



The Revolutionary Returns of Sustained Individual Investment

Social Return on Investment Analysis of the Home-based Education Programme in Mfuwe, Zambia

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1 Executive Summary

Programme History

The Home-based Education Programme (HBEP) was introduced to Mfuwe, Zambia by the Time + Tide Foundation (TTF) in 2016 as an intervention to help children with developmental differences, none of whom were receiving adequate support. The model of the programme is to recruit and train compassionate members of the Kakumbi and Mnkanya Chiefdoms of Mfuwe as volunteer caregivers, equipping them with the skills to oversee developmental exercises for children with a variety of conditions. The primary conditions of children on the programme are cerebral palsy, autism, down syndrome, hydrocephalus, microcephalus, epilepsy, bowed legs, and knocked knees. The caregivers are then assigned to one child each and visit that child at his or her home once per week and work together with the child's primary guardian¹ on exercises and activities to stimulate the child's development. The caregiver returns each week to track the progress and suggest new activities, with specific developmental targets. All caregivers come together at the end of each month to report on the progress of their respective children and collaboratively discuss challenges. The TTF team separately monitors each child by visiting households once per month to record child progress. Each child is tracked against specific developmental metrics, with the relevance of each metric dependent on the child's condition and age. When the child reaches his or her developmental threshold, he or she becomes a candidate to graduate from the programme. Graduation also depends on the knowledge and commitment of the child's primary guardian, with the objective that most children are enrolled into formal schools before graduation. A decision for a child to graduate is made when the TTF team assess that: a) the child has reached a developmental threshold and b) the primary guardian is knowledgeable on the causes and treatment of the condition and, most importantly, willing to take responsibility for the child's developmental care going forward.

The TTF is a non-profit organisation operating in harmony with the Time + Tide tourism company, working in the residential communities adjacent to Time + Tide lodges. As a wildlife safari company in Southern Africa, Time + Tide develops lodges in areas that are incredibly remote, and where residents are often last to receive social service support from their under-resourced governments. The role of the TTF is to help fill the pressing social service gaps as identified by residents and, in the process, help to build social capital in these rural residential communities. In October 2015, a few months after the TTF was registered, the head teacher at one of the larger primary schools in Mfuwe approached the Director of the TTF (who is the author of this report) to share his concern that some families were thought to be hiding children with special needs in their homes. He explained that as a village headman, it is his responsibility to know and account for each resident in his jurisdiction, however he recently became aware that certain children with disabilities were being concealed from him and the general public, locked away in their homes without access to necessary medical, developmental and social resources. He asked if the TTF could investigate this suspicion and, if verified, help to get these children the support they need.

¹ In the context of rural Zambia (and Africa more broadly), residents do not differentiate between primary guardians and parents; the primary guardians are considered and respected as parents, regardless of biological relation. These terms are used interchangeably in the report, which reflects the lived experience in African communalist societies.

After a door-to-door survey and community meeting in late 2015 with a specialized educator of children with developmental differences, the TTF determined that indeed a number of children with developmental differences were being isolated, some of whom were living in conditions of severe neglect. Based on this data collection, the HBEP was conceptualized as a possible mode of intervention to assist these children developmentally in the privacy of their homes. Donor funding was secured in early 2016 to launch a pilot programme with 23 children. In addition to helping the children and the families, the HBEP sought to challenge the stigmas surrounding these children, specifically the pervasive belief that their conditions were caused by “witchcraft” or egregious acts by their families. By the end of 2016, the 23 children in the pilot cohort had made significant developmental progress, and more families came forward for support. Between 2016-2020, enrolment on the programme grew from 23 to 196 children, with demand from additional chiefdoms. In 2021, intake on the programme paused in order to ensure the quality of individual intervention was not compromised by the exponential growth, and the children from the earlier cohorts carefully reviewed for graduation potential. Between 2020-2022, 25 children graduated off the programme in Mfuwe, and many others relocated to different areas of Zambia, which is common in rural Zambia (families living in poverty move frequently to areas where they have better potential for income generation and/or where they can be supported by family members with better means).

Over the year 2022, 132 children were active in the HBEP, with their developmental plans overseen by 120 caregivers (some caregivers supporting more than one child). **This SROI is an evaluative analysis of the value created by the HBEP through the lens of the 2022 stakeholders.**

SROI Process

Since 2020, the TTF has experimented with social return on investment (SROI) methodologies in order to report back to donors on the social value created through their philanthropic investments, and to understand the most valuable aspects of its programming. In 2022, the organisation came across Social Value International (SVI) and its stakeholder-centred approach to analysing SROI. Three of the TTF senior team members completed the Online Social Value & SROI Accredited Practitioner Training Course in 2022 and obtained their Level One Social Value Association qualifications. In 2023, the author submitted her first report for assurance and obtained the qualification of Level 2 Accredited Practitioner. This report will be submitted for assurance as well as part of the application to achieve Level 3 Accredited Practitioner.

The purpose of this SROI is to:

- a) understand where the most value is created per programme from the lens of stakeholders;
- b) report back to donors on the social returns of their donations; and
- c) for the practitioner to attain the Level Three Accredited Practitioner qualification

Each programme is being analysed with the evaluative approach over the year of 2022 as a **snapshot in time: analysing the total value experienced by the 2022 stakeholders against all**

of the investment relevant to those stakeholders, which for this assessment spans a period of seven years (2016-2022). In other words, all of the the value experienced by the 2022 stakeholders over the entirety of their interaction with the HBEP is included as well as all of the investment relevant to those stakeholders. The 2022 stakeholders comprised groups or individuals who interacted with the HBEP for different amounts of time, specifically one to seven years, with **the total, cumulative value experienced by each stakeholder group assessed against all relevant investment**. This report presents the results of the SROI, which include all of the social value created for the 2022 stakeholders involved in or affected by the Home-based Education Programme in Mfuwe, Zambia.

1.1 Scope

The Home-based Education Programme (HBEP) served 132 children across 85 villages in 2022. These villages are located throughout two of the six chiefdoms that comprise the Mambwe District: Kakumbi Chiefdom and Mnkhanya Chiefdom. Both chiefdoms form part of the larger Mambwe District, in the Eastern Province of Zambia. The assessment is of the value experienced by the 2022 stakeholders over the entirety of their involvement in / interaction with the HBEP. The 2022 stakeholders interacted with the HBEP for a period of one to seven years, with the total, cumulative value experienced by each stakeholder group assessed. This 'snapshot in time' approach was taken because it was deemed too challenging to ask the stakeholders to separate the value by year of involvement, and it was deemed too subjective for the practitioner to try to make these professional judgements. Instead, the investment figures include amounts from prior years (2016 through 2021) that were relevant to the 2022 stakeholders and all of the investment from the year 2022.

The investment from prior years was calculated by dividing total cost of the programme per year by number of children enrolled each year to determine cost per child per year, and then multiplying that cost per child by the number of 2022 beneficiaries who were enrolled in those prior years. The same methodology was used to determine the portion of the organisation's administrative costs applicable to the HBEP in prior years (analyzing cost per beneficiary per year and multiplying by the number of relevant 2022 stakeholders, those who were involved in prior years).

1.1.1 Key Activities

The breadth of activities conducted through the HBEP is diverse, with many stakeholder groups affected. The key activities under evaluation and represented by the stakeholders engaged are:

- **Identification** of children with special needs and **recruitment** of those eligible onto the programme;
- **Training of volunteer caregivers and guardians** on the biological causes of disabilities and how to assist children with a variety of conditions to achieve their developmental milestones;
- **Weekly exercises** for the children at their homes led by volunteer caregivers in conjunction with their primary guardians;

- **Monthly monitoring of all children** by the HBEP team, including monthly meetings with all caregiver groups
- Group and individual **counselling for guardians**;
- **Facilitation of medical support** (doctor appointments, physiotherapy appointments, operations, and medication) when necessary as well as regular **Body-stress Release therapy sessions**;
- **Sponsorship** of preschool children to private primary schools;
- **Resourcing of private and government primary schools** to equip them for the successful integration of children with special needs;
- Sponsorship of primary school students to **specialized schools** that cater for hearing and visual impairments;
- Operational and advisory **support to Hanada Orphanage**;
- **Assistance to the Department of Social Welfare** in identifying children who would qualify for monthly government grants under what is called the Social Cash Transfer (SCT) scheme;
- **Community outreach and education** through theatre, radio broadcasts and informal dialogue with residents;
- **Alerting** the Department of Social Welfare to children who are living under circumstances of abuse;
- **Training of the HBEP managers** to oversee and deliver quality interventions for children with special needs and their families

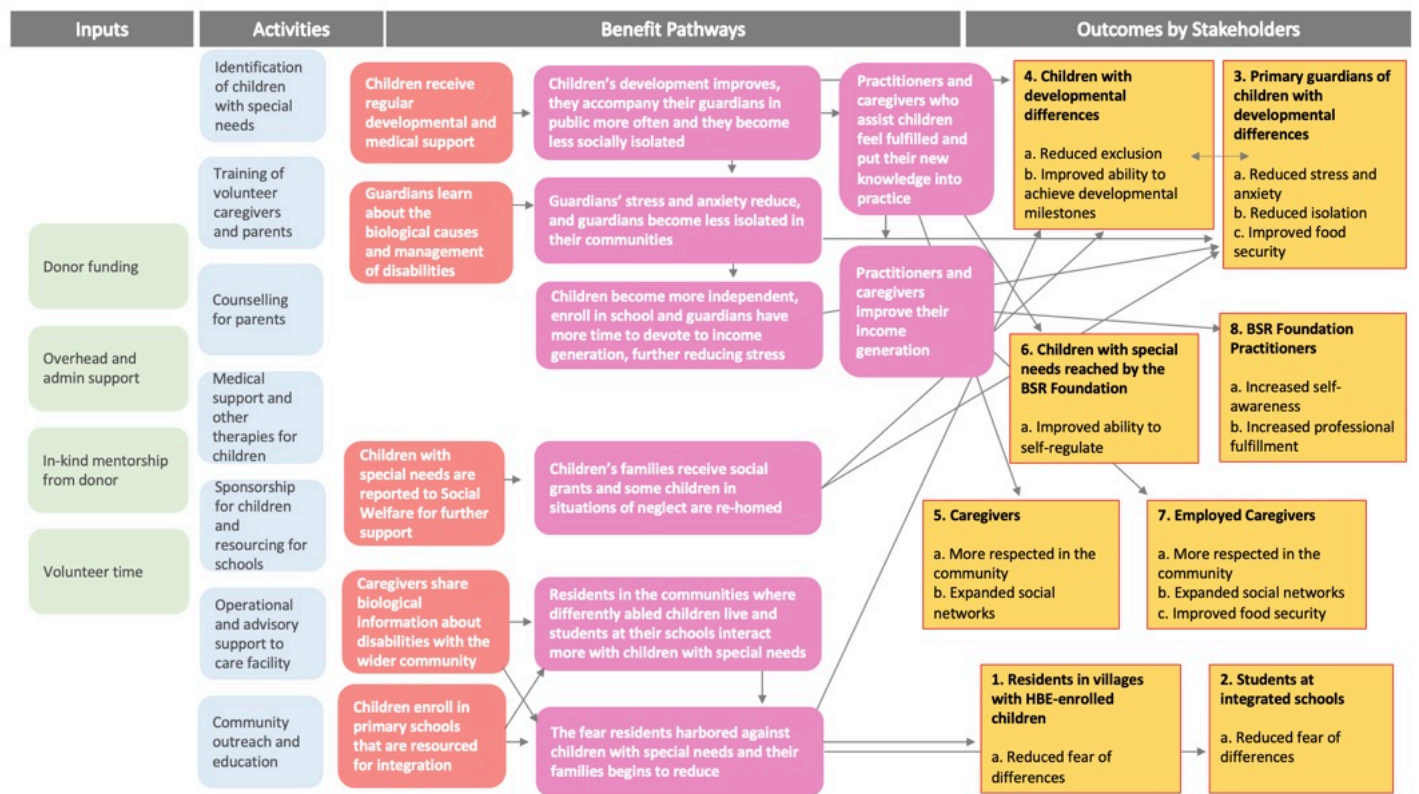
1.1.2 Investment in the 2022 HBEP Stakeholders

The SROI calculation includes a cost-benefit analysis, with all investment required to deliver the activities included. This investment accounts for financial and non-financial inputs (for example, volunteer time and in-kind contributions), with the latter converted to USD figures for the analysis. All of these inputs allow the activities to occur, which result in stakeholders experiencing the outcomes and their respective values.

This evaluation has taken a snapshot in time approach, analysing all of the value experienced by the 2022 stakeholders over their involvement in the programme. The value experienced and expressed by some stakeholders in 2022 was cumulative: they had been involved in the programme for one to seven years (inclusive of the calendar year 2022) and spoke about the **total change** and the **total value experienced**.

Inclusively, **\$640,712 USD** was invested in order for the 2022 stakeholders to experience their respective material outcomes and value.

Figure 1: HBEP Theory of Change



1.2 Value Creation

The SROI has considered the value created by the HBEP in the context of rural African society and the specific social challenges faced by children with special needs and their families. Moreover, it situates this isolation in the larger regional context of stigmatisation of people with developmental differences. All of the HBEP beneficiaries come from this background. While there are international priorities and targets (e.g., Sustainable Development Goals) for quality, inclusive education, in reality the deeply rooted historical and cultural biases and fear, including within the schooling system, preclude children with special needs from societal acceptance. This exclusion extends to their families, and results in families feeling helpless and unsafe to seek advice and support for the development of their children. These children are then largely confined to their homes, without any educational, developmental or social stimulation, further worsening their conditions, their mental and physical health.

The HBEP enables change by going into children’s homes and teaching parents how they can help their children reach their developmental milestones. This is done by training volunteer caregivers from the surrounding community about the causes and management of a variety of conditions and equipping them with the skills required to in turn train primary guardians on how to aid their children’s development. Once children begin to show developmental progress, the families feel a sense of hope and comfort that their children are capable of growth and development. This leads parents to slowly expose their children in public and eventually feel safe to send their children to school. What’s more, through specific

trainings, the primary guardians too learn about the causes of their children's disabilities and are able to form a social network with other guardians who have been through similar hardship. Once children with special needs are seen in society, outside of their homes in the village, going to the market with their families, attending church, enrolling in school, **the fear harboured by residents that they will be adversely affected by proximity to someone who is differently abled begins to reduce.** With this reduction in fear comes a corresponding reduction in stigma, and residents begin to accept differences, which makes everyday life safer and easier for children with disabilities and their families, **strengthening local civil society in the process.** Indeed, when excluded groups gain greater access to education, employment and business opportunities, both poverty and inequality reduce simultaneously.²

The Value created through HBEP for 2022 Stakeholders

The SROI model found that **every \$1 invested in the HBEP yields a social return of \$27.28.**

1.3 Key Findings

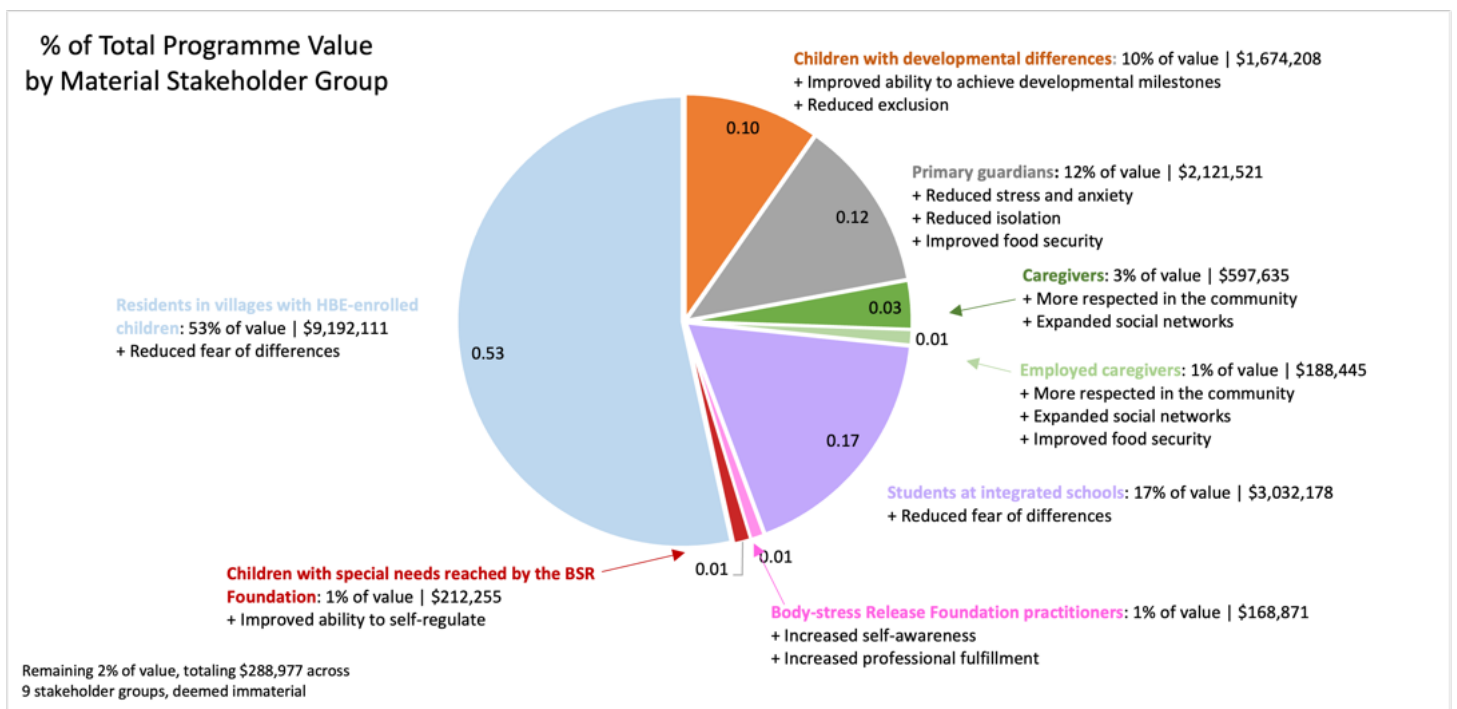
Key findings include:

1. Given the broad intentional and unintentional community impact of the programme, **the greatest collective value has been reducing the deeply rooted fear residents have felt towards people with developmental differences.** This is a stakeholder group of over 34,000 individuals, with 22,889 experiencing this outcome. **These 22,889 individuals collectively comprise 53% of the value created by the programme, which equates to \$9,192,111 USD.** At the individual level, the value experienced by each resident is immaterial (\$142 USD, the least of any individual stakeholder) but **the reach of this outcome** amounts to more than half of the total value generated by the programme;
2. Students at integrated schools experience the same reduction in fear as residents, and **they account for 17% of the total collective value, which equates to \$3,032,178 USD.** Students who attend inclusive schools **are in the presence of developmental differences in the same environment daily.** At the individual level, the value experienced by students is also immaterial (\$425 USD) **but 200% higher than that experienced by individual residents,** due to consistent exposure and the relative adaptability and acceptance of children. Like adult residents, the high number of individuals in this stakeholder group (2,803 experiencing the outcome) accounts for the high percentage of the total value;
3. **Children enrolled on the programme in 2022 and their primary guardians** account for 22% of the value, **experiencing 10% (\$1,674,208) and 12% (\$2,121,521) respectively of the total collective value.** On an individual level, children currently on the programme and children who graduated from the programme and have been sponsored to special schools experience the highest individual value (\$19,468 and

² <https://gsdrc.org/publications/benefits-to-society-of-an-inclusive-societies-approach/>

\$22,028 respectively). Primary guardians of children on the programme experience the third highest per individual value (\$18,502). Given the young age of the children enrolled in the programme, the higher collective value for their guardians makes sense: **children do not have the vocabulary to express themselves fully** (or in some cases at all), and they may not have registered or been able to exhibit to their guardians the extent of the changes to their exclusion or development. What is clear through the model is that **positive change for children correlates with positive change for their guardians**, both of which are **inextricably linked to softening of fears and biases in local society**.

Figure 2: Total Programme Value by Material Stakeholder Group



1.4 Interpretation of the Results

“There is peace between me and the people in my village.” Primary Guardian

“When others have similar problems, we help them and teach them. It is like evangelising the word of God. We are happy that we can do that.” Primary Guardian

What emerges from the model is a **story about societal change**: how intensive investment in training, information sharing and the development of relatively few children within a large population can have **significant impact on how people view differences**. As elaborated in the context section, the population of Mfuwe, Zambia largely subscribe to deeply entrenched, historically and spiritually supported perceptions of disabilities, oftentimes occult in nature: child or guardian or both are either bewitched or experiencing divine punishment for prior misdeeds. In areas of high poverty with low levels of education and uncountable instances of unexplained deaths (due to lack of reliable medical care and no resources or demand for post-mortems), **the inclination of residents is to hold each other spiritually accountable for their**

biological circumstances. In so doing, they protect themselves from the uncomfortable possibility that these same circumstances could happen to them. The social by-product of this lens is that people with developmental differences and their families are outcast from their communities, **which contradicts the norms of African communalism society.** When children are understood to be responsible for this exclusion, they can become isolated within their own households and families, locked away from public view so as not to provoke further ostracization.

