accounted for on the intake forms—demonstrating gaps in the assessment of the children's status and the program's ability to meet their needs. These findings suggest the need for revised assessment forms to better meet the evaluation needs of the CRC *(see Phase 2, Application of Results)*.

Potential Associations. The lead evaluator assessed co-occurrences of the 6 themes and identified potential associations between coded themes, and between coded themes and demographic factors *(see Figure 8)*. This co-occurrence analysis demonstrated that of the 28 children assessed, a higher proportion of single orphans had prior experience with counseling and education *(frequency of co-occurrence=10 & 11 respectively)*. However, there was also an association between single orphans and being reported a victim of sexual abuse *(frequency of co-occurrence=8)*. In contrast, a higher proportion of double orphans had reportedly low rates of counseling and school *(frequency of co-occurrence=5)*, and higher rates of health problems including being HIV positive, malnourished, or disabled *(frequency of co-occurrence=8)*. Additionally, those who were referred to the CRC from the Social Welfare Office had a higher frequency of school attendance *(frequency of co-occurrence=13).* Both those referred by partner organizations and the Social Welfare Office showed the same frequency of receiving prior counseling *(frequency of co-occurrence=10)*.

The most prominent association was connected to gender. Analysis of the 28 forms demonstrated that a higher proportion of female children were victims of abuse—especially sexual abuse *(frequency of co-occurrence=11)*—while male children were more frequently reported as being neglected or abandoned *(frequency of co-occurrence=6)*. Additionally, there was a higher frequency of female children who had received counseling when compared to male children *(frequency of co-occurrence=12).* Due to a large variety in age and experience, the highest frequency of any co-occurrence identified was 13 of the 28 children. This demonstrates the importance of these potential

associations in developing an intentional evaluation process, as well as the need for further research to understand these potential associations.

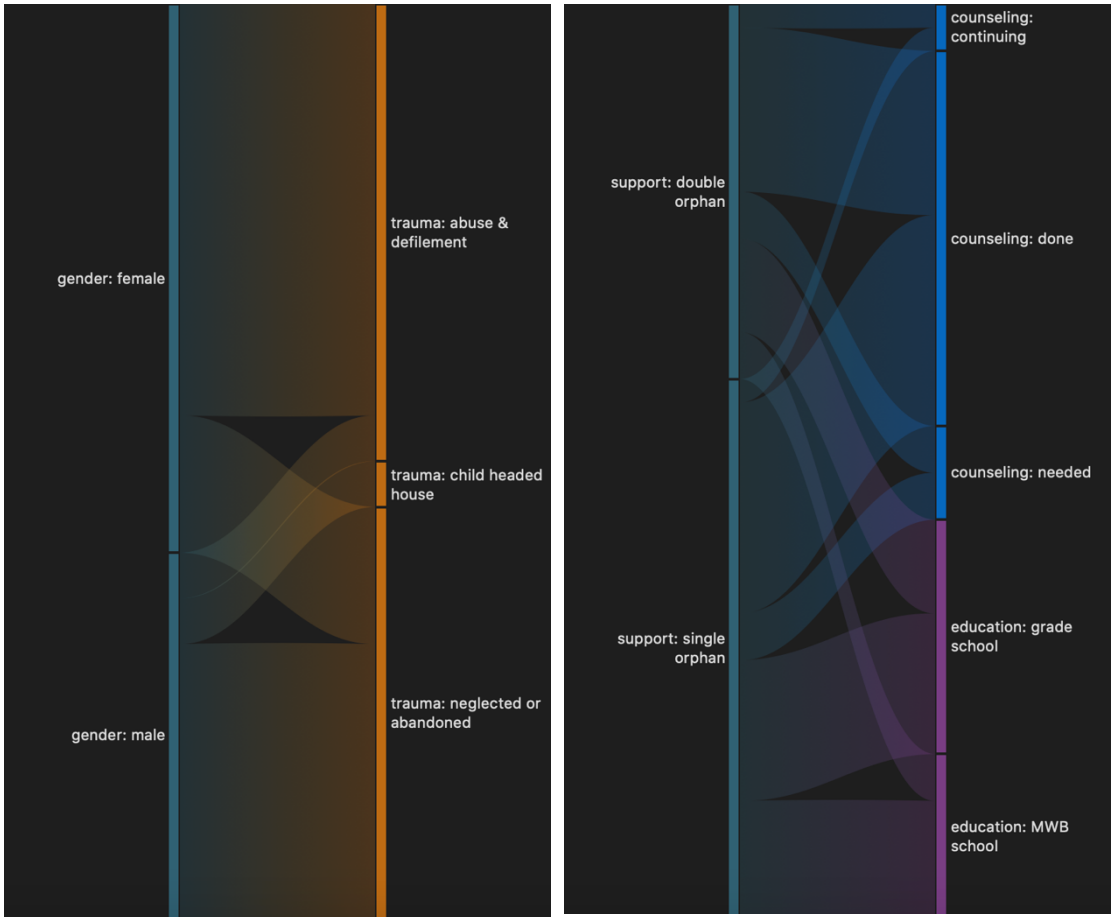


Figure 8: Sankey diagrams showing the frequency of co-occurrences of demographic factors and inductive codes.

Application of Results

Based on the analysis of the current intake forms and discussions with stakeholders, the lead evaluator recommended and drafted the creation of new CRC evaluation forms *(see Appendix 4)*. The forms are recommended for use at intake, annual progress points, and discharge for each child. The goal statements identified in the child well-being metrics *(see Appendix 5, Tool 2)* should be assessed at each time designation according to the following peer-reviewed scale (Measure Evaluation, n.d.):

- 4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.
- 3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.
- 2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.
- 1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

A fifth scale point was added to follow a 5-point scale, allowing for there to be a neutral response available (3 = Fair).

- 5 = Excellent The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor and the child is excelling in this area.

At intake, it is recommended that all metrics are assessed for each individual based on their previous living situation *(see Appendix 4, Form 1)*. For annual progress reports and the discharge report, metrics 1a, 2a, 2b, 3a, 3b, and 4b should be evaluated on the program level *(see Appendix 4, Form 2)* with the remaining metrics evaluated on an individual basis *(see Appendix 4, Forms 3-4)*. Additionally, it is recommended that a progress scale (calculated by summing the totals given in each metric) be developed and agreed upon to assess progress and establish goals for the program *(see Table 7 for examples)*. Though a starting scale should be agreed upon, it is recommended that the initial collections inform the scale to accurately determine operational definitions for

each range. The forms drafted have been reviewed by the MWB U.S. evaluation team and are currently being reviewed by local staff.

Table 7: Example Progress Scale and Correlated Program Goals

Example Progress Scale	
Range	**Meaning**
[0-20]	EXTREMELY HIGH CONCERN/RISK
[21-40]	HIGH CONCERN/RISK
[41-60]	MEDIUM CONCERN/RISK
[61-80]	LOW CONCERN/RISK
[81-100]	LITTLE TO NO CONCERN/RISK
Example Program Goals	
1. After one year at the CRC, every child will be at or above a 54 (average (3) across all scores). **2.** After two years at the CRC, every child will be at or above a 70.	

Phase 3: Evaluation Toolkit and Expansion Plan

Analysis of the results of *Phase 1* and *Phase 2* demonstrate the value of focused evaluation and the need for the continued, evidence-based evaluation. All processes, rationale, and steps have been documented to provide actionable steps for the continuation of these evaluation protocols, and the expansion of the protocol to all MWB programs *(see Appendix 5)*. It is recommended that the process evaluation continue for monthly outputs and be expanded to include semi-annual and annual data collection points as indicated in the evaluation plan *(see Table 4)*. Additionally, it is recommended the, following the pilot test of the new CRC forms, the outcome evaluation be expanded to the other MWB programs, starting with the Be That Girl and 17 to Self-Reliance

programs. As new processes and tools are developed, all processes should be added to the MWB Evaluation Toolkit. See *Appendix 5* for the MWB Evaluation Toolkit.

Limitations

In considering the design of this evaluation, it should be noted that the evaluation design, data collection, and data analysis were completed during the COVID-19 pandemic. Limitations to the project included difficulty obtaining documentation from Zambia and limited feasibility in collecting primary data due to distance and pandemic conditions. Additionally, Zambian law prohibits many methods of primary data collection from the minors in our care, prompting us to rely on observation and social worker reports after meeting with children. It should be noted that the sample sizes for all data collection were small due to ability to communicate and obtain responses. All conclusions drawn are based on the sample sizes available and should be considered as associations based on participant experiences. Further research and continued evaluation are needed to better understand the potential associations.

Conclusion

Analysis of the Zambian orphan crisis and international orphan care standards demonstrates the need for increased support for these populations. Additionally, this research demonstrates the timeliness and support for creating a Mothers Without Borders evaluation protocol for all programming in Lusaka, Zambia. Review and analysis of semi-structured stakeholder interviews and recurring stakeholder round-table discussions led to the creation of three core values: Local Wisdom, Individual Development, and Conscious Living. These values have been accepted as integral aspects in the development, implementation, and evaluation of MWB programs, and have been

implemented as core values of the organization. This analysis, coupled with a review of best practices in evaluation methods in both the Public Health and Social Impact disciplines, led to the combined use of the *Social Impact Cycle* and the *CDC Evaluation Framework* to design process and outcome evaluations. These evaluations were developed based on analysis of the programs, their intended outcomes, and the current documentation processes used by MWB. The completion of this project resulted in the MWB Evaluation Toolkit which documents all processes and provides rationale and step-by-step instructions for the implementation and future expansion of this evaluation.

This analysis confirms the complexity of providing holistic childcare in developing countries and the need for further research and best practices to improve program implementation and evaluation. It should be noted that *Phase* 3 of this process is ongoing and will continue to undergo revisions based on research and the input of local staff. It is recommended that, in tandem with the implementation of these process and outcome evaluation protocols, further research be done to develop increased understanding of the well-being metrics in Zambia and of how to expand the evaluation to include long-term outcome and impact metrics.

Personal Experience

I have been privileged to volunteer, intern, and now work for Mothers Without Borders. First introduced in 2018, I have had the opportunity to contribute to the U.S. Operations team as well as volunteer in Zambia with the local staff and program participants. As a public health major, I have long held a passion for international health work. While at BYU, I have pursued a minor in Digital Humanities and Technology, and been actively involved in the Honors Program and the Ballard Center for Social Impact—introducing me to valuable interdisciplinary approaches to solving social problems, communicating, and viewing the world around me. Completing this evaluation with MWB has allowed me to take the combined skills of my major, minor, the Ballard Scholar, and Honors Program and use them to promote the improvement of programs that I am personally passionate about.

During my first internship experience with Mothers Without Borders in 2019, I visited the organization's headquarters in Lusaka, Zambia. I had the opportunity to learn from the Zambia Country Director, Josephine, and was inspired by her dedication to the children in our care. Visiting our community partners allowed me to feel the distinct atmosphere of love, compassion, and hope that was palpably present on the MWB property. While many of the children I met in the community were concerned with immediate survival, the children in our care were hopeful and eager to share their dreams and aspirations with us. My time in Zambia, as well as work since, has shown me the unique focus of MWB as they seek to support local communities in their efforts to provide for the children in crisis who live there. I am grateful for the opportunity to again

travel to Zambia in 2021 to learn from this incredible culture and aid in the implementation and continued improvement of these evaluation processes.

Thanks to the continued support of Mothers Without Borders, I have been able to learn from the talented and committed Zambia and U.S. staff. Working with an up-and-coming nonprofit organization has allowed me opportunities to experience nonprofit management and gain skills in marketing, fundraising, leadership, program implementation, and evaluation practices. Most impactfully, my experiences at MWB have allowed for in-depth training in personal growth and conscious living practices—all of which have truly changed my life. I am grateful for the personal and professional growth I have experienced throughout this experience and look forward to my future plans for continued education and career opportunities in maternal and child health, motivated by my experiences with Mothers Without Borders. I hope to bring this spirit of hope, conscious living, and compassion-driven efforts for change into each endeavor in my future.

Photo of Alyssa Baer with children in the care of MWB during 2019 internship in Lusaka, Zambia.

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APPENDIX 1:

Monthly Program Output Data Collection Form

Appendix 1: Monthly Program Output Data Collection Form

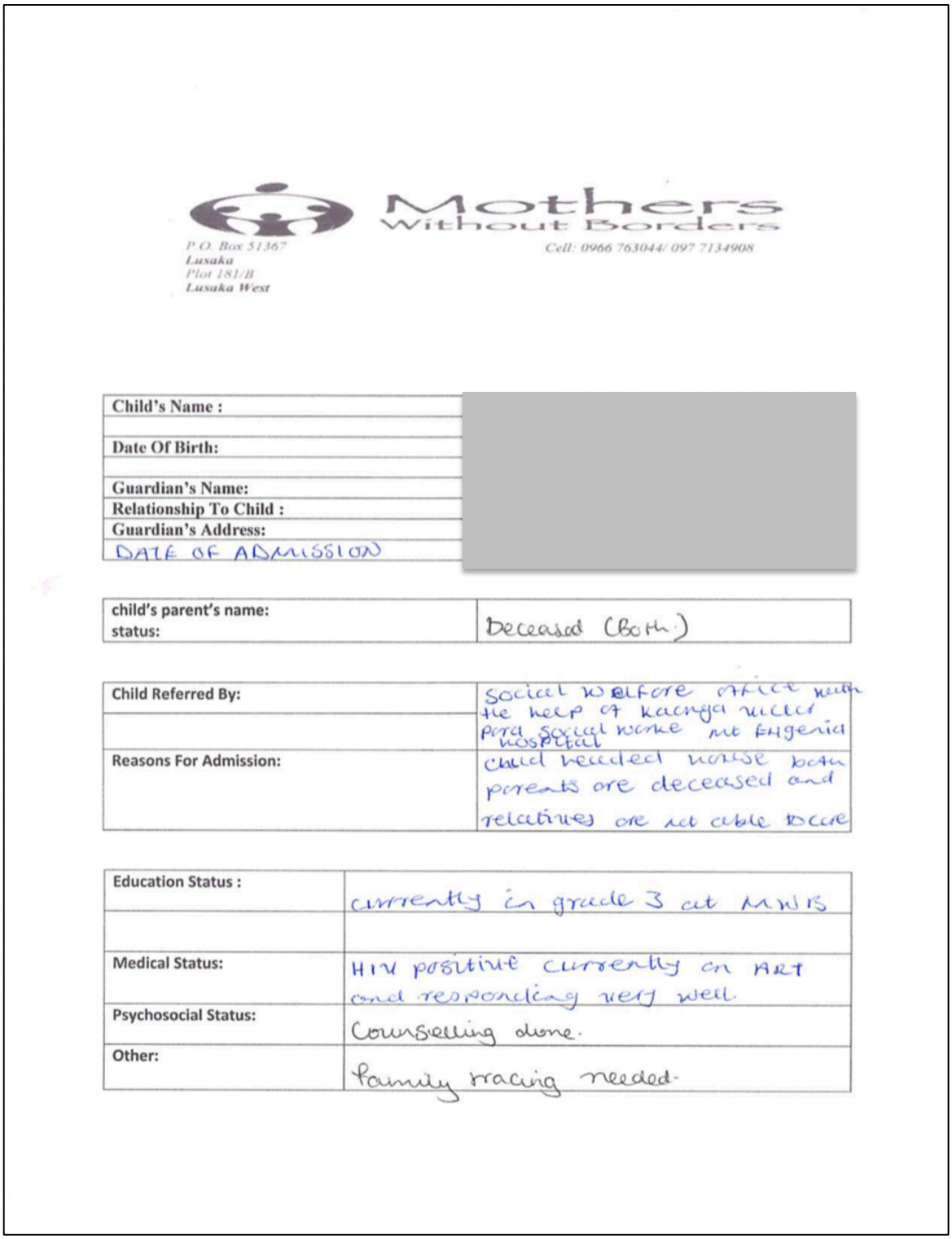
2021 Monthly Program Outputs	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Monthly Average	Year Total
Community Support																	
Community Support Monthly Outputs																	
# of total communities served	3	3	7													7	7
CHILDREN'S RESOURCE CENTER (CRC)																	
CRC Monthly Outputs																	
Enrollment																	
# new intakes	0	1	0													0	1
# relocated	0	0	2													1	2
# of children on the last day of this month	49	50	48													49	50
Care			0														
# times Josephine met with children	8	5	9													7	22
# medical visits	4	12	8													8	24
# children newly started on HIV meds	0	0	0													0	0
# total children receiving HIV treatment	7	7	7													7	7
CAROL ZULU PRIMARY SCHOOL																	
CZPS Monthly Outputs																	
Enrollement																	
# of new students enrolled	0	0	39													13	39
# total students enrolled	518	518	557													531	557
17 TO SELF-RELIANCE																	
17 to Self-Reliance Monthly Outputs																	
Enrollment																	
# new participants enrolled	0	0	27													9	27
# total benefitting participants	13	13	40													22	40
# participants who have dropped out of program	0	0	0													0	0
# participants living with a host family	13	13	6													11	13
# of times each mentor met with students																	
Josephine	2	6	4													4	12
Lord	1	2	2													2	5
Distributing Resources																	
# laptops distributed	0	0	0													0	0
# bikes distributed	0	0	10													3	10

*Page 1 Shown, Full Form Available on Evaluation Shared Drive

APPENDIX 2:

Sample Children's Resource Center Intake Form

Appendix 2: Sample Children's Resource Center Intake Form



Mothers Without Borders

P.O. Box 51367
Lusaka
Plot 181/B
Lusaka West

Cell: 0966 763044/ 097 7134908

Child's Name :	[redacted]
Date Of Birth:	
Guardian's Name:	
Relationship To Child :	
Guardian's Address:	
DATE OF ADMISSION	

child's parent's status:	Deceased (Both)

Child Referred By:	Social welfare office with the help of Kacheya Nickel para social worker at Eugenia hospital
Reasons For Admission:	Child needed nurse both parents are deceased and relatives are not able to care

Education Status :	currently in grade 3 at MMBS
Medical Status:	HIV positive currently on ART and responding very well.
Psychosocial Status:	Counselling done.
Other:	family tracing needed.

*Identifiers Removed for Privacy

APPENDIX 3:

Sample Coded Children's Resource Center Intake Form

Appendix 3: Sample Coded Children's Resource Center Intake Form

APPENDIX 4:

Proposed CRC Intake, Progress, and Discharge Forms

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 1)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Intake Form

Child's Background		
Date of Admission:		Intake Score: _____
Child's Full Name:		
Date of Birth:		
Gender (Circle):	Male Female	
Guardian's Name:		
Relationship to Child:		
Guardian's Address:		
Orphan Status (Circle):	Single Double Unknown	
Referred By:		
Reason for Admission:		

Well-being Metrics: Intake Assessment

For each metric below, use the following scale to report on the child's situation **prior to being admitted** to the CRC.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Food Security Goal: The child had sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.		
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Shelter Goal: The child had a stable shelter that was adequate, dry, and safe.		
Care Goal: The child had at least one adult (age 18 or over) who provided consistent care, attention, and support.		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 1 cont.)

Abuse & Exploitation Goal: The child was safe from any abuse, neglect, or exploitation.		
Legal Protection Goal: The child had access to legal protection services as needed.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Healthcare Services Goal: The child could access health care services, including preventive care and medical treatment when ill.		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		
Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		
Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
CRC Potential: What is your overall assessment of the CRC's ability to help this child reach their potential?		
Other Observations:		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 2)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Program-wide Progress Form

Program Information		
Date of Progress Report:		Program Progress Score: _____

Well-being Metrics: Annual Progress Report

For each metric below, use the following scale to report based on **the Children Resource Center's progress** in each situation or status **during the last year**.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area. .

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Food Security Goal: The child had sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.		
Shelter Goal: The child had a stable shelter that was adequate, dry, and safe.		
Care Goal: The child had at least one adult (age 18 or over) who provided consistent care, attention, and support.		
Abuse & Exploitation Goal: The child was safe from any abuse, neglect, or exploitation.		
Legal Protection Goal: The child had access to legal protection services as needed.		
Healthcare Services Goal: The child could access health care services, including preventive care and medical treatment when ill.		
CRC Potential: What is your overall assessment of the CRC's ability to help this child reach their potential?		
Other Observations:		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 3)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Individual Progress Form

Child's Background		
Date of Progress Report:		Individual Progress Score: _____
Child's Full Name:		
Updates to Orphan or Family Status:		

Well-being Metrics: Individual Progress Assessment

For each metric below, use the following scale to report on the child's situation **during the last year at the CRC**.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		
Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 3 cont.)

Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
Other Observations:		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 4)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Discharge Form

Child's Discharge Plan		
Date of Discharge:		Discharge Score: _____
Child's Full Name:		
Name of Guardian/New Home:		
Relationship to Child:		
Guardian's Address:		
Reunited with Family? (Circle One):	Yes	No
Reason for Discharge:		

Well-being Metrics: Individual Discharge Assessment

For each metric below, use the following scale to report based on the child's situation or status **between their last progress report, and the day of their discharge** from the CRC.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		

Appendix 4: Proposed CRC Intake, Progress, & Discharge Forms (Form 4 cont.)

Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		
Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
Other Observations:		

APPENDIX 5:

Mothers Without Borders Evaluation Toolkit

MOTHERS
WITHOUT BORDERS

MWB EVALUATION TOOLKIT

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Introduction

This program evaluation toolkit is a resource developed for MWB programs to provide guidance, tools, resources, and recommendations for effective evaluation of MWB programs. This evaluation aids the organization in ensuring the deliverance of high-quality programming and establishes communication channels to improve the transparency and efficiency of operations.

This evaluation provides a number of benefits to all stakeholders—including board and staff members, program directors, and the donor community—by:

1. Articulating shared understandings of program goals and design
2. Measuring the progress of program implementation and assessing the effectiveness of each program, according to program-specific goals and industry standards
3. Recommending communication and reporting techniques to demonstrate the effectiveness of MWB programs to stakeholders

The MWB Program Evaluation Toolkit aims to provide explanations of evaluation models and theories used and provide a step-by-step plan to aid in the implementation of the evaluation protocols. Though a more in-depth evaluation design is recommended in the future, this guide focuses on the design of an organization-wide process evaluation, and the structural design of a program-specific outcome evaluation.

To promote the feasibility of the evaluation implementation, the design of the outcome evaluation has been geared toward the Children's Resource Center (CRC) orphan transition care program. All outcome evaluation tools outlined in this toolkit will be specific to the CRC; however, explanations will be generalized to demonstrate how the protocols and tools can be adapted for use in each MWB program.

At the end of each section, a box labeled, *Steps Needed to Apply Protocol to Other Programs*, is provided to give guidance expanding the evaluation to all MWB programs. Future, specific adjustments may be needed for use in the other MWB programs.

Copies of each tool have been provided for referencing purposes. The original files can be found in the MWB Evaluation Shared Drive.

This guide was created by lead evaluator—Alyssa Baer—in fulfillment of an Undergraduate Honors Thesis for the Honors Program at Brigham Young University. To fulfill and carry out this evaluation, a new evaluation team has been established at MWB under the direction of Tanner Crandall, COO.

*Please note that this is a working document designed to be updated as new protocols and tools are created.
Last Updated: March 1, 2021 by Alyssa Baer

Mission, Vision, & Values

In beginning the evaluation process, a clear understanding of the organization's mission, vision, & values is needed. Mothers Without Borders has been working in international communities with large populations of orphaned and vulnerable children (OVC) for over 30 years.

Mission

Mothers Without Borders offers hope in developing countries by strengthening local communities in their efforts to: 1) nurture children in crisis by providing a safe home, access to caring adults who invite healing from trauma, clean water, nutrition, and education, and 2) empower women and girls with literacy and business skills. We teach principles of conscious living, personal growth, and self-reliance to inspire each individual to be the best version of themselves.

Vision

We envision a day where every community worldwide is supported in their efforts to find solutions to the problems that place their children in crisis.

Core Values

We strengthen local communities in their efforts to care for children in crisis by leveraging our ability to:

1. Value local wisdom above our own.
2. Operate community-driven programs that focus on individual development.
3. Teach principles that inspire conscious living.
4. Give voice to the power of love.

This provides life-transforming value for every individual served by our programs, as well as every donor and volunteer.

Mothers Without Borders is a development organization—focused on the individual development of each individual in their care. Relief services and resources are provided where needed to enable individuals to participate in the development-based programming. As each evaluation protocol is created, special attention should be given to these statements to ensure the unity of the organization's efforts and the continuation of the MWB mission.

Evaluation Theory & Frameworks

To promote effective evaluation, the following theory and frameworks have been used:

Theory

1. Maslow's Hierarchy of Needs
    a. *Rationale:* Maslow's Hierarchy of Needs[1] provides evidence supporting the development structure of MWB programs. The model demonstrates a needed focus on relief to ensure the individual is able to develop and gain the self-determination to pursue their dreams and contribute to society in a meaningful way—which Maslow defines as "self-actualization".

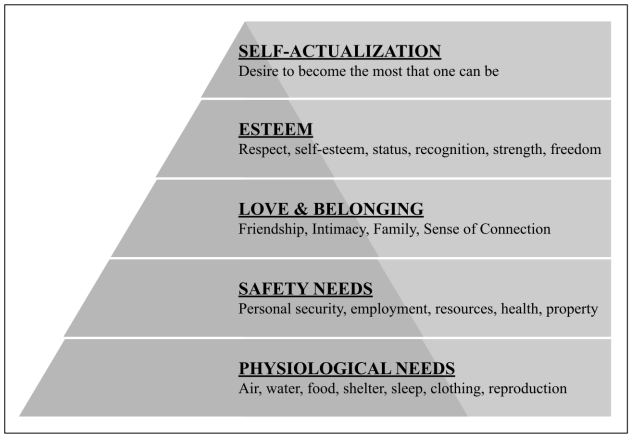
Evaluation Framework

1. Social Impact Cycle
    a. *Rationale:* The Social Impact Cycle[2] is a newly developed model used to aid social impact organizations in ensuring they are addressing a social issue appropriately. The model, developed by Todd Manwaring, Director of the Ballard Center for Social Impact at Brigham Young University, focuses on developing a foundational understanding of a social issue and its consequences to then provide program implementation and evaluation geared toward measuring the change in the individual lives of those participating in the program. The use of this model is beneficial in helping MWB to focus their implementation and evaluation efforts on the organization's mission and purpose, and in helping to emphasize the need for continued learning and improvement.
2. CDC Evaluation Framework
    a. Rationale: To support the Social Impact Cycle, the CDC Evaluation Framework[3] provides structure to the learning and improvement process. This framework has been widely used throughout the program planning and evaluation—providing the evaluation with increased credibility and ensuring attention is given to the ethicality and transparency of all methods.

The following provides an overview of each framework and how it was used in the development of the recommended evaluation protocol.

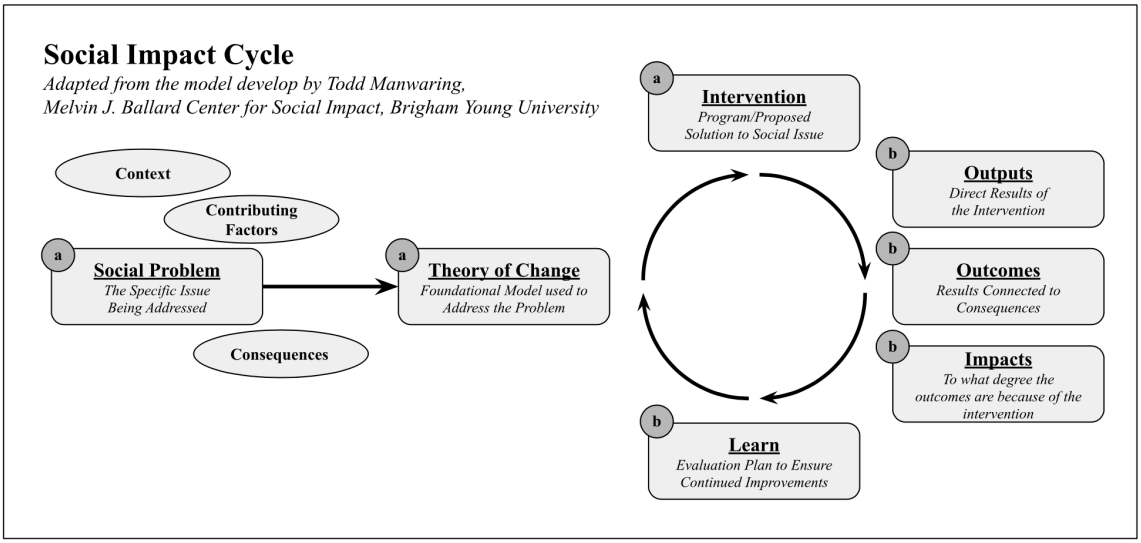
Maslow's Hierarchy of Needs

In studying human motivation and desire, Maslow concluded that an individual's ability to reach self-actualization was dependent on the fulfillment of the foundation levels of 1) Physiological needs, 2) Safety needs, 3) Love & Belonging, and 4) Esteem[1]. Maslow states, "[Self-actualization] refers to the desire for self-fulfillment, namely, to the tendency for him to



become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming"[1].