Over seven consecutive years, the HBEP has slowly and steadily chipped away at societal fears. Deliberately, through community outreach, radio broadcasts and targeted stakeholder education and organically **by investing thousands of hours in making sure that volunteer caregivers and guardians understand the biology of disabilities and can work to dispel stigmas in their communities and defend the rights of children with special needs.** What the stakeholder engagement revealed was **the value of this sustained, repetitive sharing of information** coupled with **forcing people to confront their discomforts in the presence of people with differences** by bringing children out of their homes and into public spaces. The students who attend the same schools as children with special needs are **key, indirect agents of change**; from a young age, they learn to be comfortable in the presence of someone who looks and learns differently, which equips them with the first-hand experience to question pervasive biases. Children are also quick to shed their fears; initially, students at these schools wouldn't share utensils with their differently abled peers and now they are eating alongside them, playing with them and helping them onto the school bus.

In the villages where children are enrolled on the HBEP, residents have curiously observed the coming and going of caregivers, they have asked about what they are doing and they have themselves **witnessed changes in the children.** These observations alone have challenged their views on the developmental potential of children with special needs and, **by proxy,** reduced their fears.

While the most current census data is not yet officialised for the Mambwe District, Zambia, unconfirmed reports of over 110,000 residents have been made public,³ and 50-65% of the population lives across the Kakumbi and Mnkhanya chiefdoms.⁴ The children on the HBEP in 2022 came from 85 unique villages, with a total estimated population of over 34,000 people. The residents of these villages are privy to direct community outreach, the presence of caregivers, the monthly monitoring by the TTF team, and enrolment of children with special needs in their primary schools. **Over many years, residents of these villages have had reason to question their beliefs and biases towards children with special needs, which has led to subtle yet sustained social change.** Fifty-three percent of the value generated by the programme over the past seven years has been in reducing fear for residents of these villages, and this increases to 70% when the students at integrated schools are included (a separate stakeholder group with the same outcome; see Section 6.8).

On an individual basis, however, the value experienced by residents is immaterial; the **material value at the individual level is highest for children with special needs who have graduated from the programme, those currently on the programme and their guardians.**

³ https://en.wikipedia.org/wiki/Mambwe_District

⁴ Verbal communication with senior Mfuwe stakeholders

These individuals are relatively few in a large population, and so the predominate social value of the programme comes through fear reduction in residents. This wide-spread reduction of fear **lays the foundation for more inclusive communities**, which are necessary for the long-term well-being of people with differences. **While the programme focuses firstly and most intensively on the individual development of a select few children, the social value generated is much broader and spreads organically.** Seeing the value represented in this way was initially surprising, as the practitioner naturally assumed the highest value would be for the children and their families. While this is true at the individual level, the **most significant value generation of the programme is for larger society**: working to erode the fears that previously made it exceptionally difficult for children with differences to come out of their homes let alone interact within their communities and nearly impossible for them to go to school. In consultation with the HBE management, the practitioner talked through the story told through the model and everyone agreed that **the valuation stands to reason**: residents in Mfuwe, through their own observations and evidence they have implicitly and unintentionally accumulated, are changing their long-held fears of differences and, in the process, creating space for a stronger, more democratic civil society.

2 Introduction

Since 2020, the TTF has experimented with different social return on investment (SROI) methodologies in order to report back to donors on the social value created through their philanthropic investments, and to understand the most valuable aspects of its programming. In 2022, the organisation came across Social Value International (SVI) and its stakeholder-centred approach to analysing SROI. Three of the TTF senior team members completed the Online Social Value & SROI Accredited Practitioner Training Course in 2022 and obtained their Level One Social Value Association qualification. In 2023, the author undertook her first SROI assessment of one of the TTF programmes (Girls Clubs) with support from Think Impact, an Australian social impact consulting, project management and capacity building firm. This report was assured, and the author qualified as a Level Two Accredited Practitioner.

The purpose of the current SROI is to:

- a) understand where the most value is created per programme from the lens of stakeholders;
- b) report back to donors on the social returns of their donations;
- c) undertake an SROI analysis independently (without mentorship); and
- d) for the practitioner to attain the Level Three Accredited Practitioner qualification

This programme is being analysed with the **evaluative approach** using the year of 2022 as a **snapshot in time**: analysing the **total value experienced by stakeholders involved over the calendar year of 2022 against all of the investment relevant to those stakeholders**, which for this assessment spans a period of seven years (2016-2022). This report presents the results of the SROI, which include all of the social value created for the 2022 stakeholders involved in or affected by the HBEP in Mfuwe, Zambia. For some of these stakeholders, those who have interacted with the programme since 2016, this social value has been cumulative over one to seven years (2016-2022), which has been accounted for in the investment calculations.

The SROI model found that **every \$1 invested in the HBEP yields a social return of \$27.28.**

2.1 Document Overview

1. **Context** (Section 3): historical and cultural information on people with special needs and developmental differences in Southern Africa and Zambia specifically, and the societal isolation they face
2. **Response** (Section 4): the TTF response to those challenges through HBEP
3. **Programme Overview** (Section 5): the scope of the evaluation and inputs required for the activities under assessment
4. **Outcomes by Stakeholder Group** (Section 6): process of engaging stakeholder groups and understanding material outcomes
5. **Evidencing and Valuing Outcomes** (Section 7): process of identifying indicators, financial proxies and discounting factors for each material outcome
6. **Value Created by HBEP** (Section 8): results of the SROI analysis and value experienced by each stakeholder group

7. **Sensitivity Analysis** (Section 9): testing assumptions in the model and reviewing their impacts on the SROI ratio
8. **Verification** (Section 10): process followed to ensure all outcomes and results were verified by stakeholder groups
9. **Implications and Limitations** (Section 11): how the findings could be used to adapt programming and transparent disclosures on the limitations to data collection, stakeholder engagement and practitioner bias
10. **Appendices** (Sections 12-20): further detail on methodology, scope, stakeholder engagement, discussion guides, quantifying outcomes and outcome incidence, the SROI model, determination of materiality, and the steps (both taken and forthcoming) to verify, communicate and act on the results

2.2 Application of the Social Value Principles

The SROI methodology is underpinned by eight core principles, which have been developed and defined by Social Value International. The below table defines each of those core principles and how they have been applied in this SROI analysis.

Table 1: Application of Social Value Principles

Principle	Application
Principle 1: Involve Stakeholders	<p>Stakeholders are defined as people, organisations or groups who experienced change or been impacted (positively or negatively) as a result of an activity. They are thus the people best placed to describe the change experienced, which is noted in the first principle: involve stakeholders. “This principle means that stakeholders need to be identified and then involved in consultation throughout the analysis, in order that the value, and the way that it is measured, is informed by those affected by or who affect the activity,” (Guide to Social Return on Investment, pg. 96).</p> <p>In this analysis, stakeholders were involved at every stage, with representatives from all stakeholder groups consulted in the identification of well-defined outcomes, the verification of those outcomes and valuation of those outcomes (see Sections 6 and 7).</p>
Principle 2: Understand What Changes	<p>Stakeholders experience change based on activities, and this principle expresses the need to articulate and evidence that change in its entirety (positive and negative; intended and unintended). “Value is created for or by different stakeholders as a result of different types of change; changes that the stakeholders intend and do not intend, as well as changes that are positive and negative. This principle requires the theory of how these changes are created to be stated and supported by evidence,” (Guide to Social Return on Investment, pg. 97).</p> <p>For each stakeholder group, a theory of change was developed and verified with the stakeholder group (see Section 6), and stakeholders were consulted in the identification of indicators (evidence) of that change (see Section 7). The evidence provided directly by stakeholders was triangulated by objective metrics wherever possible and data from other stakeholder groups (see Appendix D).</p>
Principle 3: Value the Things that Matter	<p>Many of the changes experienced by stakeholders are not traded in markets and thus financial proxies need to be identified and used in order to communicate the value of the change in recognizable financial language. “Financial proxies should be used in order to recognise the value of these outcomes and to give a voice to those excluded from markets</p>

Principle	Application
	<p>but who are affected by activities. This will influence the existing balance of power between different stakeholders,” (Guide to Social Return on Investment, pg. 97).</p> <p>Financial proxies were identified through a number of approaches, including direct consultation with stakeholders to understand their perspective on valuation (relative values of outcomes) and desktop research; see Section 7.</p>
<p>Principle 4: Only Include What is Material</p>	<p>Determination of the evidence required in order to give a true and fair picture of the impact of the activity under assessment. “This principle requires an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcomes,” (Guide to Social Return on Investment, pg. 97).</p> <p>Materiality was determined by analyzing the relevance of each change based on stakeholder engagement and assessment of the local context and the significance of those changes when valued in the model (relative to other changes experienced by the same stakeholder group and in the context of all stakeholder groups; see Section 7.4 and Appendix G for table on determination of materiality).</p>
<p>Principle 5: Do not Overclaim</p>	<p>All changes to stakeholders and their well-being are influenced by a number of factors, and this principle guides practitioners to only claim the impact that can be attributed to the activity under analysis. “This principle requires reference to trends and benchmarks to help assess the change caused by the activity, as opposed to other factors, and to take account of what would have happened anyway. It also requires consideration of the contribution of other people or organisations to the reported outcomes in order to match the contributions to the outcomes,” (Guide to Social Return on Investment, pg. 97).</p> <p>In this analysis, a conservative approach was taken at each point of judgement, with particular attention paid to financial proxy choice and discounting factors. See sections 7.2 and 7.3 for detailed information and Section 9 for comparison of SROI ratios with less conservative assumptions.</p>
<p>Principle 6: Be Transparent</p>	<p>This principle requires full disclosure of logic of assumptions, potential limitations of the report and open communication with stakeholders about the results. “This principle requires that each decision relating to stakeholders, outcomes, indicators and benchmarks; the sources and methods of information collection; the different scenarios considered and the communication of the results to stakeholders, should be explained and documented. This will include an account of how those responsible for the activity will change the activity as a result of the analysis,” (Guide to Social Return on Investment, pg. 98).</p> <p>The rationale behind each assumption and decision is explained throughout the report, with a section devoted to potential limitations on the results (Section 11) and modelling of different assumptions in the sensitivity analysis (Section 9). Additionally, tables are included to detail the specifics of stakeholder engagement, decisions around stakeholders included, those who were not and the risks (Tables 4 and 5). The methods in which stakeholders were engaged and will continue to be consulted on the results are detailed in Section 10 and Appendix H.</p>
<p>Principle 7: Verify the Result</p>	<p>This principle requires independent assurance of the results of the analysis. “Although an SROI analysis provides the opportunity for a more complete understanding of the value</p>

Principle	Application
	<p>being created by an activity, it inevitably involves subjectivity. Appropriate independent assurance is required to help stakeholders assess whether or not the decisions made by those responsible for the analysis were reasonable,” (Guide to Social Return on Investment, pg. 98).</p> <p>The practitioner prioritized representing data in a way that truly reflected stakeholder experience, and stakeholders were involved in the iterative data collection and analysis process to verify outcomes, theories of change and participate in valuation exercises. In order to gain further confidence in the results and for the practitioner to apply for Level 3 accreditation, this report was submitted for assurance through Social Value International on 2/2/2024.</p>
<p>Principle 8: Be Responsive</p>	<p>The information gathered and recommendations made through SROI reports needs to be communicated back to all materially affected stakeholders together with the plans of the organization on how they intend to use the insights to optimize impact and value creation.</p> <p>In Section 11, the key findings of the analysis are further explained with corresponding recommendations to potential changes in strategy and approach. Further, in Appendix H, a table is presented on forthcoming discussions with stakeholders on the results and how they will continue to be consulted in response to the findings.</p>

3 Challenges Faced by People with Developmental Differences

3.1 Context

“In developed countries, the definition of community is not what we have here. African community is where a child belongs to everyone in that community.” Facilitator

3.1.1 Continental

The World Health Organization (WHO) reports that there over 80 million persons with disabilities in Africa,⁵ of which 10-15% includes school-aged children.⁶ However, the actual number of people living with disabilities on the continent is likely much higher, given the pervasive lack of data.⁷ What’s more, families with children with developmental differences are usually reluctant to admit the presence of persons with disabilities in their homes,⁸ and even when they do, they are typically limited to only reporting those with physical disabilities.⁹ In addition, there are few comprehensive statistics about persons with disabilities in Africa to conclusively determine a realistic total population (Kelsey, 2013).

Most persons in Africa living with disabilities are subjected to a poorer quality of life and severe difficulties in actualizing a decent standard of living, with those in the rural areas suffering worse conditions.¹⁰ People’s limited understanding of disabilities has led to high levels of stigmatization¹¹ and exclusion,¹² prohibiting people with developmental differences from obtaining decent education, proper health care and accessing jobs and financial support.¹³ Despite these challenges, they are also typically excluded from accessing and benefiting from most government poverty reduction programmes.¹⁴

In Africa, disability is largely caused by several factors including birth defects, environmental hazards, war, poverty, and diseases.¹⁵ Poor maternal health or lack of the antenatal support for mothers during pregnancy has also significantly contributed to children being born with developmental challenges.¹⁶ In most African countries, disabilities and their causes are typically explained by cultural and religious beliefs,¹⁷ with witchcraft consistently cited as the

⁵ [World report on disability \(who.int\)](#)

⁶ [Disability in Africa | African Studies Centre Leiden \(ascleiden.nl\)](#)

⁷ [Inclusive planning: African policy inventory and South African mobility case study on the exclusion of persons with disabilities | Health Research Policy and Systems | Full Text \(biomedcentral.com\)](#)

⁸ 9 UNICEF, Lieve Sabbe, and Vladamir Cuk International Disability Alliance,comps.Global thematic consultation on addressing inequalities. 2012. Print

⁹ [Success in Africa : people with disabilities share their stories | African Journal of Disability \(journals.co.za\)](#)

¹⁰ WHO. "Disability." 66th World Health Assembly (2013): 1-4.

¹¹ [PRSPs and HIV/AIDS Review: Phase One Desk Review \(cornell.edu\)](#)

¹² 9 UNICEF, Lieve Sabbe, and Vladamir Cuk International Disability Alliance,comps.Global thematic consultation on addressing inequalities. 2012. Print

¹³ [The Stigmatization of Disabilities in Africa and the Developmental Effects \(sit.edu\)](#)

¹⁴ [Disability and poverty - reflections on research experiences in Africa and beyond : original research | African Journal of Disability \(journals.co.za\)](#)

¹⁵ [Disability in Africa | African Studies Centre Leiden \(ascleiden.nl\)](#)

¹⁶ [Cultural beliefs versus professional health training: implications for healthcare delivery to persons living with intellectual disabilities in Ghana: Journal of Intellectual & Developmental Disability: Vol 0, No 0 \(tandfonline.com\)](#)

¹⁷ [Cultural beliefs versus professional health training: implications for healthcare delivery to persons living with intellectual disabilities in Ghana: Journal of Intellectual & Developmental Disability: Vol 0, No 0 \(tandfonline.com\)](#)

predominant cause of disabilities.¹⁸ Furthermore, the majority of Africans still believe that disabilities can only be treated through spiritual means and not medically.¹⁹

The countries in the Sub-Saharan region have taken several legislative and policy steps towards advancing the rights of persons with disabilities.²⁰ In 2006, The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted as an international legal framework that defends and reinforces the human rights for people with disabilities. The education rights of children with disabilities in Article 24 of the CRPD as well as Goal 4.5 of the UN's Sustainable Development Goals ensure inclusive and equitable quality education and promote life-long learning opportunities for all, including persons with disabilities. Today only 10% of the children with disabilities are thought to be in school, of which less than half complete their primary education.²¹ With such a huge gap across the continent, inclusive education has become a theoretical topic that in practice has been difficult to achieve.²²

Even though most African countries are increasingly making commitments, policies, legislature, and acts, there is still an extreme gap in the implementation processes to facilitate inclusion of persons with disabilities in school and wider society.²³ Nonetheless, several non-governmental organizations (NGOs) have made notable strides towards addressing issues of inclusion for persons with disabilities in most African countries, taking over from governments that lack the knowledge and resources on how to action improvements to well-being for these communities.²⁴ In many parts of the continent, including Southern Africa, disability has been understood in relation to mythological and religious beliefs. People with disabilities are perceived to be punished by God, ancestors or possessed by evil spirits. These perceptions have led to persons with disability being excluded from many aspects of community life. In extreme cases people with disabilities have been killed in attempt to destroy the evil spirits or used for rituals.²⁵

However, continuous advances in science have created an understanding of disability based on medical and biological knowledge. Definitions of disability vary from country to country within Southern Africa because the methodologies used in collecting census data relating to disability differ, which means population estimates tend to be incomparable across countries (Mont 2007). A further common challenge is that most of the census data focus on physical disabilities, which results in gross underestimation of disabilities related to cognition and mental health.²⁶

3.1.2 Regional

Whereas the legal frameworks exist such as the United Nations CRPD, SDGs and the African Union Continental Plan of Action for African Decade of Persons with Disabilities, conditions

¹⁸ [Cultural beliefs versus professional health training: implications for healthcare delivery to persons living with intellectual disabilities in Ghana: Journal of Intellectual & Developmental Disability: Vol 0, No 0 \(tandfonline.com\)](#)

¹⁹ [Traditional beliefs inform attitudes to disability in Africa. Why it matters \(theconversation.com\)](#)

²⁰ [Sandre consecetue volenissed tem dolore corpero faccum nos alit, cortie dolore modip et ex etuerostode \(sida.se\)](#)

²¹ [Special Education Teacher Preparation in Kenya, Malawi, Zambia, and Zimbabwe | Journal of International Special Needs Education \(allenpress.com\)](#)

²² <https://doi.org/10.1080/13603116.2013.835877>

²³ <http://hdl.handle.net/10386/2726>

²⁴ [The Stigmatization of Disabilities in Africa and the Developmental Effects \(sit.edu\)](#)

²⁵ https://www.unicef.org/esa/media/12201/file/Full_Report_Mapping_of_Progress_towards_disability-inclusive_in_ESA.pdf

²⁶ https://disabilityroundtable.org/downloads/2017_Disability_Forum_Report.pdf

of persons with disabilities continue to remain appalling. So far, all the countries in Southern Africa except Botswana have signed and ratified the CRPD.²⁷ The promotion of the Southern African Development Countries (SADC) Protocol on the Rights of Persons with disabilities in order to guide policy and decision making at both national and SADC levels has been critical to disability mainstreaming and localization. SADC countries, therefore, need not only ratify the CRPD but also to domesticate and ensure effective enforcement of all policies related to disability.²⁸ This could only be possible with government willingness and support from development partners such as NGOs, Civil Society and other key institutions.²⁹

3.1.3 Zambia

a. Policy

Since Zambia's independence in 1964, several laws and policies have been passed in an effort to actively protect the rights of persons with disabilities.³⁰ These policies have included the Disability Act of 2012, which ensures full and equal human rights and freedoms to persons with disabilities. The Act stipulates access to education and addresses many systematic barriers faced by persons with disabilities. The Ministry of Community Development and the Social Services Department have the overall responsibility for the welfare of children with disabilities, in partnership with the Zambia Agency for Persons with Disabilities (ZAPD) for actioning the necessary changes required as outlined in the Disabilities Act of 2012. However, these policies fall short in their implementation at the local levels.³¹

Over 60% of Zambia's population resides in the rural areas with an average income of less than \$2 per day,³² which puts the majority of Zambian residents below the international poverty line.³³ Forty percent of this poor segment of the population are languishing in conditions of extreme poverty and have limited access to many social amenities such as health, transportation and education services.³⁴ The 2010 census revealed 3% of the total population in Zambia was reported to have disabilities with 2.4% of the people with disabilities concentrated in rural areas³⁵. However, considering cultural norms, where most persons with disabilities are hidden as well as the pervasive lack of understanding of the different types of developmental differences, it is almost certainly the case that this formally reported percentage is much lower than the reality (personal communication with special needs educators, October 2023).

Across all sectors, there are systematic barriers that hinder the inclusion of persons with disabilities (personal communication with special needs educators, October 2023). For instance, the health sector does not have adequate capacity to care for persons with disabilities and the sanitation provisions in most public facilities do not have inclusive features.³⁶ The government has continuously expressed the desire to better include persons

²⁷ [Searching for Dignity: Conversations on human dignity, theology and disability - Google Books](#)

²⁸ [Elderly, Disability and Youth | SADC](#)

²⁹ [Microsoft Word - SMD2 final Draft ESA IE Mapping Report Updated 2023.01.06 CLEAN \(1\).docx \(unicef.org\)](#)

³⁰ [Zambia's free education policy raises hope and suspicion | FairPlanet](#)

³¹ <http://dspace.unza.zm/handle/123456789/6098>

³² Living condition 2015 Survey

³³ [Zambia Overview: Development news, research, data | World Bank](#)

³⁴ Living condition 2015 Survey

³⁵ [\(PDF\) Historical Perspectives of Disability and Special Education in Zambia \(researchgate.net\)](#)

³⁶ <http://dspace.unza.zm/handle/123456789/6098>

with disability in society, however due to limited resources, negative attitudes of the government staff at local levels and lack of knowledge by implementers of the Disability Act, inclusion for persons with disabilities has not been widely realized in Zambia.³⁷ Due to these challenges, most persons with disabilities are unable to access the needed social services, with an estimated 5% of differently abled Zambians in rural areas receiving the support they need (personal communication with special needs educators, October 2023).