Social Impact Cycle



The Social Impact Cycle can be broken down into the following steps[2]:

I. **Social Problem:** Work with stakeholders to identify the social problem being addressed by considering the issue that exists (social issue), where it exists (geography), and whom it is impacting (demographic).
   - A. *MWB Social Problem:* Communities' Lack of Nurturance in Developing Countries
     1. *Nurturance is defined as the holistic nourishment and care given to an individual—including emotional, physical, and mental support—and their ability to reciprocate that nourishment and care to others.
   - B. *CRC Social Problem:* Lack of Nurturance for Orphaned Children in Lusaka, Zambia

II. **Context, Contributing Factors, & Consequences:** Develop a sound understanding of the social problem's history and its context. Consider factors contributing to the social problem and identify the consequences of this problem existing *(see CDC Evaluation Framework Step II)*.
   - A. *CRC Context*[4,5]*:* Zambian Orphan Crisis, Zambian Culture, Drought, Social & Financial Climate, Respect for Tribes/Community Leadership
   - B. *CRC Contributing Factors*[5,6]*:* HIV/AIDS Pandemic, Poverty, Lack of Resources, Zambian Culture/Norms
   - C. *Consequences*[4–6]*:* Child Headed Homes, High Risk Behavior, Low Education Outcomes, Continuation of Poverty Cycle, Abuse and Neglection of Children, Low Self-Reliance and Self-Determination

III. **Theory of Change:** Develop a foundational model used to address the social problem.
   - A. MWB Core Values:

1. We strengthen local communities in their efforts to care for children in crisis by leveraging our ability to:
    a) Value local wisdom above our own.
    b) Operate community-driven programs that focus on individual development.
    c) Teach principles that inspire conscious living.
    d) Give voice to the power of love.
2. This provides life-transforming value for every individual served by our programs, as well as every donor and volunteer.

IV. Intervention: Develop a sound understanding of the program's current purpose, structure, and implementation *(see CDC Evaluation Framework Step II)*.

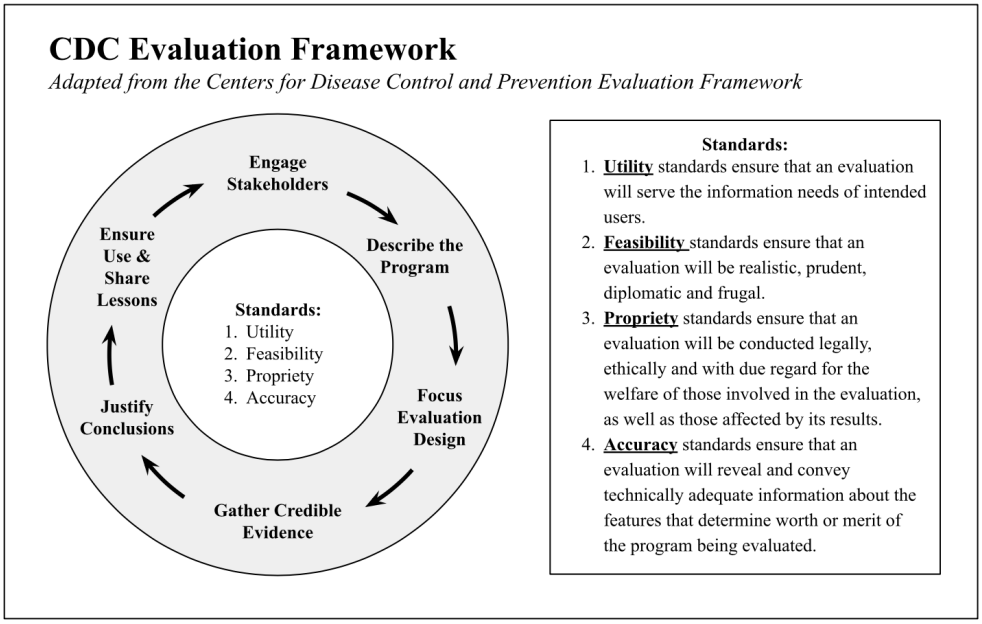
V. Outputs, Outcomes, & Impacts: Identify industry-specific metrics to measure the implementation of the program, and the results that program has on the consequences of the social problem *(see Logic Model and Child Well-being Metric Table)*.

VI. Learning: Establish an evaluation plan to ensure the effectiveness of the program and encourage regular improvement *(see CDC Evaluation Framework).*

Steps Needed to Apply Protocol to Other Programs:

1. Create a program specific social problem statement (what the problem is, where it is happening, and who it is happening to)
    a. *Deliverable→ Social Problem Statement*
2. Research the context, contributing factors, & consequences of that social problem
    a. *Deliverable→ Literature Review*
3. Review Theory of Change (MWB Core Values)
4. Study the program's design, structure, and goals, and develop output, outcome & impact metrics based on program intent and industry standards.
    a. *Deliverable→ 1) Logic Model and 2) Metric Table*
5. Apply the CDC Evaluation Framework

CDC Evaluation Framework



The CDC Evaluation Framework[3] has been used to guide the design of the evaluation and all tools used for the evaluation.

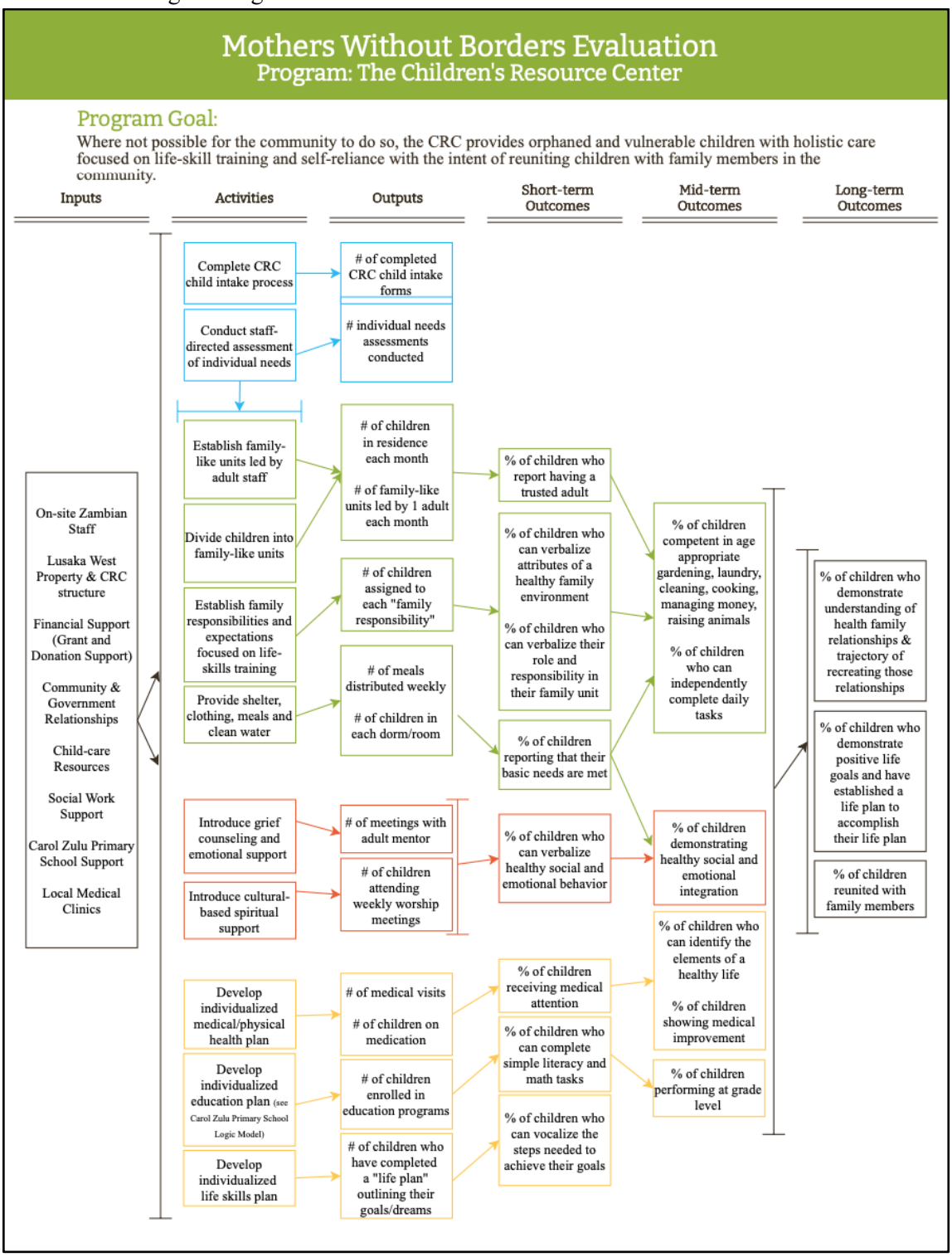
I. **Engage Stakeholders:** Identify all stakeholders for the program—including those who are involved in and benefiting from program operations.
   A. MWB Stakeholders:
      1. MWB U.S. Staff and Evaluation Team
      2. MWB Zambia Program Staff
      3. MWB Board of Directors and Advisory Board
      4. Communities Partnered with or Benefiting from MWB Programming
      5. Women and Children Directly Participating in MWB Programming
      6. Donor Community

II. **Describe the Program:** Describe the program's purpose, the context it is use in, and the expected outcomes.
   A. Program: The Children's Resource Center (CRC) is an orphan care, transition home located in Lusaka West, Zambia. This program is designed to strengthen the local community in their efforts to provide for their children in crisis. The center provides care to orphaned and vulnerable children, with the goal of teaching healthy relationship and self-reliance skills, and reuniting children with their families in the community. Children who are in head of household families or who do not have family may remain at the center longer. There are currently 50 children in residence at the CRC. The CRC has been in operation since 2001 and has provided care to over 319 children. The design and implementation of the CRC is outlined in the program Logic Model.

B. *Context:* The CRC is located in Lusaka, Zambia and exists to help combat the Zambian orphan crisis. The HIV/AIDS epidemic has devastated many communities in Africa. In 2019, it was estimated that 1.2 million adults over the age of 15 and 66,000 children ages 0-15 were living with HIV in Zambia—with the majority of those being women and girls due to heterosexual and mother-to-child transmission[4,7]. This has left many thousands of children without parents. Additionally, Zambia has been experiencing a severe drought, of which the effects of COVID-19 have compounded to create a severe hunger crisis in the country. In Zambia there are 70+ tribes led by chiefs which maintain high authority in the operations of each community[4]. The country is considered to be stable and peaceful; however, the majority of the country does live in extreme poverty. HIV/AIDS remains one of the highest health concerns throughout the country.

C. *Expected Program Outcomes:* It is expected that the CRC meets and exceeds international child well-being standards. The following 7 metrics for Orphaned and Vulnerable Children (OVC) evaluation—which have been reviewed and used in multiple countries, including Zambia—have been selected to define the goals and metrics of success for the CRC *(see Tool 2)*[8–10]. ***Note that two additional metrics (8a &8b) were added to connect these metrics with Maslow's Hierarchy of Needs and the MWB Core Values and should be used in each program evaluation.*

Tool 1: CRC Program Logic Model



Tool 2: Child Well-being Metrics Table

Child Well-being Metrics for Orphaned and Vulnerable Children	
1.	Food and Nutrition [1,2,3]
1a.	*Food Security Goal:* The child has sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.
2b.	*Nutrition and Growth Goal:* Child is growing well compared to others of his/her age in the local community.
2.	Shelter and Care [1,2,3]
2a.	*Shelter Goal:* Child has a stable shelter that is adequate, dry, and safe.
2b.	*Care Goal:* Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.
3.	Protection [1,3]
3a.	*Abuse and Exploitation Goal:* The child is safe from any abuse, neglect, or exploitation.
3b.	*Legal protection Goal:* The child has access to legal protection services as needed.
4.	Health [1,2,3]
4a.	*Wellness Goal:* The child is physically healthy. (Wellness is defined as good overall physical condition and freedom from illness at any given time)
4b.	*Healthcare Services Goal:* The child can access health care services, including preventive care and medical treatment when ill.
5.	Psycho-social Well-being [3]
5a.	*Emotional Health Goal:* The child is happy and content with a generally positive mood and hopeful outlook.
5b.	*Social Behavior Goal:* The child is cooperative and enjoys participating in activities with adults and other children.
6.	Education and Skills Training [1,2,3]
6a.	*Performance Goal:* The child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.
6b.	*Education and Work Goal:* The child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.
7.	Community and Support [1,2]
7a.	*Community Involvement and Support Goal:* The child feels secure in their community and regularly interacts with the community.
7b.	*Basic Adult Support Goal:* The child reports having a trusted adult in their life, who they feel they can confide in.
8.	Conscious Living [4,5]
8a.	*Conscious Living Mindset Goal:* The child is thinking about their future and their dreams.

8b.	*Conscious Living Self-Determination Goal:* The child feels they have control over their future and are putting action into place to achieve their goals.

Sources:
1. Catholic Relief Services. (2009). *Orphans and Vulnerable Children Well-being Tool Users Guide 2009*. 38.
2. Chapman, J. (2013). *Core Orphans and Vulnerable Children (OVC) Program Impact Indicators* [Publication]. Measure Evaluation. https://www.measureevaluation.org/resources/publications/ms-13-61
3. Measure Evaluation. (n.d.). *Child Status Index* [Page]. Retrieved June 8, 2020, from https://www.measureevaluation.org/resources/tools/ovc/child-status-index/
4. Maslow, A. H. (1943). A Theory of Human Motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346
5. Mothers Without Borders. (n.d.). Our Mission. *Mothers Without Borders—Our Mission*. Retrieved June 2, 2020, from https://motherswithoutborders.org/mission/

III. Focus the Evaluation Design: Considering available resources and priorities of the stakeholders, develop an evaluation protocol to assess the program.