Nonetheless, the government is making strides to change this narrative. Currently, the Department of Social Services in the Ministry of Community Development has engaged the ZAPD to participate and input in the implementation of the new single window initiative that will allow vulnerable members of society (now including persons with disabilities, whereas before such programmes have not) to easily access social protection services for which they qualify, such as the Social Cash Transfer (SCT), Food Security Pack and Social Insurance (personal communication with ZAPD officer, October 2023).

While the Zambian government has provided for the legal frameworks and policies, NGOs play a key role at driving implementation of the Disability Act. NGOs currently bridge over 40% of the needed services required by persons living with disabilities in Zambia (personal communication with ZAPD officer, October 2023); assistive devices, for example, 'are only sporadically provided by multiple NGOs' as opposed to the government.³⁸ Despite all these efforts, more work is required to meet the needs of persons living with disabilities.

b. Community Attitudes and Perspectives

A study by the University of Zambia (UNZA) in 2018 found that most people have a good understanding of what it means to have disabilities. However, there is still significant lack of knowledge about disabilities and their biological causes.³⁹ Compared to urban communities, people living in the rural areas have substantially lower literacy levels and highly limited access to information. "Over 80% and 55% of people in the rural and urban areas respectively are ignorant about the different types of disabilities and causes," (personal communication with special needs educators, October 2023). As a result of this knowledge gap, issues of stigma and negative perceptions of persons with disabilities in society persist.⁴⁰

The Zambian healthcare system is also responsible for causing avoidable disabilities due to its limited medications, equipment, healthcare workers, and generally poor attitudes by members of staff.⁴¹ This is observed more readily in the rural areas. In most rural areas, young girls have no access to safe abortion options and as a result opt for unsafe measures that have undoubtedly contributed to children born with disabilities.⁴² What's more, limited equipment and medicine available in most rural healthcare facilities disadvantage expecting mothers, who do not reliably receive the needed vitamins and early scans to mitigate possible foetal complications.⁴³

³⁷ [Disability and Education Study in Zambia \(2018\) | UNICEF Zambia](#)

³⁸ <http://dspace.unza.zm/handle/123456789/6098>

³⁹ <http://dspace.unza.zm/handle/123456789/6098>

⁴⁰ [Zambia-NDS-disability-and-education-2015.pdf \(unicef.org\)](#)

⁴¹ DOI: 10.9734/IJESBS/2023/v36i21209

⁴² <https://reproductive-health-journal.biomedcentral.com/counter/pdf/10.1186/s12978-017-0289-2.pdf>

⁴³ [Medical negligence in healthcare organizations and its impact on patient safety and public health: a bibliometric study - PMC \(nih.gov\)](#)

Most people in rural areas commonly believe witchcraft to be the main cause of disabilities, and as a result do not seek medical attention for children with disabilities and instead resort to traditional healers for “cures” and “treatment” (personal communication with special needs educators, October 2023). Moreover, most rural families that have a child with a disability hide the child in the house to avoid stigmatization of the family (personal communication with special needs educators, October 2023). With such practices, supporting and identifying children with disabilities in such communities is socially and logistically extremely challenging, which leads to widespread underreporting and support of children living with developmental differences and their families (personal communication with special needs educators, October 2023).

c. Education Sector

SDG number four underscores that education is critical in enhancing a country’s socio-economic development. Building on these goals, Zambia Vision 2030 Agenda aims for universal access to education by 2030. Quality and equitable education plays a crucial role in achieving Zambia’s developmental goals and subsequently improving people’s future livelihood outcomes.⁴⁴ Since Zambia’s independence in 1964, several policies have been adopted and laws passed to protect the rights of those with disabilities, including access to quality, inclusive education programmes.⁴⁵ These policies provide for opportunities to have specialised schools, equipment and well-trained special education teachers.

In 2022, the Zambian government pronounced free education for all students in primary and secondary day schools.⁴⁶ The government aims to ensure children with special education needs are included in mainstream classrooms to foster social inclusion. While this policy has been hailed by many, inclusive education plans are being implemented without appropriate resources, guidelines, support, or training for generalist teachers.⁴⁷ Furthermore, the needed support and infrastructure for children with disabilities have not been considered in over 98% of the school nor have sanitation facilities have been designed to enable access for children with disabilities.⁴⁸

Significant concerns have been raised about the low enrolment, retention and completion rates of learners with disabilities.⁴⁹ Even though learners with disabilities are enrolled in school, their progression to higher levels of education significantly drops due to several reasons, including finances, discrimination against disabled children and parents’ reluctance.⁵⁰ In a bid to bridge the inclusion gap, the free education policy has increased enrolment of school going children from 68% to 96%. However, there is no data on enrolment rates for children with disabilities nor are there available and reliable statistics on the

⁴⁴ <http://dspace.unza.zm/handle/123456789/6098>

⁴⁵ https://doi.org/10.1044/2020_PERSP-20-00034

⁴⁶ [Zambia’s free education policy raises hope and suspicion | FairPlanet](#)

⁴⁷ [Zambia’s free education policy raises hope and suspicion | FairPlanet](#)

⁴⁸ [Teachers’ situational analysis of the integration of pupils with disability in selected primary schools in Zambia. \(unza.zm\)](#)

⁴⁹ [Main Document.PDF \(unza.zm\)](#)

⁵⁰ [Zambia-NDS-disability-and-education-2015.pdf \(unicef.org\)](#)

estimated number of children living with disabilities in the country.⁵¹ Indeed, the policy is believed to have further widened the exclusion for children with special needs.⁵²

Due to the increased average teacher pupil ratio from 1:59⁵³ in primary schools (before the free education mandate) to as high as 1:100 now,⁵⁴ it is much more challenging for children with special needs to be provided the attention and care needed within the classroom environment (personal communication with ZAPD officer, October 2023). Additionally, “most schools have not been provided with assistive teachers to free teacher capacity and enable individualized learning for learners with special needs.”⁵⁵

Over the last decade, preparation of special education teachers and inclusion practices have improved.⁵⁶ However, these teachers after completion of their degree programmes are typically deployed to work in schools without enrolment of children with disabilities and no directive to devote part of their time to recruiting differently abled children from the community.⁵⁷ The Zambian government has not deliberately ensured special education teachers are provided in most schools (personal communication with special needs educators, October 2023). In the Kakumbi and Mnkhangya Chiefdoms of Mfuwe, Zambia, there are 19 primary schools, catering to an estimated 20,000 – 30,000 children and yet only one school has a special education unit (Mambwe DEBS data, October 2023).

Currently, there are schools for children with disabilities that are run by the government and other learning institutions managed by churches and NGOs. However, due to limited resources of families in areas of high poverty, poor understanding of disabilities and cultural and social barriers, most parents of children with disabilities do not think their children can go into a mainstream school, attend a trade school or acquire the necessary life skills to become independent and self-sufficient. A study by Masauso, Roy, and Kusanthan (2023) found that parents of children with disabilities such as deafness and blindness did not see the need to educate these children at all.⁵⁸

The TTF was introduced to the societal, health and education challenges for children with special needs and their families in 2015, which prompted the implementation of the Home-based Education Programme.

⁵¹ [The Stigmatization of Disabilities in Africa and the Developmental Effects \(sit.edu\)](#)

⁵² [Main Document.PDF \(unza.zm\)](#)

⁵³ [\(PDF\) Internal Efficiency of the Zambian Educational System: An Analysis of the Primary Education Sub-sector \(researchgate.net\)](#)

⁵⁴ <https://www.moneyfmzambia.com/2022/03/21/high-teacher-pupil-ratio-will-affect-quality-of-education-nuppez/>

⁵⁵ <http://dspace.unza.zm/handle/123456789/6098>

⁵⁶ DOI.10.1044/2020_PERSP-20-00034

⁵⁷ [Teachers' situational analysis of the integration of pupils with disability in selected primary schools in Zambia. \(unza.zm\)](#)

⁵⁸ [\(PDF\) Historical Perspectives of Disability and Special Education in Zambia \(researchgate.net\)](#)

4 Home-based Education as a Response to the Challenge

“Children will be valued for what they are able to do. They can perform wonders. People now see value of children with disabilities. And if you’re valued, you have quality of life.”

Facilitator

4.1 Home-based Education Programme (HBEP)

The Home-based Education Programme (HBEP) was introduced to Mfuwe, Zambia by the Time + Tide Foundation (TTF) in 2016 as an intervention to help with the development of children with developmental differences. The model of the programme is to recruit and train compassionate members of the Kakumbi and Mnkhanya Chiefdoms of Mfuwe as volunteer caregivers and equip them with the skills to oversee exercises for children with a variety of developmental conditions. The primary conditions of children on the programme are cerebral palsy, autism, down syndrome, hydrocephalus, microcephalus, epilepsy, bowed legs, and knocked knees. The caregivers are then assigned to one child each and visit that child at his or her home once per week to work together with the child’s primary guardian on exercises and activities to stimulate the child’s development. The caregiver returns each week to track the progress and suggest new activities. All caregivers meet at the end of each month to report on the progress of their respective children and collaboratively discuss challenges. The TTF team separately monitors each child by visiting all households once per month to record child progress and the perspective of the primary guardian on the child’s development. Each child is tracked against sixteen developmental metrics, with the relevance of each metric depending on the child’s condition and age, and when the child reaches his or her developmental threshold, he or she becomes a candidate to graduate from the programme. Graduation also depends on the knowledge and commitment of the child’s primary guardian, with the objective that most children are enrolled into formal schools before graduating off the programme. A decision for a child to graduate is made when the TTF team assesses that: a) the child has reached a developmental threshold and b) the primary guardian is knowledgeable on the causes and treatment of the condition and, most importantly, willing to take responsibility for the child’s care going forward.

4.1.1 Early Years of HBEP

The TTF is a non-profit organisation operating in harmony with the Time + Tide tourism company, working in the residential communities adjacent to Time + Tide lodges. As a wildlife safari company in Southern Africa, Time + Tide develops lodges in areas that are incredibly remote, and where residents are often last to receive social service support from their under-resourced governments. The role of the TTF is to help fill the pressing social service gaps as identified by residents and, in the process, help to build social capital in these rural residential communities. The TTF was established in June 2015, and in October 2015 the head teacher at one of the larger primary schools approached the Director of the TTF (who is the author of this report) to share his concern that families were concealing children with special needs in their homes. He explained that as a headman, it is his responsibility to know and account for each resident in his village, however he recently became aware that certain children with disabilities were being concealed from him and the general public by their families, locked away in their homes without access to necessary medical, developmental and social

resources. He asked if the TTF could investigate this suspicion and, if verified, help to get these children the support they need.

After a door-to-door survey and community meeting in late 2015 with a specialized educator of children with developmental differences, the TTF determined that indeed a number of children with developmental differences were being isolated, some of whom were living in inhumane conditions. Based on this data collection, the HBEP was conceptualized as a possible mode of intervention to assist these children and their families in the privacy of their homes, and donor funding secured in early 2016 to launch a pilot programme with 23 children. In addition to helping the children and the families, the HBEP sought to challenge the stigmas surrounding these children, specifically the fear that these conditions derived from “witchcraft” or some egregious act by their mothers or families. By the end of 2016, the 23 children in the pilot cohort had made significant developmental progress, and more families came forward for support. Between 2016-2020, enrolment on the programme in Mfuwe grew from 23 to 196 children, with further demand from additional chiefdoms. In 2021, intake on the programme paused in order to ensure the quality of individual intervention was not compromised by the sudden, exponential increase in enrolled children, and the children from the earlier cohorts carefully reviewed for graduation potential. Between 2020-2022, 25 children graduated off the programme.

4.1.2 Evolution of HBEP

In addition to the increased enrolment in Mfuwe, thanks to donations acquired during a fundraising event, in 2019 the programme was able to expand to the other three sites where the TTF operates in conjunction with Time + Tide lodges. These included three additional villages in Zambia and five in Madagascar, all with considerably lower total population numbers than Mfuwe, Zambia. The number of children with special needs in these areas was much less than Mfuwe, which could simply correspond with the lower total population. Interestingly, the Eastern Province of Zambia, where Mfuwe is located, has the highest prevalence of teenage pregnancy in the country, with nearly 50% of girls in some districts becoming pregnant in adolescence.⁵⁹ The correlation between high numbers of children with special needs and high rates of teen pregnancies in the Eastern Province of Zambia has not been studied.

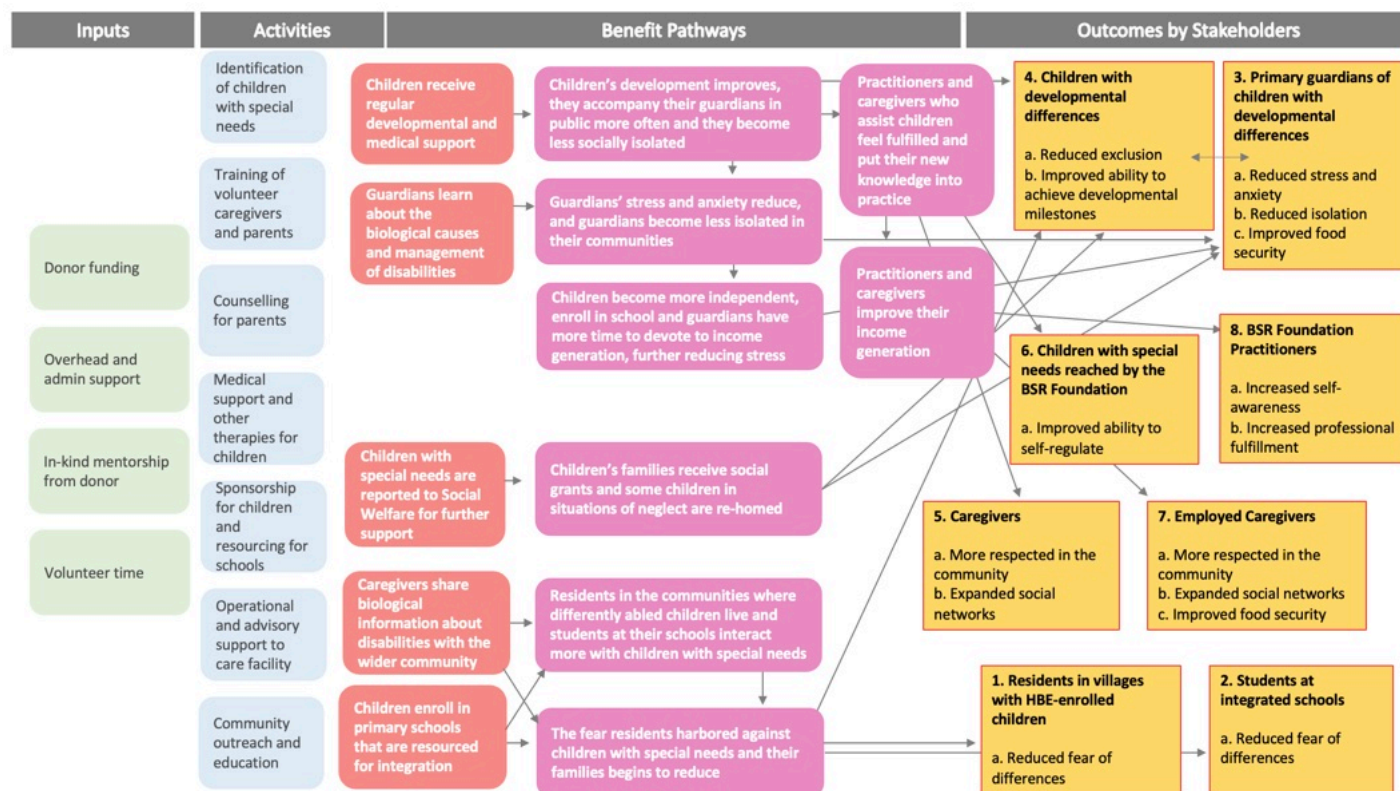
Over the seven years the programme has been in operation, the TTF has learned about the pervasive fear harboured by communities and how this anxiety, driven largely by non-scientific understandings of why some children develop differently, has forced children with special needs and their families into physical, emotional and social isolation. Each year, new information comes to light on the depth and scale of this fear, and each year the TTF team becomes more effective at educating stakeholder groups in order to start to shift some of these perceptions. Through systematic data collection, the TTF has been able to document these changing attitudes, and a 2022 study by the TTF in all three rural areas of Zambia where the HBEP has been implemented found that 80% of the respondents observed reduced stigma and negative perceptions towards people living with disabilities (TTF data, 2022). While the number of children living with disabilities may correspond to population size, the stigmas are

⁵⁹ <https://www.medrxiv.org/content/10.1101/2023.10.13.23296957v1.full>

widespread, and the community-based, multi-stakeholder educational approach has proved essential in driving changes to both how people conceive of and react to developmental differences.

5 Programme Overview, Inputs and Scope of Evaluation

Figure 3: HBEP Theory of Change



For the HBEP, change begins when dialogues and learning are fostered about what causes disabilities and how they can be managed, both individually and within the larger societal context. This is firstly with the volunteer caregivers: educate them holistically on the biology of disabilities and both physical and cognitive development processes and exercises. In addition to providing practical assistance to children with special needs and their guardians, the caregivers act as community change agents, sharing their knowledge widely and proudly. The children experience the greatest functional changes in their improved ability to meet their developmental milestones, and these shifts inspire both intrinsic and extrinsic shifts in their guardians: when guardians believe that their children are capable of growth and can go to school, when they realize that having a disability does not mean an inability to lead a functional life, their stress and anxiety reduces. Once children enter school and other public places, the people around them are forced to confront their biases. This process is supported by strategic education of key community-based and school-based stakeholders, including employing caregivers to work full-time at schools to assist with integration. Nonetheless, the beginning is always hard, with people resisting the presence of people with disabilities, afraid that the conditions are infectious. This fear of contagion is what rips families and communities apart, with families of children ejected from societies that otherwise subscribe in communalistic ways of life, including communal childrearing. **It is this fear that is exposed and examined through the HBEP.** The reduction in fear, coupled with the physical and

cognitive developments of children who had previously been considered incapable of change, slowly lead to greater societal shifts towards acceptance.

The HBEP is a grassroots approach, and the impacts of the consistent, daily efforts of working with children, upskilling parents and educating community members are slow to evolve. As detailed in the context section, these fears are deeply ingrained in residents. Yet **the far-reaching social returns are now evidenced** and are illustrated throughout this report. Programmes such as HBE necessarily need to be long-term: they need high stamina and persistence despite all of the negativity and countless setbacks. **Progress is by no means linear when it comes to challenging the way people make sense of differences.** In communities of high poverty, people's sensibilities, often deeply rooted in religion, comprise their strongest sustainable resource base. Residents can therefore be highly resistant to questioning their systems of belief. If disabilities can be caused by premature pregnancies, by the failures of the healthcare system, by desperate acts of young girls to avoid caring for a child they cannot afford, then they become reified, with the potential for families, healthcare professionals, teachers, and other stakeholders to be held accountable. "Witchcraft" is easier to digest and comfortably distances residents from a sense of individual or communal responsibility. The objective of the HBEP is to untwist these perceptions and fears, introduce new information and demonstrate that taking responsibility can lead to measurable positive change -- developmentally, socially and emotionally -- for children with special needs and their families.

5.1 Inputs

In order to adjust for this cumulative value, **investment from all years relevant to the 2022 stakeholders was included** as follows:

- All of the 2022 investment in the programme
- 4% of the TTF overhead costs for the 2022 calendar year⁶⁰
- 2016-2021 HBEP costs were divided by the number of children involved in each respective year to get a per child per year cost and then pro rata applied to all of the 2022 children who were also involved in the programme in earlier years
- USD equivalent of 4% of the TTF overhead costs for the 2016-2021 calendar years were divided by the number of beneficiaries involved in each year to get a per child per year overhead cost and then pro rata applied all of the 2022 children who were also involved in the programme in earlier years
- All volunteer time was valued at the market rate and included (relevant for 2016-2022)
- All of the time donated by the Body Stress Release Practitioners from South Africa over their four years of involvement valued and included
- Mentorship/guidance from the donor through his Chief Financial Officer and all relevant travel/accommodation costs were valued and included for a five-year period

⁶⁰Calculated as an exercise for the 2023 TTF Annual General Meeting to understand how much of the organization's stated overhead costs were used for project-based management. Figure derived by estimating % time by each central cost employee and % use of central resources. Arrived at 4% of central administrative costs used to support the HBEP in Mfuwe.

The below table details the inputs required in order for the 2022 HBEP stakeholders to experience value from the programme.