A. Evaluation Design Purpose: As MWB seeks to expand and scale their programs, an in-depth understanding of the present progress and potential growth is needed. The goal of the evaluation is to assess the implementation and outcomes of the CRC.

B. Users & Uses: The evaluation findings will be used by the MWB staff (both U.S. and Zambian) to assess current progress, determine improvements, and communicate the effectiveness of the program to community members and donors.

C. Guiding Questions:

1. How do each of the metrics contribute to overall well-being? Which metrics is the CRC excelling at and which need further attention?
2. What qualities and practices of the CRC are unique and directly contribute to the success of the orphan-care center?
3. What are the intermediate and long-term influences of the CRC on children's health and wellbeing?

D. Methods: Generate an evaluation protocol *(see Tool 3)* to include indicators, timeline, and responsibilities for:

1. Process Evaluation Protocol: Outputs on program implementation should be collected on a monthly, semi-annual and annual basis in alignment with the Program's Logic Models *(see Tool 4)*.
2. Outcome Evaluation Protocol: Outcomes of the program should be assessed on a regular basis by local staff. Each logic model outcome is correlated with the metric goals being used for data collection and is defined in the Evaluation Plan table *(see Tool 3)*.
   a) *CRC Outcome Evaluation:* New Intake, Individual Progress, Program-wide Progress, and Discharge Forms were created based on analysis of program goals and previous data *(see Tool 5)*.
      (1) *Form 1:* This CRC intake form should be completed by the program social worker within the first 24 hours of admission to the CRC. All goal statements should be assessed based on the child's status or circumstances prior to being admitted to the CRC. A 1-5 score and written observations should be provided. Once completed, the scores should be added and the sum written at the top of the form. The form

should be scanned and sent to the U.S. staff prior to the Monthly Close meeting.

(2) *Form 2:* This CRC program-wide progress form should be completed by the program social worker in January of each year. All goal statements should be assessed based on the center's ability to provide that care for the children in residence. A 1-5 score and written observations should be provided. Once completed, the scores should be added and the sum written at the top of the form. The form should be scanned and sent to the U.S. staff prior to the Monthly Close meeting.

(3) *Form 3:* This CRC individual progress form should be completed by the program social worker on the anniversary of each child's admission to the CRC. All goal statements should be assessed based on the child's status or circumstances prior to being admitted to the CRC. A 1-5 score and written observations should be provided. Once completed, the scores should be added and the sum written at the top of the form. The form should be scanned and sent to the U.S. staff prior to the Monthly Close meeting. This score will be added to the score from Form 2.

(4) *Form 4:* This CRC intake form should be completed by the program social worker within the 24 hours leading to discharge the CRC. All goal statements should be assessed based on the child's status or circumstances prior to being admitted to the CRC. A 1-5 score and written observations should be provided. Once completed, the scores should be added and the sum written at the top of the form. The form should be scanned and sent to the U.S. staff prior to the Monthly Close meeting.

(5) *Measurement Scale:* The goal statements identified in the child well-being metrics *(see Appendix 5, Tool 2)* should be assessed at each time designation according to the following peer-reviewed scale (Measure Evaluation, n.d.):

- 5 = Excellent The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor and the child is excelling in this area.
- 4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.
- 3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.
- 2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.
- 1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Additionally, it is recommended that a progress number scale (calculated by summing the total given in each metric) be developed and agreed upon to assess progress and establish goals for the program (see table for examples). Though a scale should be agreed upon, it is recommended that the initial collections inform the scale to accurately determine operations definitions for each range.

Example Progress Scale and Correlated Program Goals	
Example Progress Scale	
Range	**Meaning**
[0-20]	EXTREMELY HIGH CONCERN/RISK
[21-40]	HIGH CONCERN/RISK
[41-60]	MEDIUM CONCERN/RISK
[61-80]	LOW CONCERN/RISK
[81-100]	LITTLE TO NO CONCERN/RISK
Example Program Goals	
1. After one year at the CRC, every child will be at or above a 54 (average (3) across all scores). 2. After two years at the CRC, every child will be at or above a 70.	

Tool 3: Children's Resource Center (CRC) Evaluation Plan

Children's Resource Center (CRC) Logic Model Component	Indicators Measured *(see Tool 2)*	Source of Data	Responsible	Frequency	Collection Time
CRC Outputs					
# of new intakes this month	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of children on the last day of this month	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of times Josephine met with children this month	2b, 3a, 3b, 5a, 5b, 7b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of medical visits this month	4b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of children newly started on HIV meds this month	4a, 4b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
# of family units	2b, 3a, 7b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children in each family unit	2a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of meals distributed	1a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children in each room	2a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children attending weekly worship meetings	7a	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children enrolled in various educational programs	6a, 6b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
# of children who created a "life plan" aiming for their dreams	8a, 8b	Semesterly Zambia Excel	Zambia Social Worker	Semesterly	April & December
CRC Outcomes					
% of children who report having a trusted adult	2b, 3a, 7b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can verbalize attributes of a healthy family environment	2b, 3a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can verbalize their role and responsibility in their family unit	2b, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake

% of children whose basic needs are met	1a, 1b, 2a, 4a, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children demonstrating healthy social and emotional behavior	5a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children receiving consistent medical attention/medication	1b, 4a, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can complete simple literacy and math tasks	6a	CZPS Semester Report	Zambia Social Worker	Semesterly	April & December
% of children performing at grade level	6a, 6b, 8b	CZPS Semester Report	Zambia Social Worker	Semesterly	April & December
% of children who can vocalize the steps needed to achieve their goals	8a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children competent in age-appropriate gardening, laundry, cleaning, cooking, managing money, raising animals	6a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who can independently complete daily tasks	6a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children demonstrating healthy social and emotional integration	5a, 5b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children showing medical improvement	1b, 4b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
CRC Impact					
% of children relocated this month (converted from #/total kids)	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
% of those relocated who were reunited with family members	3a, 3b	Monthly Zambia Excel	Zambia Social Worker	Monthly	Monthly on the 15th
% of children who demonstrate understanding of health family relationships & trajectory of recreating those relationships	2b, 5a, 5b, 7b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake
% of children who demonstrate positive life goals and have established a life plan to accomplish their life plan	5a, 5b, 8a, 8b	CRC Intake, Progress, & Discharge Forms	Zambia Social Worker	Annually	According to Date of Intake

Tool 4: Monthly Output Data Collection Form

2021 Monthly Program Outputs	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21		Monthly Average	Year Total
Community Support																	
Community Support Monthly Outputs																	
# of total communities served	3	3	7													7	7
CHILDREN'S RESOURCE CENTER (CRC)																	
CRC Monthly Outputs																	
Enrollment																	
# new intakes	0	1	0													0	1
# relocated	0	0	2													1	2
# of children on the last day of this month	49	50	48													49	50
Care			0														
# times Josephine met with children	8	5	9													7	22
# medical visits	4	12	8													8	24
# children newly started on HIV meds	0	0	0													0	0
# total children receiving HIV treatment	7	7	7													7	7
CAROL ZULU PRIMARY SCHOOL																	
CZPS Monthly Outputs																	
Enrollement																	
# of new students enrolled	0	0	39													13	39
# total students enrolled	518	518	557													531	557
17 TO SELF-RELIANCE																	
17 to Self-Reliance Monthly Outputs																	
Enrollment																	
# new participants enrolled	0	0	27													9	27
# total benefitting participants	13	13	40													22	40
# participants who have dropped out of program	0	0	0													0	0
# participants living with a host family	13	13	6													11	13
# of times each mentor met with students																	
Josephine	2	6	4													4	12
Lord	1	2	2													2	5
Distributing Resources																	
# laptops distributed	0	0	0													0	0
# bikes distributed	0	0	10													3	10

*Page 1 Shown, Full Form Available on Evaluation Shared Drive

Tool 5: CRC Intake, Progress, & Discharge Forms (Form 1)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Intake Form

Child's Background		
Date of Admission:		Intake Score: _____
Child's Full Name:		
Date of Birth:		
Gender (Circle):	Male Female	
Guardian's Name:		
Relationship to Child:		
Guardian's Address:		
Orphan Status (Circle):	Single Double Unknown	
Referred By:		
Reason for Admission:		

Well-being Metrics: Intake Assessment

For each metric below, use the following scale to report on the child's situation **prior to being admitted** to the CRC.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Food Security Goal: The child had sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.		
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Shelter Goal: The child had a stable shelter that was adequate, dry, and safe.		
Care Goal: The child had at least one adult (age 18 or over) who provided consistent care, attention, and support.		

Tool 5: CRC Intake, Progress, & Discharge Forms (Form 1 cont.)

Abuse & Exploitation Goal: The child was safe from any abuse, neglect, or exploitation.		
Legal Protection Goal: The child had access to legal protection services as needed.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Healthcare Services Goal: The child could access health care services, including preventive care and medical treatment when ill.		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		
Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		
Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
CRC Potential: What is your overall assessment of the CRC's ability to help this child reach their potential?		
Other Observations:		

Tool 5: CRC Intake, Progress, & Discharge Forms (Form 2)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Program-wide Progress Form

Program Information		
Date of Progress Report:		Program Progress Score: _____

Well-being Metrics: Annual Progress Report

For each metric below, use the following scale to report based on **the Children Resource Center's progress** in each situation or status **during the last year**.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area. .

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Food Security Goal: The child had sufficient and nutritious food at all times of the year to grow well and to have an active and healthy life.		
Shelter Goal: The child had a stable shelter that was adequate, dry, and safe.		
Care Goal: The child had at least one adult (age 18 or over) who provided consistent care, attention, and support.		
Abuse & Exploitation Goal: The child was safe from any abuse, neglect, or exploitation.		
Legal Protection Goal: The child had access to legal protection services as needed.		
Healthcare Services Goal: The child could access health care services, including preventive care and medical treatment when ill.		
CRC Potential: What is your overall assessment of the CRC's ability to help this child reach their potential?		
Other Observations:		

Tool 5: CRC Intake, Progress, & Discharge Forms (Form 3)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Individual Progress Form

Child's Background		
Date of Progress Report:		Individual Progress Score: _____
Child's Full Name:		
Updates to Orphan or Family Status:		

Well-being Metrics: Individual Progress Assessment

For each metric below, use the following scale to report on the child's situation **during the last year at the CRC**.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		
Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		

Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
Other Observations:		

Tool 5: CRC Intake, Progress, & Discharge Forms (Form 4)

MOTHERS WITHOUT BORDERS

Strengthening International Communities in Their Efforts to Care for Their Children in Crisis for over 30 Years.

Children's Resource Center Discharge Form

Child's Discharge Plan		
Date of Discharge:		Discharge Score: _____
Child's Full Name:		
Name of Guardian/New Home:		
Relationship to Child:		
Guardian's Address:		
Reunited with Family? (Circle One):	Yes	No
Reason for Discharge:		

Well-being Metrics: Individual Discharge Assessment

For each metric below, use the following scale to report based on the child's situation or status **between their last progress report, and the day of their discharge** from the CRC.

5 = Excellent The child's status or situation is excellent. There are no concerns or apparent risks and the child is excelling in this area.

4 = Good The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.

3 = Fair The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or field worker. Additional resources might be helpful, if available.

2 = Bad There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.

1 = Very bad The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Well-being Metric	Score (1-5)	Observations & Actions Needed
Nutrition & Growth Goal: The child is growing well compared to others of his/her age in the local community the child came from.		
Wellness Goal: The child is physically healthy. (The child has good overall physical condition and freedom from illness at any given time.)		
Emotional Health Goal: The child is happy and content with a generally positive mood and hopeful outlook.		
Social Behavior Goal: The child is cooperative and enjoys participating in activities with adults and other children.		
Performance Goal: The child is progressing well in acquiring knowledge and life skills, school, job training, or an age appropriate productive activity.		

Education Goal: The child was enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.		
Community Involvement & Support Goal: The child feels secure in their community and regularly interacts with the community.		
Basic Adult Support Goal: The child reports having a trusted adult in their life, who they feel they can confide in.		
Conscious Living Mindset Goal: The child is thinking about their future and their dreams.		
Self Determination Goal: The child feels they have control over their future and are putting action into place to achieve their goals.		
Individual Potential: What is your overall assessment of if this child is reaching their potential?		
Other Observations:		

V. **Gather Credible Evidence:** Collect data based on methods determined and ensure the credibility of information collected *(see Tool 3).*

VI. **Justify Conclusions:** Work with local staff to assess the data collected against program goals and cultural understandings.

   A. Stakeholder Meetings: Meetings with the Country Director should be held at least once a month to assess the data collected, ask questions to ensure shared understanding, and continually improve methods and tools.

VII. **Ensure Use and Share Lessons Learned:** Establish communication and reporting protocols to ensure the implementation of evidence-based recommendations.

   A. Stakeholder Meetings & Reports: The monthly meetings with the Country Director and regular reports will allow for sharing of lessons learned and recommendations for improvement of programs and evaluation protocols.

Steps Needed to Apply Protocol to Other Programs:

1. Review list of stakeholders and program descriptions and make adjustments for new program.
   a. *Deliverable→ List of Stakeholders and Written Program Description*
2. Develop guiding questions and revise outcome evaluation methods to fit the program needs, data/forms currently available, and needs of the stakeholders.
   a. *Deliverable→ Written Methods*
3. Work with stakeholders and local staff to:
   a. Review output forms and determine if any new outputs are needed. If so, work with stakeholders to write new outputs based on Program Logic Models.
      i. *Deliverable→ Create Evaluation Plan Table for the Program*
      ii. *Deliverable→ Updated Output Collection Forms*
   b. Develop or adjust existing data collection forms to include program measurement metrics.
      i. *Deliverable→ Data Collection Forms*
4. Update evaluation database with new metrics and data collection forms
   a. *Deliverable→ Updated and Flushed-out Database*
5. Include new program's evaluation in the monthly meeting with the Country Director and in evaluation reports.

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