Table 2: Inputs required to deliver the value of HBEP to 2022 Stakeholders

Category	Description	Costs
Donor Funding	2016 - 2022 costs. Divided total costs of 2016-2021 by number of children supported through the programme for those years to get average cost per child. I then multiplied the cost per child by the number of children in 2022 who were active in the respective years: 132 children active in 2022; all of the same 132 children active in 2022 were also active in 2021; 129 of them were active in 2020, 105 active in 2019, 15 active in 2018; 6 active in 2017; and 5 active in 2016. Total HBE costs for the SL site for the year 2022 were included.	\$385,467USD
Admin Contribution	Total Admin Costs per year were divided by the number of programmes supported by site in each year to get an estimate of the admin costs relevant to the HBEP in South Luangwa. Once Admin cost for HBE in the SL site was determined, this number was divided by total HBE children enrolled in each respective year and then multiplied by the # of 2022 children who were active in each year from 2016-2021. Total Admin costs relating to HBE in SL site for the year 2022 were included.	\$45,828 USD
Mentorship/guidance from donor	In person and virtual support from primary donor CFO: \$105 USD per hour x 92 hours per year x 5 years of strategic mentorship and guidance + cost of accommodation at \$200/night*8 nights per year	\$56,300 USD
Volunteer time	Volunteer caregivers donated time at average 55 hours per year for child visits and monthly meetings + approx. 240 hours of training per year: Volunteer number per year multiplied by hourly rate based on minimum wage 20 ZMW from 2020-2022; 10 ZMW from 2016-2019; ranging from \$0.78 – \$1.18 USD). Hours significantly reduced for 2020, when trainings were suspended for Q2-Q4 and fewer trainings held in the first two year. In 2022, there were 120 caregivers * 295 hours; 2021, there were 122 caregivers * 295 hours; 2020, 124 caregivers * 60 hrs of training + 47 hours of child visits/meetings; 2019, 72 caregivers * 295 hours; 2018, 73 caregivers * 295 hours; 2017, 31 caregivers * 235 hours; 2016, 33 caregivers * 235 hours	\$144,458 USD
BSR Volunteer time		\$8,659 USD

Category	Description	Costs
	2018 - 2022, 2x BSR practitioners per year working for 10 days each, 6 hours per day at the value of \$30 USD per hour (excluding the year 2020): \$30 USD per hour x 60 hours x 2 pax x 4 years	
		Total Investment: \$640,712

5.2 Scope of Evaluation

The below table details the scope of the evaluation in terms of the required inputs, the activities resourced by those inputs, the HBEP outputs in 2022, the material stakeholder groups depicted in the collective SROI analysis, and their respective material outcomes.

Table 3: Scope of Evaluation

Inputs	Activities	2022 Outputs	Stakeholders	Outcomes by Stakeholder
Donor funding and Overhead Admin Support	The HBEP consists of: a. Identification of children with special needs b. Training of volunteers and parents c. Counselling of mothers d. Medical support and other therapies for children enrolled e. Sponsorship for children to special schools and resourcing for schools f. Operational and advisory support to care facility g. Community outreach and education	132 children enrolled in the HBEP throughout the full 2022 calendar year 3,374 hours of home-based care provided to children 379 hours of volunteer caregiver training	1. Children with developmental differences (n=132) 2. Primary guardians of children with special needs (n=128) 3. Caregivers (n=109) 3.1. Subgroup: Employed Caregivers (n=11) 4. Residents in villages with HBE-enrolled children (n=34162) 5. Students at integrated schools (n=4184) 6. Children reached by the BSR Foundation in South Africa (n=350)	1a. Reduced exclusion 1b. Improved ability to achieve developmental milestones 2a. Reduced stress and anxiety 2b. Reduced isolation 2c. Improved food security 3a. More respected in the community 3b. Expanded social networks 3.1a. More respected in the community 3.2b. Expanded social networks 3.3c. Improved food security 4a. Reduced fear of differences 5a. Reduced fear of differences 6a. Improved ability to self-regulate

Inputs	Activities	2022 Outputs	Stakeholders	Outcomes by Stakeholder
			7. BSR Foundation Practitioners (n=21)	7a. Increased self-awareness 7b. Increased professional fulfillment

6 Outcomes by Stakeholder Group

In this section, the processes of stakeholder engagement, understanding and mapping the outcomes per material stakeholder group are explained, along with an analysis of each resulting theory of change.

6.1 Stakeholder Engagement

The following table details stakeholder engagement, including dates and numbers of stakeholders consulted in order to determine outcomes and dates and numbers of stakeholders consulted in order to validate those outcomes and contribute to valuation exercises.

Stakeholder groups were considered material if:

- The consulted stakeholders could demonstrate clear experience of change, with examples, and explanations of relevance of that change to activity under analysis
- The majority of consulted stakeholders agreed that change had occurred in relation to the activity under analysis
- At least one other stakeholder group could validate or attest to their relevance and/or significance in relation to the activity under analysis

Twenty-seven stakeholder groups were assessed, with 17 (and one sub-group) out of 27 deemed material for the analysis and included in the model. The ten excluded from the analysis and/or the model are further discussed in Section 6.9. Of the 17, seven stakeholder groups and one sub-group met the threshold of materiality for the collective model (as explained above in Table 3). At the individual level analysis, eight stakeholder groups and one sub-group met the threshold for materiality. Both the collective model and the individual-level analysis are explored in Section 8.

For all stakeholder groups consulted, the stakeholders directly, their proxies or a combination were involved in the determination of outcomes. Given the multitude of the stakeholder numbers, it was not possible for the practitioner to consult everyone, and for some groups the vast majority of the population was not directly involved in the outcomes discussions. The practitioner relied on the saturation within the stakeholder group to determine outcomes as well as the perspective of other stakeholder groups, especially those in positions of leadership (e.g., the Ward Counsellor for residents, whose job it is to represent his constituents, Section 6.14). If there was sufficient evidence to suggest that the stakeholders not directly consulted may have experienced materially different outcomes or no outcome at all, the practitioner did not extrapolate the outcomes to the full group. The vast majority of stakeholder groups consulted, however, demonstrated confidence in expressing the change experienced by members of their group not present.

Table 4: Material Stakeholders

#	Stakeholder Group	Total # of Stakeholders	# of Stakeholders Engaged	Format of Engagement	Material Outcomes
1	Children with special needs	132	73 proxies (guardians)	<ul style="list-style-type: none"> Interviews (5/6/23, 5 guardians; 7/6/23, 13 guardians; 8/6/23, 10 guardians; 9/6/23, 6 guardians; 12/10/23 2 guardians) Validation and valuation via Focus Groups (19/10/23, 4 guardians; 15/11/23, 35 guardians) 	<ul style="list-style-type: none"> Reduced exclusion Improved ability to achieve developmental milestones
2	Primary guardians of children with special needs	128	73	<ul style="list-style-type: none"> Interviews (5/6/23, 5 guardians; 7/6/23, 13 guardians; 8/6/23, 10 guardians; 9/6/23, 6 guardians) Validation and valuation via Focus Groups (19/10/23, 4 guardians; 15/11/23, 35 guardians) 	<ul style="list-style-type: none"> Reduced stress and anxiety Reduced isolation Improved food security
3	Caregivers	109	84	<ul style="list-style-type: none"> Focus Group (9/10/23, 44 caregivers, separate meeting with 2 coordinators to explore sub-group; 10/10/23, 44 caregivers, separate meeting with 2 coordinators to explore sub-group) Validation and valuation via Focus Groups (15/3/23, 3 caregivers; 29/3/23, 2 caregivers; 15/11/23, 42 caregivers) 	<ul style="list-style-type: none"> More respected in the community Expanded social networks
	Sub-group: Employed caregivers	11	10	<ul style="list-style-type: none"> Focus Group (11/10/23, 2 caregivers) Interviews (1/6/23, 2 caregivers; 19/6/23, 6 caregivers) Validation and valuation via Focus Groups (15/11/23, 5 caregivers) 	<ul style="list-style-type: none"> More respected in the community Expanded social networks Improved food security
4	Facilitators	4	4	<ul style="list-style-type: none"> Focus Group (29/9/23, 2 facilitators) and Interviews (10/10/23, 2 facilitators) Validation and valuation via Interview and Focus Group (29/9/23, 2 facilitators; 12/12/23, 1 facilitator) Additional interview to explore any potential missed negative outcomes held on 01/03/24 	<ul style="list-style-type: none"> Increased professional fulfillment
5	HBE management	3	3	<ul style="list-style-type: none"> Focus Group (27/9/23, 2 staff) and Interview (17/10/23, 1 staff) Validation and valuation via Focus Group (1/11/23, 3 staff) 	<ul style="list-style-type: none"> Increased professional fulfillment Expanded professional opportunities
6	Teachers at integrated schools	73	9	<ul style="list-style-type: none"> Interviews (1/6/23, 2 teachers; 19/6/23, 3 teachers; 20/6/23, 1 teacher; 22/6/23, 1 teacher; 13/10/23, 3 teachers; 2/11/23, 1 teacher) 	<ul style="list-style-type: none"> Increased professional fulfillment

				<ul style="list-style-type: none"> Validation and valuation via interviews (9/11/23, 2 teachers; 11/11/23, 1 teacher) 	
7	Students at integrated schools	4,184	9 proxies (teachers) and 17 students directly	<ul style="list-style-type: none"> Interviews (1/6/23, 2 teachers; 19/6/23, 3 teachers; 20/6/23, 1 teacher; 22/6/23, 1 teacher; 13/10/23, 3 teachers; 2/11/23, 1 teacher) Focus group validation and valuation with 17 students (13/10/23) 	<ul style="list-style-type: none"> Reduced fear of differences
8	Children at the orphanage	7	1 proxy (orphanage director)	<ul style="list-style-type: none"> Interview, validation and valuation (12/10/23) <i>Due to limited orphanage staff and high needs of children, it was deemed not appropriate to call for two separate meetings</i> 	<ul style="list-style-type: none"> Improved nutrient intake
9	Director of the Orphanage	1	1	<ul style="list-style-type: none"> Interview, validation and valuation (12/10/23) <i>Due to limited orphanage staff and high needs of children, it was deemed not appropriate to call for two separate meetings</i> 	<ul style="list-style-type: none"> Reduced stress Improved food security
10	Department of Social Welfare	1	1 proxy (Social Welfare Officer)	<ul style="list-style-type: none"> Interview, validation and valuation (2/11/23) <i>Due to demanding schedule of Social Welfare officer, it was deemed most efficient to hold the interview and validation/valuation discussions at once</i> 	<ul style="list-style-type: none"> Improved operational efficiency
11	BSR Foundation Practitioners	21	8	<ul style="list-style-type: none"> E-mail survey sent 12/10/23; returned by 8 practitioners Validation and valuation via focus group on 22/11/23, 8 practitioners 	<ul style="list-style-type: none"> Increased professional fulfillment Increased self-awareness
12	Children with special needs reached by BSR Foundation	350	2 proxies (orphanage and school in South Africa)	<ul style="list-style-type: none"> E-mail survey completed on 17/10/23 and 30/10/23 by 2 directors of 2 facilities Validation and valuation via interview with one facility on 24/11/23 	<ul style="list-style-type: none"> Improved ability to self-regulate
13	Residents in the Villages of Kakumbi and Mnkhanya Chiefdoms with HBE-enrolled Children	38,346	464	<ul style="list-style-type: none"> Interview and validation with Ward Counsellor on 16/11/23 Interview with Senior Guide of Time + Tide on 24/11/23 Caregivers as proxies (see above consultation dates and figures) Teachers as proxies (see above consultation dates and figures) 	<ul style="list-style-type: none"> Reduced fear of differences

				<ul style="list-style-type: none"> Parents as proxies (see above consultation dates and figures) Community survey conducted December 2022 	
14	Physiotherapists in Mambwe District	4	1 proxy (Senior physiotherapist for the district)	<ul style="list-style-type: none"> Interview, validation and valuation (1/11/23) <i>Due to demanding schedule of Senior Physiotherapist, it was deemed most efficient to hold the interview and validation/valuation discussions at once</i> 	<ul style="list-style-type: none"> Increased professional fulfillment
15	Chief Financial Officer to Programme Donor	1	1	<ul style="list-style-type: none"> Focus group with Programme Donor and Chief Financial Officer on 22/11/23 to identify outcomes Focus group with Programme Donor and Chief Financial Officer to confirm theories of change and participate in valuing outcomes on 27/11/23 	<ul style="list-style-type: none"> Increased professional fulfillment Expanded personal and professional community Increased self-awareness
16	HBE graduates sponsored to school for the deaf and blind	3	3	<ul style="list-style-type: none"> Focus group, validation and valuation with children, their parents and sign language interpreter on 7/12/23 <i>Due to limited time students are home from boarding schools and need for sign language interpretation, both outcomes and valuation discussions were held together</i> 	<ul style="list-style-type: none"> Increased sense of belonging Improved interest in learning
17	Families of HBE graduates sponsored to school for the deaf and blind	3	3	<ul style="list-style-type: none"> Focus group, validation and valuation with children, their parents and sign language interpreter on 7/12/23 <i>Because parents accompanied their children to act as partial proxies, their own outcomes and valuation discussions were held together</i> 	<ul style="list-style-type: none"> Improved family relationships

Table 5: Other Stakeholders Considered

#	Stakeholder Group	Total # of Stakeholders	# of Stakeholders Engaged	Format of Engagement	Potential to Experience Change	Rationale for Exclusion	Risks and Future Considerations
1	Time + Tide safari guides	12	2	<ul style="list-style-type: none"> Focus group with Head Guides on 6/12/23 <p><i>Outcomes for safari guides expressed as the same outcomes for residents; guides therefore included in the resident stakeholder group so as not to double count and did not form a sub-group</i></p>	<ul style="list-style-type: none"> Reduced fear of differences 	<ul style="list-style-type: none"> Time + Tide safari guides did experience a material outcome, which was the same as that of residents. All of the guides are also resident in the community, and it would therefore have been double counting to report their outcome separately, and no material reason to consider them a subgroup of residents 	<ul style="list-style-type: none"> No risks identified
2	Programme Donor	1	1	<ul style="list-style-type: none"> Focus group with Programme Donor and Chief Financial Officer on 22/11/23 to identify outcomes Focus group with Programme Donor and Chief Financial Officer to confirm theories of change and participate in valuing outcomes on 27/11/23 	<ul style="list-style-type: none"> Improved ability to fulfill humanitarian obligations 	<ul style="list-style-type: none"> The reason for exclusion was two-fold: 1) the primary objective of the valuation was to identify social value created through the programme through the stakeholders affected by the programme activities as opposed to the joy and change to well-being experienced by the remote donor and 	<ul style="list-style-type: none"> No risks identified. The programme has brought more value to the donor's life and positively affected his well-being in a way that is important to note but would be too disruptive to the model to include

						2) the context of valuation for the donor is so different than the rest of the stakeholders that even with PPP considerations, the value placed on the outcome would have skewed the model and distracted from the stakeholders affected directly, on a daily basis	
3	Traditional Healers	Unknown	2	<ul style="list-style-type: none"> Interviews held with two different traditional healers on 26/10/23 	<ul style="list-style-type: none"> No outcome 	<ul style="list-style-type: none"> No outcomes identified and therefore not relevant to include 	<ul style="list-style-type: none"> Given the wide spread of the children on the programme across 85 villages, it is a risk that two traditional healers do not represent the experience of others. A future consideration could be to convene a focus group of traditional healers or ask traditional leadership to serve as proxies to better access the experience of this stakeholder group. There is a risk that a negative outcome was missed for this stakeholder group

4	Traditional Leaders	2	2	<ul style="list-style-type: none"> Interviews held with the two local chiefs on 14/11/23 and 21/11/23 	<ul style="list-style-type: none"> No outcome 	<ul style="list-style-type: none"> No outcomes identified and therefore not relevant to include 	<ul style="list-style-type: none"> No risk identified as the views of the wider community, whom the traditional leaders represent, were captured. However, a future consideration would be to access the views of this stakeholder group through the chiefs' advisors (called indunas), who are more in touch with daily life in the villages, than the chiefs themselves. Even if traditional leadership doesn't have a unique outcome, this stakeholder group could serve as another powerful proxy for residents at large
5	Churches	Unknown	2	<ul style="list-style-type: none"> Interviews held with two church leaders: first on 17/10/23 and second on 31/10/23 	<ul style="list-style-type: none"> No outcome 	<ul style="list-style-type: none"> No outcomes identified and therefore not relevant to include 	<ul style="list-style-type: none"> Like traditional healers, given the wide span of children on the programme, it could be that the two churches consulted did not adequately serve as a proxy for "churches" as a whole. A future

							consideration may be to convene a focus group of multiple church leaders to get a wider variety of perspective. Possibility of underclaiming on value if this stakeholder group has not been sufficiently represented
6	Parents of students at integrated schools	4,184 (assumed)	5	<ul style="list-style-type: none"> • Contacted via head of one of the integrated schools with outcome of that conversation shared on 17/10/23 	<ul style="list-style-type: none"> • Reduced fear of differences 	<ul style="list-style-type: none"> • Like the safari guides, this stakeholder group comprised part of the larger “residents” stakeholder group and there was no evidence to justify separation as a sub-group. 	<ul style="list-style-type: none"> • Given the strong opposition to enrolling children with special needs in schools from parents, what may have been missed by not convening stakeholder focus groups of parents is a different perspective on discounting, which could warrant their classification as a sub-group. Desktop research could have supported adult resistance to change,⁶¹ with further exploration on what it means for parents who displayed

⁶¹ <https://www.psychologytoday.com/intl/blog/from-striving-to-thriving/202210/why-you-resist-change-and-what-to-do-about-it>

							incredibly strong opposition to integrated classrooms to experience change; possible underclaim of the value experienced by parents by counting them as part of the larger resident group
7	Rural Health Clinics	4	3 proxies (District Health Director, 2 nurses)	<ul style="list-style-type: none"> • Interview, validation and valuation (2/11/23) <i>Due to demanding schedule of District Health Director, it was deemed most efficient to hold the interview and validation/valuation discussions at once</i> • Interviews with two nurses on 18/1/24 to confirm previously identified outcome 	<ul style="list-style-type: none"> • Reduced pressure on rural health clinic resources • Increased pressure on rural health clinic resources 	<ul style="list-style-type: none"> • The lack of hard data and differences in views from the proxies consulted resulted in the practitioner's lack of confidence that any net change had been experienced and how to explain that change, given a possible reduction in serious conditions but increase in routine care. More primary data collection would be required to understand the costs to clinics between the different patient needs and identify clinic staff who have perspective of before/after implementation of HBEP. The time and logistics required to dive deeper into this stakeholder group were 	<ul style="list-style-type: none"> • Risk of missed value, either positive or negative, in not fully exploring the effects of more informed residents and better healthcare habits on the healthcare system. That said, in such a large population, the very small proportion that is registered on the programme (.003) may not be material, especially in the context of high poverty and a number of endemic diseases

						not practical for this assessment	
8	Female Primary Guardians in Support Groups	15	5	<ul style="list-style-type: none"> Small consultation with five women on 15/11/23 as part of the larger guardian focus group 	<ul style="list-style-type: none"> While the women consulted did not express experiencing change beyond what was cited by primary guardians collectively, in a different setting (within their support groups) they may have had the opportunity to reflect on their relationships and more intimate aspects of their lives that may have changed as a result of regular counselling 	<ul style="list-style-type: none"> The practitioner did not have an opportunity to join a support group over the primary data collection period 	<ul style="list-style-type: none"> Underclaim of value
9	Programme Graduates	25	3	<ul style="list-style-type: none"> Focus group with graduates who went on to be sponsored to a special school (7/12/23) 	<ul style="list-style-type: none"> Other programme graduates who have attended primary schools in Mfuwe may too have experienced these or different outcomes after graduating from the HBEP 	<ul style="list-style-type: none"> The practitioner did not have an opportunity to track down programme graduates for interviews 	<ul style="list-style-type: none"> Underclaim of value
10	Families of Children with Developmental Differences	128	0	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Given the family outcome for programme graduates who went on to a special school, there may be changes experienced within the household (other guardians, siblings) 	<ul style="list-style-type: none"> The practitioner did not have the capacity to hold additional focus groups and/or interviews with extended family members beyond the primary guardians 	<ul style="list-style-type: none"> Underclaim of value

6.2 Outcomes for Children with Developmental Differences

“They used to be unhappy and angry they were born with disabilities, comparing themselves with other children. They are not angry anymore.” Primary Guardian

“[Without HBE], they were not going to improve or change. There are no other organisations supporting children with disabilities.” Primary Guardian

“I didn’t know this child would live and have all of these skills by now.” Head teacher, upon seeing the change in a child with Autism formerly enrolled in his school

Figure 4: Theory of Change: Children with Developmental Differences



In 2022, 132 children were enrolled on the HBE programme in South Luangwa over the course of the year. At the start of 2022, we had 134 children, and two graduated from the programme in the first few months of the year (graduation indicates achievement of developmental milestones). Given the lens of stakeholders involved throughout 2022, the limited time spent on the programme in 2022, coupled with these two children representing a small percent of total enrolled in 2022, no material risk was identified in not consulting them in the primary data collection. The views of their parents as expressed in exit interviews were, however, included in the data for guardian outcome incidence (see Section 7.1.1).

The young age of the children coupled with some children having conditions that result in majority non-verbal communication meant that the majority of the children on the programme in 2022 could not communicate directly in full, expressive sentences. The outcomes of the children were therefore accessed through their parents or primary guardians who served as proxies.

6.2.1 Understanding the Outcomes by Involving Stakeholders

- 73 of the 132 children were involved through their parents or primary guardians:
 - 34 participated in one-on-one interviews
 - 39 were consulted in focus group discussions
- No distinction was made between parents and primary guardians; in the rural African context, the primary caregiver is the “parent,” and biological relationship is not the determining factor of who is considered the “parent”
- While the practitioner is competent in understanding the local language of ChiNyangna, a colleague from TTF accompanied her to pose questions and ensure the nuance of the answers was captured
- The high degree of saturation between all 73 parents/guardians and reinforcement from other consulted stakeholder groups (teachers, caregivers, facilitators, staff, Ministry of Health representative, Dept. of Social Welfare representative, physiotherapists, BSR facilitators) gave the practitioner confidence that the 59 children not engaged experienced the same outcomes, and they were extrapolated accordingly
 - Effects of not extrapolating stakeholder group included in Section 9
- From these interviews and focus group discussions, two material outcomes were identified
- These outcomes were then sense checked with the HBEP management
- An initial theory of change was drafted, sense checked with HBEP management and then presented back to parents in two separate focus groups to seek clarity and confirmation that the outcomes

6.2.2 Exploring Outcomes for Children with Special Needs in HBEP

The initial outcomes identified for the children were:

1. Improved physical health
2. Improved mental health
3. Improved prospects of financial independence
4. Improved prospects of fulfilling cultural obligations

Each of these outcomes was articulated after asking parents to explain specifically what had changed for their children and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The parents were clear and concise in identifying the changes in their children, and the descriptions provided by parents were consistent with the observations of other material stakeholder groups. The 34 individual interviews had a high degree of saturation, and the focus groups only further confirmed these perspectives on changes in the children. In the focus group, after each parent cited a change, often the others would nod in agreement. For the changes about which they felt most passionate, everyone loudly reinforced what was described. If the agreement was not clear, the practitioner asked the rest of the guardians if they agreed, and the guardians readily did so. No significant difference in experience was expressed through the interviews or focus groups, and the social desirability factor of focus groups was not considered a risk given the

high degree of saturation between the interview content, focus groups and testimonials from eight other stakeholder groups.

6.2.2.1 Establishing Well-defined Outcomes

The parents were able to speak to specific changes in their children, which were then taken forward in the theory of change, rephrased by the practitioner and confirmed by the parents in separate focus groups. These included:

1. “The child is able to bath himself.” “The child no longer has seizures frequently.” “The child doesn’t have difficulty stepping.” “He has nutritional supplements.” “My child can hold his head up.” “My child can go to the toilet and doesn’t urinate on himself anymore.” “My child can now walk.” These examples and the descriptions of their importance were used to articulate the broad outcome of improved physical health. In order for this outcome to express the nuance of the changes, it was refined to **improved ability to achieve developmental milestones**.
2. “My child is able to socialise.” “Her memory has been stimulated.” “My child is able to talk.” “My neighbours no longer stigmatize my child.” “My child now goes to school.” “My child is now happy.” These examples and the descriptions of their importance were used to articulate the broad change of improved mental health. The increased happiness and joy witnessed by the parents occurred amidst the critical context of **reduced exclusion** for children with special needs, a material outcome that accounted for significant and specific changes to well-being, manifested through the children’s increase in social behaviour and “happiness.” Given the young age of the children and challenges in direct communication, the practitioner considered any intrinsic changes too subjective and risky to consider as material outcomes. Parents will of course intuitively sense changes to emotional well-being or mental health of their children, but without the children speaking for themselves or evidence beyond parental observation to confirm an intrinsic change, the practitioner deemed the extrinsic shift of **reduced exclusion**, which can be sufficiently evidenced, as the material outcome.
3. “My child will be able to finish school, get a job and help himself financially.” “School is important for him to have a good future and be independent.” “School is important so that she can help herself in the future.” “These things will help her get a job and be independent.” Parents see beyond the immediate benefit of schooling as a means to social integration and reduced isolation to the future potential economic benefits for the child if he or she continues through the education system. However, given that parents are serving as proxies for their children, and the young age of the children, this outcome was determined to be a hope for the parents as opposed to a tangible change for the children.
4. “School is important for her to have a good future, help herself and help the family.” In rural Zambia, when a child achieves financial independence, the family also always benefits. Improved prospects of financial independence necessarily lead to improved prospects of children fulfilling their cultural obligation to provide financially for their siblings and parents. However, similar to the discussion above, this was deemed to be a hope for the parents, not a material change for the children.

6.2.3 Negative Outcomes

The practitioner specifically explained to the guardians as their children's proxies that it's important to share any negative outcomes that have come from the children's involvement with HBEP; that full transparency of these would only help to strengthen the programme and add value for the children. The guardians did not express any negative outcomes for their children, despite specific probing. The risk of social desirability was mitigated by other stakeholders consulted, specifically the Director of the Ministry of Health and teachers in the schools where the children are now enrolled, who reinforced that this programme has only resulted in positive change for the children, who were receiving very little if any social, developmental or medical support prior to their involvement with HBEP.

6.2.4 Subgroups

In 2022, children on the HBE programme were re-categorized as those with primarily developmental differences and those with primarily medical needs. The latter included children with sickle cell anaemia, epilepsy, intersex, and other such conditions that required medical intervention and were not directly affecting physical developmental processes. In anticipation that the outcomes of children with predominately medical vs. developmental needs could be different, the practitioner held a separate focus group with guardians of children with medical needs only. The guardians as proxies for their children cited the same outcomes as parents of children with developmental differences, and no sub-group was articulated for those children with predominately medical conditions.

The practitioner also considered splitting children by sub-group depending on their duration of involvement with HBEP, one to seven years. The logic behind this potential split was that outcomes for children who were on the programme for a longer period of time could have higher attribution to the programme. Another consideration was to split children by condition, of which there were 21 unique conditions across the 132 children enrolled in 2022. Both of these possible sub-group angles were determined too challenging to analyse without specific, supporting academic research to inform pace of development relative to years of intervention and specific conditions. The children were therefore analysed collectively, with discounting factors considered as an average, taking into account the different ages, duration on the programme and conditions (see Section 7.3). Limitations to this approach and potential future lens of analyses are discussed in Section 11.2.

6.2.5 Material Outcomes

Children with special needs experienced two material outcomes: improved ability to achieve developmental milestones (functional) and reduced exclusion (extrinsic).

6.2.5.1 Improved Ability to Achieve Developmental Milestones

The change in development of children on the programme was attested to by a number of stakeholders, foremost the parents of the children. The predominate examples of developmental change included: ability to crawl, ability to walk, ability to communicate,

ability to write. Parents often spoke of these changes in the context of “health”; to parents, their children’s improved development means that they have improved health. A child is not “healthy” if he cannot walk or if he cannot independently feed himself.

“I have seen improvements in his health.”

“We are less worried about his condition.”

These developmental changes are functional, and it is through the repeated exercises and activities led by the caregivers that parents know what to do to stimulate their children’s development. What’s more, given the weekly visits by caregivers and the monthly programme monitoring, any medical needs of the children are identified and resolved quickly. Children who have predominately medical conditions and don’t require developmental support often still do have delays in reaching developmental milestones because the high stigmas around their differences have led to isolation of these children too (there is no differentiation in local society between a developmental condition and a medically related condition). Once children reach certain developmental milestones, they are able to more easily socialize and are then often enrolled into schools. This outcome mutually reinforces the second material outcome: improved ability to achieve developmental milestones further reduces the child’s exclusion from society, and increased social interaction strengthens development.

6.2.5.2 Reduced Exclusion

With improved ability to achieve developmental milestones comes improved social interaction: “Being active releases chemicals in your brain that make you feel good – boosting your self-esteem and helping you concentrate as well as sleep well and feel better.”⁶² Parents indeed cited these examples when speaking about changes to their children’s demeanour:

“He is now able to socialize.”

“My daughter no longer [physically harms] her friends or insults elders.”

“He is kept busy at school and plays well with his friends.”

Parents report the changes in their children’s day-to-day demeanour and social interactions: more peaceful and helpful in the household, engaging in school and more interactive and communicative with both family and others. The HBEP provides one-on-one consultations with children, education to the caregivers who assist with the children’s development, workshops and counselling for parents, and equally the programme works with schools and communities to be more accepting of differences in children. As children become more developmentally confident in their interactions, they need to be safe to interact; they need to be in a society that accepts them instead of actively isolating and excluding them. Residents have witnessed changes in children with special needs in their communities and they have seen them go to school. The HBEP also organises deliberate activities aimed at educating residents on the biological causes of disabilities and the physical, social and emotional harm that comes with excluding differently abled children and their families. These changes together – the physical change in the children and the concerted effort to dispel myths and stigmas surrounding children with special needs – have resulted in a reduction of the overt

⁶² <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-activity-and-mental-health#:~:text=Physical%20activity%20is%20not%20only,us%20can%20do%20for%20free!>

exclusion of children with special needs in their communities. What the parents see as a result of this reduced exclusion is happiness and calm in their children, which naturally follow when a child feels safe in his or her environment, especially after a period of feeling unsafe and unwelcome. Given the lack of support and isolation of the majority of children on the programme from a young age, it's highly possible that many children have experienced some version of developmental trauma disorder, a condition characterized by: "chronic and multifaceted adverse experiences during childhood, which can impact a child's mental health, emotional regulation, and interpersonal relationships."⁶³ Once children feel safe, when they are no longer isolated, they become "more at peace".

⁶³ <https://www.attachmenttraumanetwork.org/developmental-trauma-disorder/#:~:text=developmental%20trauma%20disorder-,Developmental%20trauma%20disorder%20is%20a%20condition%20characterized%20by%20chronic%20and,emotional%20regulation%2C%20and%20interpersonal%20relationships.>

6.3 Outcomes for Primary Guardians of Children with Developmental Differences

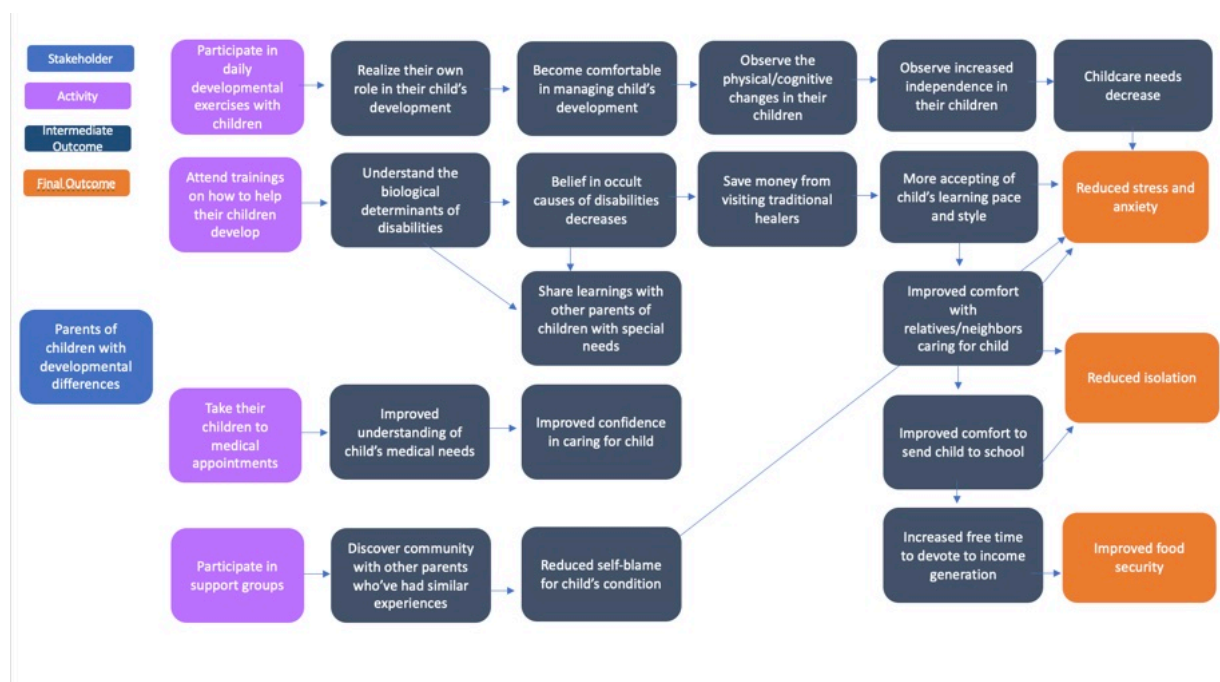
“Parents are happy when their children are happy.” Primary Guardian

“We were ignorant about how to take care of our children. Now, we know how to do it.” Primary Guardian

“The parents never used to care for children with disabilities but this has changed. They now see that the children also have similar possibilities like other children.” Volunteer Caregiver

“Parents are safe, they have reduced burden. They are now able to go out and attend other activities.” Volunteer Caregiver

Figure 5: Theory of Change: Guardians of Children with Developmental Differences



“The emotional and support needs of children with disabilities and their families are dynamic and often complex. Parents raising a child with a disability often face numerous challenges relating to social isolation, emotional stress and depression, grief and financial problems. Recent studies suggest that some cultural beliefs exacerbate stigmatisation, which further increases parental stress. Setbacks experienced by families who are raising children with disabilities include, among other financial constraints, lack of support, lack of information, and transport barriers that intensify the burden upon the parents and caregivers and affect how they meet the needs of their children.”⁶⁴

The primary guardians of the 132 children were consulted on the changes for their children and the changes for themselves and their families in the same interactions. This stakeholder group size was smaller at 128 parents as two of the children come from the same family and

⁶⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10001439/#:~:text=The%20emotional%20and%20support%20needs,depression%2C%20grief%20and%20financial%20problems.>

two children are permanent residents at the orphanage and their parents are not involved. Their primary guardians are caregivers on the programme (employed now at the orphanage), whose outcomes are captured in the caregiver section. The practitioner decided to include the primary guardians of the children (one per child) as opposed to the parents (two per child), given most of the children have one primary caregiver in the household (often the mother) and the involvement of a secondary caregiver (the father or another member of the household) is not consistent across the stakeholder group.

6.3.1 Understanding the Outcomes by Involving Stakeholders

- 73 of the 128 guardians were involved through interviews or focus groups:
 - 34 participated in one-on-one interviews
 - 39 were consulted in focus group discussions
- While the practitioner is competent in understanding the local language of ChiNyajna, a colleague from TTF accompanied her to pose the questions and ensure the nuance of the answers was captured
- The high degree of saturation between all 73 guardians consulted gave the practitioner confidence that the 55 guardians not engaged would have expressed similar experiences. Additionally, other stakeholder groups (caregivers, teachers, facilitators, HBEP managers) who have worked closely with these guardians cited the same observations of change, which gave the practitioner confidence to extrapolate the outcomes to the full stakeholder group
 - Effects of not extrapolating stakeholder group included in Section 9
- From these interviews and focus group discussions, three outcomes were identified
- These outcomes were then sense checked with the HBEP management
- An initial theory of change was drafted and presented back to a focus group of 35 parents later to seek clarity and confirmation that the outcomes

6.3.2 Exploring Outcomes for Guardians of Children with Special Needs

The initial outcomes identified for the guardians were:

1. Improved emotional health
2. Improved family relationships
3. Improved food security

Each of these outcomes was articulated after asking guardians to explain specifically what had changed for them as a result of their children being supported through the HBEP and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The guardians were able to explain changes to their everyday lives and feeling, and the evidence cited by guardians was consistent with the data collected in past HBE exit interviews, for children who had achieved their developmental targets. The 34 individual interviews had a high degree of saturation, and the focus groups only further confirmed these perspectives on changes in the primary guardians.

6.3.2.1 Establishing Well-defined Outcomes

The guardians were able to speak to specific changes in themselves, which were then taken forward and rephrased by the practitioner and confirmed by the guardians. These included:

1. "I do not have to carry the child on my back anymore." "There is less labour in taking care of him." "Reduced labour as we no longer have to take him to the toilet and wash his excrement." "The siblings are now able to take care of their sister/brother". "We don't have any worries leaving the child now that he can associate with others, not just his parents." The "labour" referred to by parents was translated from the local language of Chinyanja to "hard work" rather than physical strain/stress. With the child less dependent on the primary guardian and other members of the family are helping with the care of the child, the pressure on the guardian to be the sole caretaker eases. What's more, when other members of the family accept the child, they too then begin to engage more with the primary guardian, which results in the primary guardian feeling a **reduction in the isolation** he or she once felt due to the stigmatisation around the child and family and resulting unwillingness of extended family to visit their home.
2. "It has made things easier for me." "I know how to take care of my child, I know how disabilities come about, I am now proud of my child." "I am less worried about his health, which gives me peace of mind." These examples and the descriptions of their importance to the primary guardians were used to articulate the outcome of **reduced stress and anxiety**.
3. "It makes it easier for me to concentrate on other things like chores and business." "I have time to go to the field since now my child can remain with others." "Without the programme, I would not have the time to do other things." These "other things" that the guardians cite are all directly or indirectly assisting with providing for the family: actively partaking in subsistence crop farming to improve yield for consumption and sale or, less common, other means of generating an income for the household. With children no longer requiring the intensive caretaking responsibilities of the guardians and other members of the family feel comfortable to share the caretaking burden, guardians can focus more on these income generating activities, which leads to **improved food security**.

6.3.3 Negative Outcomes

The practitioner specifically explained to the guardians that it's important to share any negative outcomes; full transparency of these would only help to strengthen the programme and increase value for guardians and their children. The guardians did not express any negative outcomes for themselves, despite the specific probing. The risk of social desirability was mitigated by other stakeholders consulted, specifically the facilitators and HBEP management, who attested to the positive changes in guardians. Some guardians have expressed resistance to confronting their own biases, hardships and trauma from having a child with special needs and the resulting isolation, but this has been understood to be part of the learning and growth that comes with a change in the status quo. Some guardians have also had to analyse what they have felt as "shame" at not knowing how to instinctively care for their children, and/or feeling responsible for their children's conditions. These have

resulted in difficult and uncomfortable conversations, but again not perceived as a negative outcome but rather part of the pathway to learning how to care for their children and the eventual positive outcome of reduced stress and anxiety.

Separately, the practitioner consulted the primary facilitator who has led most trainings for caregivers and parents on the programme about her 26 years of experience working with children with special needs and their guardians in rural areas of three African countries. In this timeframe, she could recall only two parents who openly and actively resisted the support to their children. In both cases, the context of high poverty was pertinent: one mother was receiving food hampers because she had a disabled daughter, and she feared that should her daughter improve she would no longer qualify for these donations (which benefitted the whole family) and so quickly removed her daughter from the HBEP; the other mother would have had to sacrifice her income generation activity of working on a tea farm in order to upkeep the necessary daily developmental exercises with her daughter. These two cases were cited immediately by the lead facilitator when asked about possible negative outcomes of the programme, however she emphasised that they were anomalies; most parents experience immense relief when their children with developmental differences are afforded the support they need to progress. None of the parents under analysis referenced negative impacts to themselves or other parents, and the practitioner did not consider the two experiences of the facilitator of material concern to this guardian stakeholder group.

6.3.4 Subgroups

In 2022, children on the HBE programme were re-categorized as those with primarily developmental differences and those with primarily medical needs. The latter included children with sickle cell anaemia, epilepsy, intersex, and other such conditions that required medical intervention and were not directly affecting physical developmental processes. In anticipation that the outcomes for guardians of children with predominately medical vs. developmental needs could be slightly different, the practitioner held a separate focus group with guardians of children with medical needs only. The guardians cited the same outcomes as guardians for children with developmental differences, and no sub-group was articulated for guardians of children with predominately medical conditions.

Secondly, in 2022 15 of the female primary guardians were part of special support groups, receiving regular collective and individual counselling from the HBEP Wellness Manager. These guardians joined the larger focus group discussions to determine outcomes and a group of five women were consulted separately to understand if they had experienced changes that were different to those expressed in the focus groups. The women confirmed that the outcomes expressed by the larger group of guardians accurately represented their own changes, with no additional outcomes. That said, potential additional value experienced by these women may have been accessible through a focus group with just the women in support groups, and the risk of missing this value component is noted in Table 5.

6.3.5 Material Outcomes

Guardians experienced three material outcomes: reduced stress and anxiety (intrinsic), reduced isolation (extrinsic) and improved food security (functional).

6.3.5.1 Reduced Stress and Anxiety

Guardians on the programme typically join feeling helpless, ill-equipped to support their children's development and highly anxious about having a child with special needs and the resulting stigma and isolation. They know and sense that their children are suffering and do not know how to ease that suffering, let alone how to help them get on the same pathway to education and financial independence as children with neurotypical development. These worries weigh heavily on their own well-being. Once their children show signs of developmental progress, once they achieve developmental milestones, and especially once they enter school, this emotional weight is eased: guardians feel their children are progressing, albeit at a different pace and in a different way than other children, and equally caretaking for the child becomes less time consuming. As a result, the daily stress and anxiety with which primary guardians have long lived is reduced.

“The mental health of mothers, fathers and other caregivers is critical for a child’s development, especially in the earliest years. From birth to age 3, the brain develops more rapidly than at any other time in life, forming over one million neural connections every second. As the primary source of care and stimulation in a baby’s world, parents’ actions are key in building this neural architecture.”⁶⁵

When guardians do not know how to care for their children and are plagued by anxiety, this stress could in fact further slow the development of the child. Slowed development would then, in turn, lead to increased stress and the child/guardian become entangled in a cycle of negative, mutual reinforcement. The links between guardian mental health and child development are well researched.⁶⁶ While this data speaks to a parent's mental health condition adversely affecting child development, the reverse is also well-studied: having a child with a developmental disability is correlated with increased parental depression or other mental health challenges.⁶⁷ For the parents on the HBEP, when their children's developmental improves, so too does their own emotional well-being.

6.3.5.2 Reduced Isolation

Child rearing in rural African contexts is a collective social responsibility. “It takes a village to raise a child,” is a commonly cited African proverb, referring to the shared, communal upbringing of children. In this context, when a family has a child who is differently abled and the family is subsequently outcasted, the resulting hurt is not only personal but counters all examples and societal principles of child rearing that guardians know from their own life experiences. On top of the societal ostracization, parents of differently abled children often feel doubly alone as they do not have the knowledge and skills to feel confident in caring for their children, and they cannot turn to anyone in their extended family or community for help. This can result in strain on marital relationships, financial stress and sibling resentment.⁶⁸

⁶⁵ <https://bernardvanleer.org/blog/the-critical-link-between-early-childhood-development-and-a-parents-mental-health/>

⁶⁶ <https://iris.who.int/handle/10665/43975>

⁶⁷ <https://jech.bmj.com/content/74/2/173>

⁶⁸ <https://thekeep.eiu.edu/cgi/viewcontent.cgi?article=3520&context=theses>

“[The children’s conditions] drives the parents of these families into self-isolation. In as much as the community might want to isolate the child, so too do they de-associate themselves. I feel it sends them into depression, but in African setup we don’t really believe in depression but most of them are pushed towards certain level of depression. People don’t have tools to deal with it. People say: that family all behave like they are not normal, but it could be they are depressed, they are alone, they don’t have the tools to handle the situation.” – HBEP Manager

Yet once children begin to improve developmentally, when guardians feel more comfortable bringing their children out in public and when communities are educated on the biological causes of disabilities, this isolation greatly reduces.

“There is peace between me and the people in my village.” Primary Guardian

Guardians cited examples of extended family members never visiting their homes once they understood their children to be different, fearing contagion, refusing to drink the same water the family members drank in case that was the source of the disability (Pers. Communication, SROI focus group with guardians). Once these family members are educated about the causes of disabilities and the characteristics of the conditions, and once they see that children can developmentally and academically progress despite their conditions, they change their perspectives. As a result, family and community relationships change and improve.

6.3.5.3 Improved Food Security

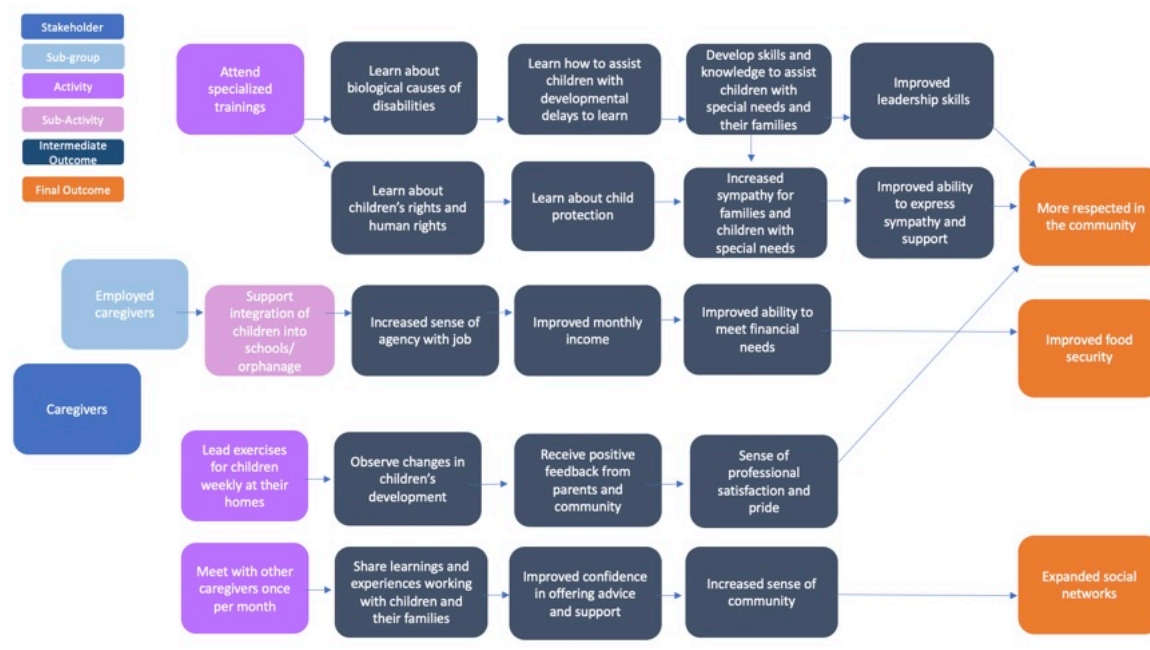
An unintended outcome of children advancing developmentally is that guardians have more time for other activities. With this time, they contribute to household income generation: either participate in the fieldwork of farming crops for subsistence or sale, or they find formal or informal employment. This is corroborated by data collected from programme graduates: at baseline, families reported monthly income of \$26 USD, which increased to \$55 upon graduation, an 115% change. When asked what caused this change, families reported that the increased independence of their children allowed them to devote more time to providing food for their families. In an area of extremely high poverty like Mfuwe, Zambia, with (conservatively) an average family size of six people, guardians are thinking constantly about food security and how to provide for their families. Any additional labour to bring in more income to the household is highly valued. This outcome also mutually reinforces the outcome of reduced isolation: farming and employment allow for societal interaction and adult company outside of the guardians’ immediate home environment, which in turn positively affects their sense of community and belonging.

6.4 Outcomes for HBEP Volunteer Caregivers

“We used to treat children with disabilities badly. After the programme, we have changed.”
Volunteer Caregiver

“If it weren’t for the programme, we were going to be the same. We were still going to look at children the same way as before.”
Volunteer Caregiver

Figure 6: Theory of Change for Caregivers



In 2022, 120 caregivers were involved in HBE, South Luangwa. Of these, one sadly passed away, and her experiences are therefore not captured in this analysis. No caregivers in Mfuwe, Zambia left the programme over the year 2022.

6.4.1 Understanding the Outcomes by Involving Stakeholders

Of the 120 caregivers involved in 2022, 88 were engaged through focus group discussions in order to understand outcomes. These discussions happened in conjunction with the monthly monitoring meetings of caregivers, when the caregivers from each chiefdom report on their monthly activities and child progress.

- 88 of the 120 caregivers were involved in determining outcomes, with both groups of caregivers across the two different chiefdoms represented equally.
 - 8 of the coordinators were consulted in separate meetings after the focus groups to explore the possibility of the coordinators experiencing different outcomes. None of the 8/12 coordinators identified additional outcomes and they were thus determined not to form a material sub-group

- Additionally, 11 caregivers were employed as a result of the HBEP in 2022, as Assistant Teachers in primary schools or full-time caregivers at the orphanage. While these 11 caregivers shared the three outcomes of all caregivers, they also had a unique outcome, and so employed caregivers formed a sub-group of the caregivers
- While the practitioner is competent in understanding the local language of ChiNyajna, a colleague from TTF accompanied her to pose the questions and ensure the nuance of the answers was captured
 - All of the employed caregivers and a handful of the other caregivers are fluent in English
- The high degree of saturation between all 88 caregivers consulted gave the practitioner confidence that the 32 caregivers not engaged through focus groups would have expressed similar experiences, and so the outcomes were extrapolated to include the full stakeholder group. What’s more, all coordinators for the caregivers were included in data collection, and they have full confidence to speak on behalf of the larger group. Their involvement coupled with the input from the HBEP management gave that practitioner full confidence that those caregivers not involved in data collection were accurately represented
 - It is not uncommon at monthly monitoring meetings for some caregivers to be absent due to conflicting commitments
- From these discussions three outcomes were identified, with two relevant to all caregivers and one relevant only to a sub-group
- These outcomes were then sense checked with the HBEP management
- An initial theory of change was drafted, sense checked with HBE programme management and then presented back to a smaller group of three coordinators and a larger focus group with 33 caregivers to seek clarity and confirmation that the outcomes in the theories of change were as the caregivers had intended (validation)

6.4.2 Exploring Outcomes for Caregivers

All caregivers cited the same experiences of change regardless of their geographic locations or duration as caregivers. The outcomes identified were:

1. Hope for improved economic prospects
2. Increased respect in the community
3. Expanded social networks

An additional outcome that was identified for just the employed caregivers was:

4. Improved food security

Each of these outcomes was articulated after asking the caregivers to explain specifically what had changed and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The caregivers gave long, elaborate answers and there was high saturation amongst caregivers, many reiterating verbatim what others had previously stated. Once each caregiver spoke, the practitioner asked the rest of the caregivers if they agreed,

and the caregivers always agreed; there was no disagreement amongst the caregivers about the changes experienced. This could represent social desirability and be a risk of the focus group methodology, however the changes expressed by the caregivers were consistent with how other stakeholders (HBEP management, facilitators) described changes in the caregivers. Broadly speaking, the overarching changes were consistent and evidenced sufficiently, however if some caregivers did not exactly agree or had a different experience, these were not expressed in the focus group setting nor did any caregivers approach the practitioner afterwards to share a different perspective.

Moreover, in separate interviews and discussions with the caregivers who were employed as a result of the programme, an additional outcome emerged that was unique to this sub-group. Ten out of eleven employed caregivers were consulted in determining this additional outcome, either through interviews or focus groups, and all ten individually expressed the impact of the change in income to their lives. The practitioner felt confident in extrapolating these outcomes to the full stakeholder group.

6.4.2.1 Establishing Well-defined Outcomes

Each of the initial outcomes was refined in a verification session with the HBEP management and then with the caregivers themselves in subsequent focus groups, ahead of the valuation and discounting discussion.

1. Caregivers cited the new skills and knowledge they have learned through the programme:

“These skills can help us find a job and also help us share knowledge effectively.”

“This programme has made me smarter; I’ve added more to my brain.”

The majority of caregivers did not finish their schooling (only 9/42 met in the second large focus group had finished high school), and they don’t have many formal opportunities for skill development. The training provided through the HBEP presents a unique opportunity to learn and develop new skills, which the caregivers expressed gave them hope of one day finding a job. However, only the caregivers who have been employed through the programme (11/120) have actually found employment because of these skills and so there is no evidence that outside of the programme context, these new skills could lead to economic gain. The skill development was captured in the theory of change as part of the pathway to another outcome: more respected in the community.

2. The caregivers do not keep their skills and knowledge acquired in the HBEP to themselves; they share these widely throughout their communities:

“When you have skills, you have to share so the information can go further.”

“Because I’ve learned, I’m able to teach others.”

“When I share information with others, my name will be uplifted in the community to a certain degree and people will start respecting me for the job I am doing.”

“I feel respected when I teach someone something.”

The low levels of education amongst the caregivers mean they are not often in positions to share unique knowledge, or to take the lead in advising others. There are no other formalized training opportunities in Mfuwe, Zambia on the biological causes for children with special needs, and oftentimes the medical staff at the clinics do not have the same level of information that caregivers do on the origin of disabilities and care procedures. The caregivers share this knowledge, and they are recognized and validated in the community for possessing this unique knowledge, which results in them being more respected in the community.

3. Additionally, the trainings that equip the caregivers with knowledge also help them form social networks that are different to what they have previously known. Without employment and without formal education, the social networks for most of the caregivers are limited to their home villages and their church communities, with a handful of volunteers participating in other voluntary activities. The collective of the caregiver community, with their t-shirts, ID cards and bicycles, distinguishes them as belonging to a discrete, skilled group, which too brings pride and satisfaction.

“I wouldn’t have met other people like me if it wasn’t through the programme.”

“I now have a heart of love.”

Through the learning with each other and the shared confidence to approach members of their communities to share their knowledge, the caregivers have expanded their social networks.

4. For the sub-group of 11 employed caregivers, the change in income to their households was significant:

“I can now feed my family.”

“We have enough to eat at home.”

In the context of high poverty, with such few job opportunities, especially for residents who are not formally or fully educated, the ability to earn a formal income is rare and highly valued. A job for someone who previously did not believe he/she would acquire formal employment, is a significant change. As a result of this job, the food security for these caregivers has improved: they are now earning enough to be able to sufficiently feed themselves and their families, which is a luxury that many residents in Mfuwe do not share.

6.4.3 Negative Outcomes

The practitioner specifically explained to the caregivers, both in interviews and focus group discussions, that it's important to share any negative outcomes; full transparency of these will only help to strengthen the programme. The caregivers did not express any negative outcomes experienced during their interaction with the programme, despite the specific probing.

6.4.4 Subgroups

Two possible sub-groups were considered in engaging caregivers: coordinators, those caregivers charged with organising and helping to oversee the other caregivers, and employed caregivers, those who have been employed as a result of the programme. Coordinators were consulted with the rest of the caregivers in focus group discussions, and then in separate focus group discussions to determine if they would qualify as a sub-group, and no unique outcomes emerged. They were therefore ruled out as a sub-group.

The employed caregivers were consulted in separate interviews and focus group discussions, and there was high saturation with the three outcomes expressed by the other caregivers. Additionally, they also expressed a change in food security for themselves and their families, which was unique to just those caregivers who were employed in 2022. The employed caregivers were therefore determined to be a sub-group of the caregivers.

6.4.5 Material Outcomes

Caregivers experienced two material outcomes: more respected in the community (intrinsic) and increased sense of social belonging (extrinsic). The employed caregivers, a sub-group, experienced a third outcome in addition to these two: improved food security (functional).

6.4.5.1 More Respected in the Community

"If I go somewhere and see a child with a disability, I go up to the parent and share with her what I know and she listens to me and I feel good."

In the context of a residential community with little formal education and few formal jobs, community members do not have many opportunities to distinguish themselves as leaders or residents worthy of respect. Through this programme, largely uneducated residents have been given an avenue to acquire new knowledge, and they have developed the confidence to share that knowledge with other residents in their community. As a result, they have gained more respect in their communities:

"It feels good to share my skills."

"You have a skill, you need to share it, and then the information goes much further."

"People start respecting me for the job I'm doing."

“For the community around the child, people comment: ‘You people do work, that child wasn’t like that before.’ They praise the people conducting the programme, and the environment for the child to move around, play with friends, has expanded.” Programme Facilitator

This differentiation of the caregivers as having a unique skill, and the subsequent respect that they receive, is of incredible significance to the caregivers. Prior to the programme, without formal educations, there was no obvious avenue for the caregivers to be able to acquire and offer unique skills and knowledge that would help with social dynamics in their communities. Now that they have and share this knowledge about developmental conditions, including actively approaching families of children with developmental differences who are not on the programme to offer their advice, they are recognized by their neighbours and other residents for taking up this important role. The community also knows there are few ways for children with special needs and their families to get the support they need, which further increases the respect the caregivers feel when people compliment them for the work they are doing. “We get called ‘teacher!’” one caregiver explained, an example of how they are affiliated with a highly respected employment position, one they could not officially attain due to their low level of education. The position of caregiver is similar: someone who is able to impart knowledge and the community can bear witness to their positive influence through the change in development of the children and the integration of children with special needs and their families into society.

6.4.5.2 Expanded Social Networks

The programme has provided a platform for the caregivers to come together as their own community: they learn together through communal trainings and workshops, they meet every month to review the status of each child and they work together to educate other members of their community about the causes of disabilities through drama and radio broadcasts. This kind of collaboration normally takes shape in an employment setting: working together with colleagues towards a shared vision. Even though the caregivers give their time voluntarily to the programme, they still achieve this sense of connection and sense of belonging with other caregivers, many of whom they did not know at the outset. Equally, they appreciate the influence of the facilitators, who come from outside of Mfuwe to lead the workshops, share experiences from elsewhere in Zambia and abroad, which in turn results in new connections for the caregivers and exposure to dynamic explanations and scientific information. Living in the context of high poverty, caregivers rarely find opportunities to travel outside of Mfuwe and form new networks, and the knowledge that comes with meeting and learning from new people through the HBEP is of high importance, adding diversity and perspective to their lives.

Sub-Group: Employed Caregivers

6.4.5.3 Improved Food Security

This outcome was specific to the *employed caregiver* subgroup. Throughout the interviews with the employed caregivers, there was high saturation in explanations of change: “The job helps us take care of our needs,” “I can now take care of myself.” Before employment, most

of the caregivers were subsistence farmers or had informal means of income generation, and one of them explained, “We could not rely on farming because of the changes in weather. Now we have consistent income.” The jobs that have been created through the programme, the need for full-time assistance at newly integrated schools and the orphanage, have had the benefit of providing critical food security for a few of the caregivers who would not otherwise qualify for these positions. This extra financial benefit is only applicable to those caregivers who have gained employment (9% of the overall caregiver group) but is significant in the context of low education and literacy levels and high poverty; every formal job brings more value than simply the income earnings. What’s more, for employed caregivers, their future economic prospects have been further improved by this employment; in addition to the soft and technical skills gained through the trainings, they have even more technical and soft skills gained on the job. These jobs also come with the opportunity to further network: new colleagues and new stakeholders met through the workplace lead to an even greater increased sense of social belonging.

6.5 Outcomes for Facilitators

“Ever since we started coming and meeting the parents and caregivers, one thing comes out the parents have appreciated the programme from the changes they have seen in their children. Not only that, the change of attitude in people around them.” Facilitator

Figure 7: Theory of Change for Facilitators



In 2022, we had four primary facilitators for the HBE Programme, facilitators who have been involved with HBEP since its commencement in 2016. These include: a special education expert, the former head of the Zambia Institute for Special Education, a physiotherapist trained to support children with special needs, and an autism specialist. All four facilitators were consulted in the process of understanding outcomes: two together in a focus group, and two in separate interviews.

6.5.1 Understanding the Outcomes by Involving Stakeholders

All four facilitators were engaged in understanding outcomes, and all four expressed the same theory of change, with high saturation in their descriptions of both how the programme affects other stakeholders (specifically, children, guardians and caregivers) as well as how they have experienced change personally and professionally.

- All engagements conducted in English
- There was no need to extrapolate outcomes as all stakeholders were consulted.
- From these engagements, one material outcome emerged
- An initial theory of change was articulated in the first focus group with both facilitators and repeated back to them for validation. Thereafter, it was shared with the other two facilitators post-interview.
- While most intermediate outcomes remained the same, the material outcome was revised
- Lastly, the theory of change was sense checked with HBEP management as a last layer of validation

6.5.2 Exploring Outcomes for Facilitators

The facilitators all arrived at a similar outcome for them as specialists in the field of developmental differences, which was:

1. Improved teaching methods

“This programme made us to reach another level of needs of individual participants. If they don’t get right information, they will do wrong interventions. We come along with them.”

This outcome was articulated after asking the facilitators to explain specifically what had changed and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The facilitators, all of whom are used to a variety of data collection exercises, reflected carefully on how their specific engagement with the HBEP in Mfuwe led to their own growth and change. While two of the facilitators were met together in a focus group, the other two were interviewed separately by phone and all four articulated highly similar benefit pathways that led to the same outcome, which was improved effectiveness in teaching methods or improved pedagogy, with pedagogy defined as: “understanding your students and then helping them.”⁶⁹ How this change then connected back to the specific stakeholders and their well-being was taken further in discussion to be increased professional fulfillment; if the improvements in their teaching practices and pedagogy and their ability to better support a greater diversity of students has resulted in the intrinsic change of increased fulfillment in the facilitators.

6.5.2.1 Establishing Well-defined Outcomes

This initially expressed outcome of “improved teaching methods” was taken forward by the practitioner to arrive at the outcome for the stakeholders. Improvement in the facilitators’ teaching practices would primarily benefit their students, and yet they all expressed this change as leading to their sense of increased value as a teacher and fulfillment. The final outcome was re-conceptualized as “increased professional fulfillment” as a result of the intrinsic nature of the change, and the improvements in their practices and approaches.

6.5.3 Negative Outcomes

The practitioner specifically explained to all facilitators that it’s important to share any negative outcomes; full transparency of these would only help to strengthen the programme. The facilitators did not express any negative outcomes experienced during their interaction with the programme, for themselves or other stakeholder groups, despite specific probing. In a follow-up interview on the 1st of March 2024, the practitioner asked the lead facilitator about negative outcomes to any stakeholders across all of her work with children with developmental differences in rural Africa, and she cited two examples of parental objection to the programme for fear of negative outcomes to themselves and their families, which are

⁶⁹ <https://www.splashlearn.com/blog/pedagogy-in-education-learning-ecosystem-complete-overview/#:~:text=Improves%20student%20and%20teacher%20communication,curriculum%20to%20guide%20them%20better.>

explained in Section 6.3.3. Despite specifically listing a variety of stakeholder who could have expressed directly or indirectly experiencing negative outcomes, the facilitator could not cite any examples from her 26-year experience aside from the two parents. While the common fear of inclusive education was identified by the practitioner as a potential perceived negative outcome (see Section 6.8.3), no other potential negative outcomes were identified through stakeholders or desktop research, further supporting the lived experience of the facilitator.

6.5.4 Subgroups

No sub-groups emerged through the focus groups and interviews with the facilitators. Their observations of the programme and experiences of change were highly consistent.

6.5.5 Material Outcomes

All facilitators experienced one intrinsic, material outcome: increased professional fulfilment.

6.5.5.1 Increased Professional Fulfilment

“This change has impacted my other work: I know when I’m not talking to people at same level, I’m looking at behaviours of people listening to me, I can tell when they haven’t understood so I’ll go back and repeat so I’m trying to say. When I was giving presentation to students in Minnesota, I was now able to gauge their interest, I understand individual differences, the way people behave when they aren’t happy or understanding.”

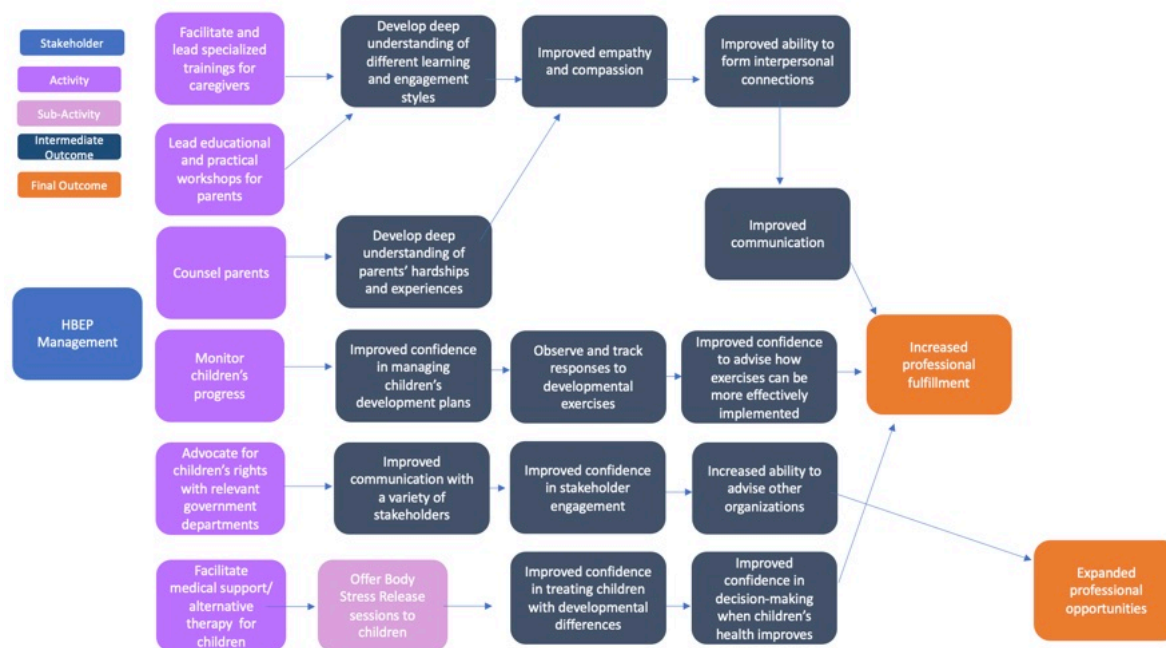
Through the programme, facilitators have had to interact with many children, parents and caregivers, the majority of whom have very low levels of education. All four facilitators are based in Lusaka, the capital city, and while many of them have worked at the grassroots level in remote areas of Zambia before, they are mostly accustomed to some level of education in those households. In Mfuwe, by contrast, it is rare amongst the parents and caregivers to find people who have made it into secondary school, let alone finished high school. The type of information they are sharing (the biological causes of disabilities and how to manage them so that children reach developmental milestones) requires a baseline understanding of anatomy and biology, which the vast majority of caregivers and guardians do not have. Facilitators have therefore been required to adapt their teaching materials to suit the level of education of their audiences, stay highly attuned to when the audience is losing focus and find ways to re-engage them. Even though all four facilitators have been teaching for many years, their experiences in Mfuwe have resulted in further strengthening of their teaching techniques and overall improvement in their pedagogy, which they’ve experienced both in their interaction with the programme (better able to engage Mfuwe stakeholders) and elsewhere (while lecturing to university students in Minnesota, for example). These improved teaching practices have led the facilitators to feel more effective as teachers, which has increased their levels professional satisfaction, with satisfaction understood as *more content or pleased* with their teaching styles and approaches.

6.6 Outcomes for HBEP Management

“It’s both a burden and privilege to walk through people’s lives and share things that are very personal. It’s made me a lot for empathetic to mothers with children with disabilities – what really goes on and the individual feelings that go around there.” HBEP Manager

“I’ve learned to relate and engage with variety of stakeholders, my communication has improved. I know the beneficiaries and what they are going through.” HBEP Manager

Figure 8: Theory of Change for HBEP Management



In 2022, we had three primary managers for the HBE Programme in Mfuwe, two of whom were directly involved in the programme for three years and one for close to two years. All three have qualifications that make them uniquely equipped to oversee this programme, including Masters’ degrees in Child and Adolescent Psychology, Communications and Development and Public Health (in process). Additionally, two are qualified Body Stress Release practitioners, and both underwent training to acquire this qualification whilst being employed on the programme. One of the managers is an Evidence-based Mental Health Solution Practitioner, and another has a certificate in Psychosocial Counselling.

6.6.1 Understanding the Outcomes by Involving Stakeholders

All three team members were engaged in understanding outcomes, and all three carefully reviewed and commented on the theory of change in order to ensure it accurately reflected their experiences. Data collection and reflection on stakeholder change and communication is a normal part of managing the HBEP, and so all three managers were highly familiar with the data collection methodology. All three team members expressed similar outcomes, with the degree of change and influence of others (attribution) varying per team member.

- There was no need to extrapolate outcomes as all stakeholders were consulted

- From these engagements, three initial outcomes emerged, which were refined to two well-defined outcomes
- An initial theory of change was articulated in the first focus group and then shared with all team members over e-mail for verification and comment
- The theory of change and outcomes were sense checked with the TTF Programmes Manager who oversees the HBE team and is an Associate Social Value Practitioner as a last layer of validation

6.6.2 Exploring Outcomes for HBEP Management

The HBE team all arrived at three initial outcomes as a result of their time managing the HBE programme in Mfuwe. These were:

1. Improved emotional intelligence
2. Improved emotional well-being
3. Expanded professional opportunities

Through the first articulation of change and theory of change review, two of the outcomes were reviewed and seen to be part of the pathway to a material outcome related to the change in well-being they experienced. Each outcome was articulated after asking the team to explain specifically what had changed for them and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The HBE management team, all of whom are used to a variety of data collection exercises including primary data collection for the purposes of SROI, reflected carefully on how their specific engagement with the HBE Programme in Mfuwe led to their own growth and change. The team collaborated in their responses, reflecting on their unique and collective experiences.

“The programme has changed me as an individual, how I interact with people. I am more empathic.”

“I think about the implications of what I say, and I put aside my own feelings. I am more thoughtful and deliberate in my responses.”

In taking forward the change of improved emotional intelligence and improved emotional well-being, the HBE managers considered the relevant well-being changes and to whom. Improved emotional intelligence, gained through their experiences and learnings as part of the programme, has allowed them to better communicate and to build more empathy and compassion for the stakeholders of the programme and more broadly. By doing so, their sense of purpose in their roles has been reinforced, and so this outcome was re-articulated as increased professional fulfillment, with fulfillment understood as a feeling of happiness and satisfaction in their chosen careers.

In the context of this outcome changing, so too did the improved emotional well-being: by positively affecting people’s lives, the HBE managers themselves have felt a greater sense of joy and happiness in the workplace, which too is part of the pathway to increased professional fulfillment.

6.6.3 Establishing Well-defined Outcomes

The HBE team have been privy to SROI data collection in the past and were able to think through their own benefit pathways. Equally, they were able to speak to the specific learning opportunities and growth they have experienced through the HBEP, which they would not have been likely to experience in other forms of employment. In the valuation discussions, all managers able to imagine different professional choices they could have made for themselves and if/to what extent these same outcomes may have otherwise occurred.

Two of the initially described outcomes of improved emotional intelligence and improved emotional well-being were explored further: who is impacted by this change? Why is it important? How do these affect your own well-being? As a result of this discussion, both outcomes were reframed as important intermediary, intrinsic shifts to lead to the material outcome of increased professional fulfillment.

6.6.4 Negative Outcomes

The facilitator specifically explained to all team members that it's important to share any negative outcomes; full transparency of these would only help to strengthen the programme. One of the HBE managers flagged the habituation in dealing with difficult circumstances and expressed feeling at times "immune" or responding pragmatically rather than emotionally to the heartache and trauma of some of the beneficiaries. We discussed this feeling in the focus group, and the managers arrived at the conclusion that this emotional strength and practical mindset were necessary to be effective in their jobs and did not preclude them from expressing emotion in other areas of their professional and personal lives. This was therefore not considered to be a negative outcome and perhaps part of the positive pathway to managing highly challenging scenarios with stakeholders.

6.6.5 Subgroups

No sub-groups emerged through the focus group with the HBE team management. Their observations of the programme and experiences of change were highly consistent.

6.6.6 Material Outcomes

The HBE managers experienced two material outcomes: increased professional fulfillment (intrinsic) and expanded professional opportunities (functional).

6.6.6.1 Increased Professional Fulfilment

"I know I have brought something of value to people's health, and I get that positive feedback. This matters to me because I always want to see something good come from my work, especially for people whose well-being has not been good."

Through the programme, the HBE managers have had to work with a wide variety of children and families who have been through extreme emotional and physical hardship. The job of the HBE team is not an easy one, and often they are confronted with extremely challenging scenarios and are privy to stories about heartbreaking interactions between families and the health sector, members of their own communities, traditional healers, and the community at large. While all managers have been academically trained in psychology and/or the development sector, they had to acquire excellent listening skills as part of their job. Moreover, with many families initially reticent to share their stories or trauma, they have had to learn to build trust over time, and to read the moods and reactions of parents to know when and how to engage. With several children on the programme being non-verbal or not yet able to verbally communicate, they too have had to learn to read other communication cues from children, including when they are in the mood to interact. All of these regular interactions have resulted in the managers feeling as though their emotional intelligence has improved. What's more, when they are able to see change in children's development, in their overall well-being, and a reduction in the stress and anxiety of their primary caregivers, the HBE managers' own emotional well-being improves. The HBE team is acutely aware of how marginalized and poorly treated the children and the families have been, and they too are aware of how much they are valued for bringing positive change into their lives, both physical and emotional. These intrinsic shifts are part of the pathway to increased professional fulfilment.

6.6.6.2 Expanded Professional Opportunities

All three members of the HBE team have been approached by outside organisations or individuals to assist and/or advise on other policies or procedures related to developmental or emotional support and child protection practices. They not only feel valued and respected by the stakeholders they serve directly through the programme, but this feeling is enhanced by other people in their lives recognizing their experience and asking them to add value elsewhere. Because of the skills obtained as part of the HBE management, all three team members have established side businesses to improve their income generation: the two Body-stress Release practitioners take on private clients and the third member consults on child protection policies and strategies. What's more, they have all gained a deep understanding of the challenges faced in rural communities, which make them more versatile professionals in the field of social development. All team members interact with a wide variety of stakeholders as part of their jobs: direct beneficiaries, the 120 voluntary caregivers whose activities they oversee, as well as high net worth tourists and visitors to Mfuwe who want to understand how the HBEP operates. They have built great confidence in their communication skills, which too has contributed to other individuals in their lives asking them to consult on similar programmes. Both of the outcomes experienced by the HBE managers mutually reinforce one another: increased professional fulfilment means they are passionate about sharing their work, which in turn leads to expanded professional opportunities. Equally, these expanded professional opportunities underscore how fulfilled the managers are in their primary roles.

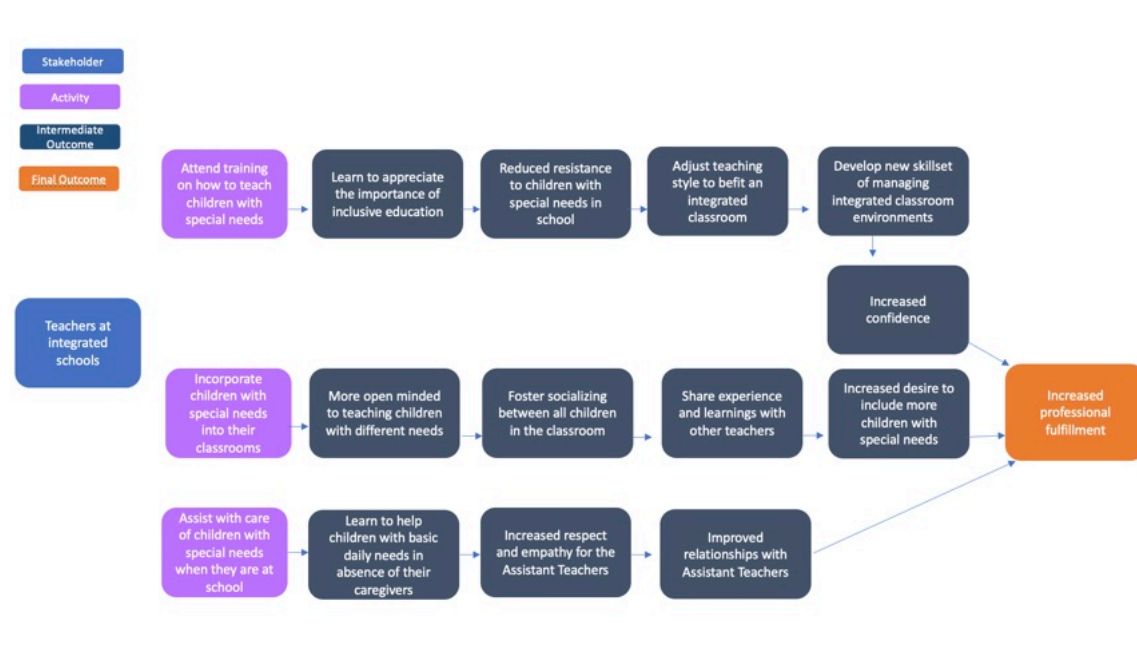
6.7 Teachers at Integrated Schools

“There is no longer dependability on the Assistant Teachers because all teachers are assisting with children with disabilities. Even when the Assistant Teachers are absent, others are willing to help with no difficulties.”

“[This programme] has given us the perception that anyone can learn.”

“I had never been at a school with children with special needs. I was scared to touch them. But now, we feel proud to touch them.”

Figure 9: Theory of Change for Teachers at Integrated Schools



In 2022, children enrolled under the HBEP attended eight different primary schools throughout Mfuwe. In each of those primary schools, the TTF hired at least one of the volunteer caregivers to serve as teachers’ assistants and help with the integration of children with special needs at the schools. When enrolment of differently abled children was first proposed in 2018 and 2019, the TTF was met with substantial resistance from the schools, with teachers and school administrators vocally expressing the same biases about children with special needs as the rest of the community: fear that the conditions were contagious, worried that children without special needs would be disadvantaged in integrated classrooms. Additionally, there was strong resistance from the parents of children without special needs attending the schools, which in turn put further pressure on the school administration to review its decision to integrate. Over time, however, the other learners at the school and the teachers came to understand that integrated classrooms did not pose any risk to students and that diverse classrooms drive positive social change.

6.7.1 Understanding the Outcomes by Involving Stakeholders

Nine teachers from seven out of the eight primary schools were consulted in interviews or focus group discussions about the changes they have observed and experienced as a result of children with special needs attending their classes.

- 9 teachers consulted out of a full stakeholder group of 80
- Meetings were held at seven schools with the head teacher and, when possible, one other teacher representative to discuss the impact of enrolling children with special needs
- High saturation between the teachers at the seven schools
- The head teachers specifically felt confident to speak on behalf of their colleagues, and they together with teachers who manage the integrated classes were consulted as they have direct, daily exposure to integrated classrooms and the children with special needs
- Given the high saturation between the head teachers and class teachers consulted, as well as the input from HBE managers and the facilitators who work with teachers, the practitioner extrapolated the outcomes to the full stakeholder group *except for* teachers at the school that was not consulted, and thus the stakeholder group was reduced from 80 to 73 (removing the 7 teachers at the 8th school as there was not an opportunity to engage them directly)
 - The eighth school was not included for logistical reasons. Given the strong reactions of students, parents and teachers to children with special needs joining the schools initially, the practitioner did not feel confident extrapolating to teachers who were not consulted
- An initial theory of change was articulated and shared with the HBE team for comment and verification
- The theory of change was then shared with a smaller group of teachers representing three schools for validation, and these three teachers then participated in the valuation exercise

6.7.2 Exploring Outcomes for the Teachers at Integrated Schools

Teachers at schools where children with special needs are now enrolled reported two outcomes:

1. Improved pedagogy
2. Increased professional fulfilment

In exploring the theory of change for “improved pedagogy,” much like the facilitators, it was determined that the value of this change is predominately for their students. However, it forms part of the pathway to the material outcome of increased professional fulfillment. The outcomes were articulated after asking the teachers to explain specifically what had changed and how they could be sure the change had taken place, with consistent follow up questions of “why is that important?” and “why does that matter to you?” (See Appendix C for full discussion guide.) The teachers were all able to reflect on their initial reactions to children with special needs joining their classrooms and how their feelings and behaviours have

changed over time. All teachers consulted expressed very similar experiences, with high saturation between them in the pattern of change.

6.7.2.1 Establishing Well-defined Outcomes

The outcomes initially expressed by the teachers were refined in a verification session with the HBE management team and presented back to the teachers for confirmation.

1. *“[Teaching children with] disabilities requires patience, it’s not like regular classes where you can cruise. It has brought professional maturity to teachers. It’s important for our development.”*

Sentiments such as the one above were refined to “improved pedagogy” for teachers. By accommodating children with special needs in the classroom, teachers have had to “mature professionally,” to learn how to respond to the variety of needs and alter their pace and style of teaching to meet diverse learner needs.

“I have learnt to be a parent and not just a teacher. If you want the child to learn, he needs peace of mind and confidence in the one who is teaching him. The important thing is to help the child learn well.”

Teaching children with special needs has improved the overall quality and style of teaching for those teachers who lead integrated classrooms. The change to well-being for the stakeholder group of teachers, however, was that this improved pedagogy has led to an overall sense of increased professional fulfillment.

2. *“Teaching children with special needs gives me courage as a teacher. I get encouraged. As an educator, I expect to see change. I get excited when I see change in the children.”*

Another learning for teachers has been that children with special needs have had very little schooling, and the limited social interaction they’ve had growing up often means they also arrive at school with low confidence. Teachers, therefore, have an opportunity to effect real change on the children, both cognitively and socially. When they see that change happening, their sense of professional fulfillment is increased.

6.7.3 Negative Outcomes

The teachers explained that when children with special needs were first enrolled in their classes, they received criticism from parents at the school, with people saying that a “teacher of someone with intellectual disabilities will become like them.” While they considered this rhetoric negative, when asked about the change they experienced, they spoke only of the positive change that has occurred in their classrooms and in the face of such ostracization. This negativity was understood to be part of the pervasive negative sentiments shared by several stakeholder groups when the students first enrolled in school, including the teachers themselves. Fear and doubt were spread throughout the schools and in the communities about the ability of children with special needs to acclimate in a so-called ‘normal’ school environment. Despite these sentiments, only positive material changes were shared by the

teachers, which underscores the significance of their intrinsic shift. What's more, while not explicitly stated, it could have been that these negative sentiments gave the teachers a window into what children with developmental differences and their families were experiencing every day, which may have helped the teachers to cultivate sympathy and compassion for these new students.

6.7.4 Subgroups

No sub-groups emerged through the interviews and focus groups with teachers. Their observations of the programme and experiences of change were highly consistent.

6.7.5 Material Outcomes

The teachers experienced one material, intrinsic outcome: increased professional fulfillment.

6.7.5.1 Increased Professional Fulfilment

"I have learned how to handle and teach children with special needs. I have learned the tactics and acquired new skills, which means I can handle children with special needs even without their assistant teachers."

"The training we received on early childhood development has empowered me. Even if I were taken elsewhere, I would be able to help children with special needs. I share this knowledge with other teachers, too."

By accommodating children with special needs in their classrooms, teachers have improved their teaching styles and methods. They have needed to transform their approach in the classrooms to cater to a wider variety of students. They have received specific training to this effect, which has made them more well-rounded teachers. In the course of teacher training, all teachers in the Zambian education system are meant to learn how to accommodate differently abled children in their classrooms, even if they don't specialize in this area. In reality, however, this training is highly limited and not effective, with teachers mainly instructed to "not leave any child behind," without addressing the societal reasons why some children are excluded, and the biases harboured by residents and potentially by the teachers themselves. By forcing these teachers to take on children with special needs, at first despite their objections, the teachers have become stronger and more versatile in their teaching styles; they have improved their pedagogical practices, and "brought inclusivity in teaching methodologies."

"We had a negative attitude about the progression of children with special needs in school but that has changed as we've seen the changes from reception to middle class. This has increased our confidence in the learners that they will do well. This motivates us teachers to continue working with children with special needs."

"I was blank when [the children with special needs] came here. I was learning what the assistant teachers were doing. Now, I am able to do some of what I learned and apply those skills when the assistant teachers aren't available. It feels great to step into that role."

This improved pedagogy has also led teachers to become more empathic towards children with special needs and more open-minded to accommodating them in integrated classrooms, something they were highly sceptical about when they were first told about the enrolment of these new students. What's more, they realized the important role they have to play in fostering positive relationships between children with special needs and the other children at the school. They have realized that the example that they set will be mirrored by the students. When the teachers observe positive social interactions, and when they see their students with special needs advancing in class and developmentally, they feel a sense of pride for their role in those changes. "When we enter the class now, the children with special needs shout and laugh with joy. Before, the children were feeling shy. Things have changed. A lot has changed." As another teacher put it in reference to his students with developmental differences, "the confidence the parent and children have in me is the same faith patients have in a doctor." In other words, teachers feel highly valued for their role in educating children that they did not deliberately choose to educate, but whose presence in their classrooms has, surprisingly, led to their own increased professional fulfilment.

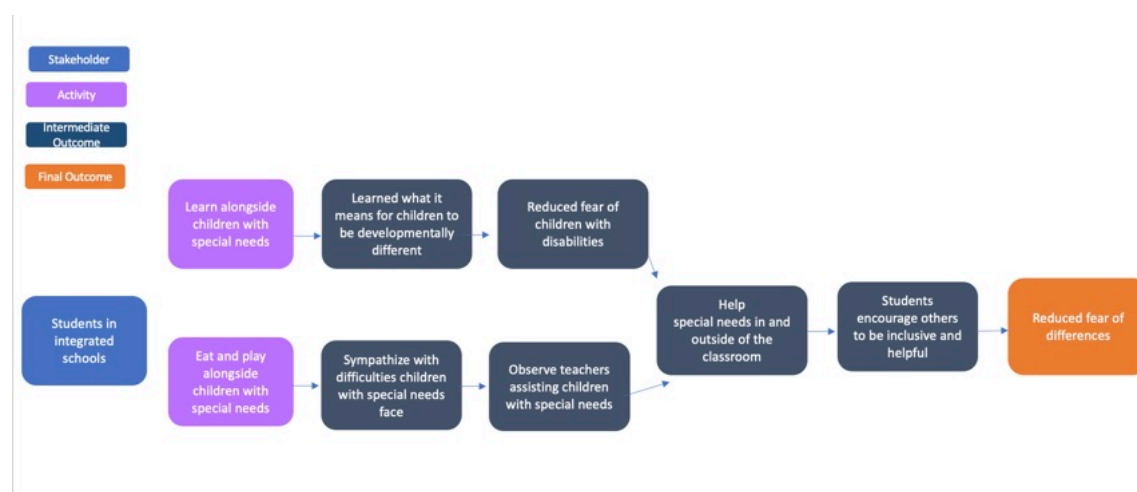
6.8 Outcomes for Students in Integrated Schools

“The reaction when the children with special needs arrived was not welcoming. They were calling them names, that they were mad. Generally, they were surprised, the whole school. They did not regard them as being normal. Now, the students have learned that they are no different from those with disabilities and it’s important to treat them like any other person.” Teacher

“In the past, [children with special needs] were not allowed to participate in activities but now they do. All children are now able to play together. It’s important for all children to be included in school activities for their growth. It’s part of inclusivity.” Teacher

“Teaching children to be more inclusive, use inclusive language, and empathize with people who have differing abilities has a psychological effect on their being ready to engage with and accept others.”⁷⁰

Figure 10: Theory of Change for Students in Integrated Schools



The arrival of children with special needs in schools that historically did not accommodate differently abled learners was a shock, both to the teachers at the school and the pupils. When enrolment of children with special needs into these schools was first proposed in 2018 and 2019, there was strong resistance from the parents of neurotypical children attending the school, which in turn put pressure on the school administration. Parents of the other pupils believed their children could ‘catch’ the disabilities and that being in close proximity to children with disabilities would somehow harm their own children. Over time, however, the other learners at the school have developed empathy and compassion for differently abled children, ultimately resulting in a positive societal impact.

⁷⁰ <https://www.childrensdarton.org/the-hub/embrace-expose-and-empathize-discussing-disabilities-your-child>

6.8.1 Understanding the Outcomes by Involving Stakeholders

In order to access the change that has occurred for other learners, the practitioner consulted teachers at the schools to act as proxies and held a focus group with 17 students.

- 17 pupils and 9 teachers as proxies consulted in focus groups and interviews
- In the interviews and focus groups to establish change for the teachers at the schools, pupils were cited as another stakeholder group
- High saturation amongst the nine teachers and with the pupils consulted directly
- The experience of change as identified by the teachers was cross-checked in a focus group of 17 students at one of the schools
- The Teachers' Assistants were consulted during their own focus groups (employed caregivers) and too described the same process of change for students at the integrated schools
- Based on the triangulation of the data with teachers, students and teachers' assistants, the outcomes were extrapolated to the whole stakeholder group based on high saturation of descriptions of change
- An initial theory of change was articulated and shared with the HBE team for comment and verification
- The theory of change was then shared with a smaller group of three teachers acting as proxies for the students for validation, and these three teachers then participated in the valuation exercise as proxies for the students

6.8.2 Exploring Outcomes for Students in Integrated Schools

Students studying alongside children with special needs in integrated classrooms experienced one material outcome:

1. Reduced fear of differences

The outcome for students was initially articulated as "improved social acceptance," but was refined further in considering how the change directly affected the stakeholder group. This outcome was articulated after asking the teachers and students to explain specifically what had changed for students with the arrival of differently abled children in their classes, and how they could be sure the change had taken place, with consistent follow up questions of "why is that important to students?" and "why does that change matter?" (See Appendix C for full discussion guide.) The teachers and students were all able to reflect on their observations of pupils and themselves when the children with special needs arrived and how their behaviour and interactions changed over time. All teachers consulted expressed very similar observations of students, with high saturation between them on their descriptions of the pattern of change and equally high saturation amongst the teachers and the students consulted directly.

Based on the observations by teachers and focus group data with students, the practitioner noted that this outcome could potentially be taken further from *reduced fear* to *improved acceptance of children with special needs*, which would also have valuation implications. However, while there was sufficient evidence in the testimonies of multiple stakeholder

groups to prove reduction in fear, the practitioner felt that to prove acceptance would have taken deeper stakeholder engagement with a much larger representation of students and specific indicators set and monitored at the schools. While this proved logistically not feasible for the current analysis, it is noted in Section 11 as one of the limitations of the current analysis, with the risk of under-valuing the changes at schools.

6.8.2.1 Establishing Well-defined Outcomes

The outcome initially expressed by the teachers was refined in a verification session with the HBE management team and presented back to the teachers for confirmation.

1. *“Without this programme, students would not have had the opportunity to mingle with friends with disabilities.” Teacher*

“Those kids have not experienced a big number of children with special needs, they have not eaten with them before. They are used to homes with negative attitudes. It was a new thing for them.” Teacher

Sentiments such as the ones above were initially interpreted as “improved social acceptance” for students and then later refined to “reduced fear of differences”. By breaking from familial and historical norms of not engaging children with special needs, students at these schools are not breaking from the fear and stigmas harboured by their parents and are becoming more open-minded to different paces and styles of development and learning.

6.8.3 Negative Outcomes

The teachers serving as proxies for the students explained that when children with special needs were first enrolled in their classes, the school and teachers received criticism from parents and from their communities, with parents explicitly expressing fears that their children would be adversely affected if they learned alongside differently abled children. This fear of inclusive education disadvantaging children without developmental differences is widespread⁷¹ and has repeatedly been disproven.^{72 73} Indeed, “one meta-analysis of existing research demonstrated that 81 percent of the reported outcomes showed that including students with disabilities in the general education classroom resulted in either a positive or neutral effect on students without disabilities.”⁷⁴ While not directly evidenced, one can imagine that the parents were expressing these same fears to their children. Yet, in support of the existing body of research, these fears were dis-spelled after several months of inclusivity, after which point teachers, guardians and students realized that neurotypical students were not disadvantaged learning alongside their developmentally different peers, especially with the provision of adequate resources for these students.⁷⁵ The final net change

⁷¹ <https://www.ncbi.nlm.nih.gov/books/NBK554622/>

⁷² [Cole, Waldron, & Majid, 2004](#)

⁷³ [Cosier, Causton-Theoharis, & Theoharis, 2013](#)

⁷⁴ [Kalambouka, Farrell, & Dyson, 2007](#)

⁷⁵ One study did note the small negative effects of inclusive education on neurotypical students without adequate resources and support protocols, which were quickly rectified with resources in place, leading to a net benefit for neurotypical students both academically and socio-emotionally (Tulloch, 2015).

for students learning alongside developmentally different peers was deemed to be a positive one.

6.8.4 Subgroups

No sub-groups emerged through the interviews with teachers serving as proxies for the students. When considering the full stakeholder group of students without special needs at these schools (the entire student body), it was considered that students in the same classrooms may form a sub-group of the full student body. However, upon engaging students directly from a more senior class with no children with special needs, the changes they experienced were the same as what teachers described for the students in the same classes as children with special needs and thus no sub-group articulated.

6.8.5 Material Outcomes

The teachers acting as proxies for the students and the students consulted directly expressed one material, intrinsic outcome: reduced fear of differences.

6.8.5.1 Reduced Fear of Differences

“It’s important for children with special needs to be here so that they can have a chance to learn as well. They need to learn so that they can have a good future.” Student

“We didn’t know about children with special needs before. We didn’t have any friends like that.” Student

“We used to throw stones at children with special needs. Now, I feel bad for that. I have stopped stoning them.” Student

“We help them get into the bus when school is over.” Student

In the context of isolation and ostracization of children with special needs in Mfuwe, which was underscored by parents strongly objecting to their enrolment into school, the change experienced by children learning alongside them is significant. This is how societal shifts start to take place: younger generations having more informed and open-minded perceptions of differences, which allows them to be more accepting. Incorporating children with special needs into typical societal settings, and specifically integrating them into classroom environments, familiarizes other learners with developmental differences and leads to increased interaction. Through doing so, they in turn have reduced anxiety and better attitudes towards children with special needs,⁷⁶ and begin to understand that these children also deserve the opportunity to learn and socialize. Other students learn to show compassion for children with different experiences and abilities, they learn how to interact and befriend people who are diverse, which leads to their overall reduced fear of differences. This outcome is critical for the long-term shift in societal dynamics and for creating social environments that are safe for children and people with differences.

⁷⁶ <https://www.disabilityscoop.com/2013/08/30/kids-attitudes-disabilities/18615/>

6.9 Outcomes for Children Resident at Hanada Orphanage

“The other children have changed because previously we were struggling with their food. Even the environment – the place wasn’t looking good.” Director, Hanada Orphanage

Figure 11: Theory of Change for Children Resident at Hanada Orphanage



When the HBE Programme partnered with Social Welfare in 2020 to raise concern about children living in conditions of severe neglect, Social Welfare made the decision to permanently re-home three of those children at a local orphanage and three were temporarily rehomed there to give their guardians a break from the constancy of caretaking. While the orphanage is the only facility of its kind in the district, the orphanage received minimal if any funding from Social Welfare and struggled to provide adequate resources to all resident children. When the TTF realized the addition of these six children would put an already strained facility under increased pressure, the organisation invested in the refurbishment of the infrastructure, committed to fund a monthly operating budget and hired three caregivers to be based permanently at the facility to assist with education and development of children with special needs. As a result of this influx of resources, the other resident children equally benefitted.

6.9.1 Understanding the Outcomes by Involving Stakeholders

In order to access the change that has occurred for children at the orphanage, the practitioner interviewed the Director of the orphanage as a proxy. The seven resident children without special needs were deemed too young to communicate their experience of change directly, and so the Director served as a proxy.

- The Director was interviewed one-on-one and acted as a proxy for the seven resident children
- Clear description of health change based on increased and reliable food resources for the children at the orphanage
- The practitioner deemed insights into possible changes in the mental and emotional health too unsubstantiated to include in the report and also these would be directly linked to the change in physical health, as per the Director’s observations

- The outcomes were extrapolated to the full stakeholder group as the Director felt confident all seven children had experienced the same type, amount and depth of change
- The theory of change was shared immediately with the Director for validation
- The theory of change was then confirmed with the HBE management team

6.9.2 Exploring Outcomes for Children Resident at Hanada Orphanage

Children who were resident at Hanada orphanage experienced one material outcome:

1. Improved nutrient intake

This one outcome for the resident children was identified immediately and clearly by the Director. This outcome was articulated after asking the Director to explain specifically what had changed for children and how she could be sure the change had taken place, with consistent follow up questions of “why is that important to the children?” and “why does that change matter?” (See Appendix C for full discussion guide.) The Director was able to reflect clearly on the change in the children and the conditions under which they lived, including access to resources, prior to the involvement of the HBE Programme.

6.9.2.1 Establishing Well-defined Outcomes

The outcome initially expressed by the Director remained constant throughout the theory of change review and validation with the HBE team.

6.9.3 Negative Outcomes

The Director did not cite any negative outcomes for children at the orphanage, despite specific probing.

6.9.4 Subgroups

No sub-groups emerged through the interview with the Director as a proxy.

6.9.5 Material Outcomes

The Director acting as a proxy for the children expressed one material, functional outcome for the children at the orphanage: improved nutrient intake.

6.9.5.1 Improved Nutrient Intake

“The children are now nourished with enough food. Their physical health has improved, and they are not getting sick as often. They are more active now because of how they are being kept, and they are happier because the food and the environment are better.”

Before the collaboration with the HBEP, the Director at Hanada Orphanage struggled to meet the daily needs of the resident children, specifically to feed them three sufficient meals per day. The dormitories were dilapidated, and the long-drop toilet was in poor condition. The infrastructure was not satisfactory for the resident children, let alone for the six additional children who were being re-homed at the facility. In order to address this challenge, the TTF raised funds to refurbish the infrastructure, helped the orphanage maintain and expand their vegetable garden, completed construction on unfinished buildings, and committed a monthly operational budget with which the orphanage could provide sufficient meals to all children and members of staff. As a result of these consistent, healthy meals, the nutritional intake of the children has improved in both quality and quantity of meals, which the Director has evidenced through the energy of the children and how well-nourished they appear.

6.10 Outcomes for Director at Hanada Orphanage

“Previously, I was under pressure because the children at the orphanage were not getting enough food. Now, I know what to do because I’m concentrating because I’m not feeling as much stress.” Director, Hanada Orphanage

Figure 12: Theory of Change for Director at Hanada Orphanage



Because the resources at the orphanage were insufficient to feed all children adequately, the orphanage director felt constant stress, both emotionally and financially. She personally financed many of the orphanage needs and at times had to choose between providing for her own family and the children at the orphanage. When Social Welfare recommended re-homing six children with special needs at the orphanage, the HBEP committed to contributing towards operational support of the orphanage as well as improved infrastructure and resources. This funding was sufficient to support all of the resident children at the orphanage as well as the new children requiring developmental assistance. Not only did this result in improved nutrition for the resident children, but the Director herself experienced reduced stress and increased food security.

6.10.1 Understanding the Outcomes by Involving Stakeholders

The Director of the orphanage was interviewed initially as a proxy for the children at the orphanage, who had been flagged by previous stakeholders as a separate stakeholder group. After that interview, when asked about other stakeholders, the Director self-identified and explained she had experienced significant positive change through the HBEP.

- One-on-one interview with the Director
- Two material outcomes identified
- Experience of change consistent with observations from the HBE team, especially the Wellness Manager, who is most actively involved with the orphanage
- No need to extrapolate as full stakeholder group of one consulted

- The theory of change was articulated in the initial interview with the Director and validated by her
- The theory of change was then shared with the HBE team for further validation

6.10.2 Exploring Outcomes for the Director at Hanada Orphanage

The Director at Hanada Orphanage shared two material outcomes experienced:

1. Reduced stress
2. Improved food security

There was no change to the outcomes from their point of first articulation by the Director to the verification in the theory of change review. The outcomes were articulated after asking the Director to explain specifically what had changed for her through involvement with the HBEP and how she could be sure the change had taken place, with consistent follow up questions of “why is that important to you?” and “why does that change matter?” (See Appendix C for full discussion guide.) The Director was able to reflect on her experiences of running the orphanage pre- and post-involvement of the HBEP and clearly explain the changes she has observed in herself.

6.10.2.1 Establishing Well-defined Outcomes

The outcomes initially expressed by the Director were related to a reduction in stress and an increase in her ability to secure food for her own family.

“Before the HBE programme, I wanted to sustain [the orphanage] and my family. I was sharing everything I bought: cooking oil, sugar. I was overstressed.”

In taking forward the sentiment of being “overstressed”, the Director came to explain that the change, from being overstressed to “happy, I’m fattening, and even now I can afford to buy a coke,” was summarized as reduced stress. Being in the position of having to choose between the needs of the children at the orphanage and her own family not only affected her emotional health but it also impacted on the food security of her family.

6.10.3 Negative Outcomes

The Director did not cite any negative outcomes for herself as a result of the collaboration with the HBE programme, despite specific probing.

6.10.4 Subgroups

Not applicable.

6.10.5 Material Outcomes

The Director cited two material outcomes: reduced stress (intrinsic) and improved food security (functional).

6.10.5.1 Reduced Stress

“I have noticed a change. This is not the way I was. I am healthy now.”

The Director of Hanada Orphanage started the residency component of the facility in 2010 with the intention of housing only a few children at a time. She felt she could manage the costs by her own contributions (she was retired from a successful career in Lusaka) and by asking for in-kind food donations from local businesses and well-wishers, with occasional contributions from the Department of Social Welfare. Yet over time, as the only childcare facility of its kind in the district, Social Welfare allocated more children to the orphanage, with the promise of operational support that proved unreliable and often non-existent. This resulted in high emotional stress for the Director, who had to share her own familial resources with the orphanage, which meant that neither her family nor the children at the orphanage were sufficiently fed. When the HBEP assumed a large portion of this financial responsibility by funding the monthly operational costs for all resident children, the Director was able to meet the needs of both the children at the orphanage and her family. This has resulted in material change to her well-being in the form of reduced stress.

6.10.5.2 Improved Food Security

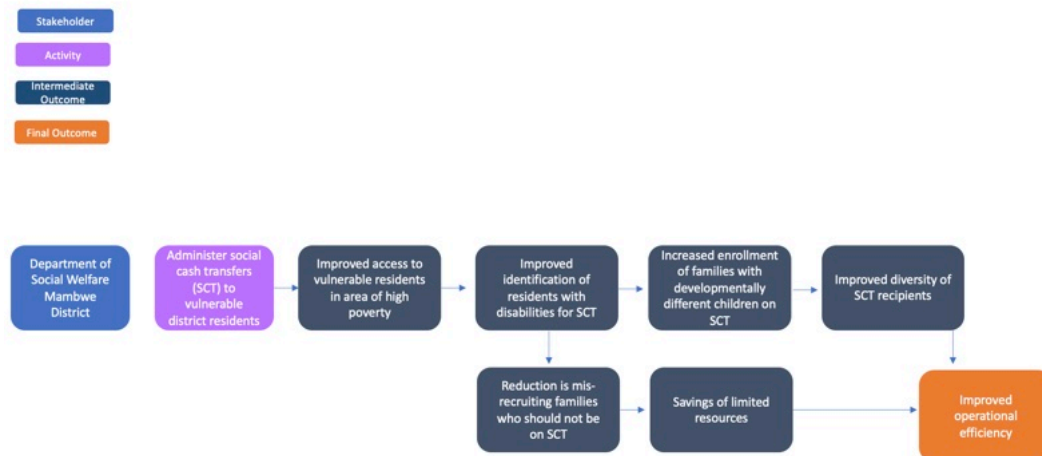
“I can better sustain my family now. I am able to buy food and medicine. Without HBE, I would not have found another source of income. My husband is sick, my children are unemployed.”

With the HBEP supporting the operational costs of the orphanage, the Director no longer has to share her own resources to meet the daily needs of the children at the orphanage. Further, the operational support provided includes a small stipend for the Director, so that she too is earning a bit of money to put towards her own needs. From the time the orphanage started until the partnership with the HBEP, all of the time and resources provided by the Director have been voluntary and at her own cost. This has been a personal financial loss greater than she anticipated and come at a cost to the comfort of her family, for whom she is the sole financial provider. The Director had savings from her career in Lusaka to sustain her family and start the orphanage, but she did not predict that the facility would receive more children from Social Welfare without reliable financial support to accommodate them. She did not feel she could refuse any of the children and so accepted all of those who needed a home at her own expense. With the financial aid from the HBEP to both the orphanage and to her personally, she no longer has to choose between buying food for her family or the children at the orphanage, which has resulted in her own personal increased food security.

6.11 Outcomes for the Department of Social Welfare

“If we don’t have partners like you, well the government doesn’t have enough money to cover for everyone. You make a big difference to Social Welfare. Ideally, our department is meant to look out for those who are vulnerable in our community. When we can’t do that, it defeats the purpose, and we become frustrated.” Assistant Social Welfare Officer

Figure 13: Theory of Change for Department of Social Welfare



The Department of Social Welfare in Zambia is charged with identifying and supporting the most vulnerable residents in the population. They define vulnerable residents as: female-headed households, child-headed households, the elderly (aged 60+), people with disabilities, and the chronically ill. The population sizes of districts vary. In the 2010 census, the Mambwe District had 68,900 people,⁷⁷ with the population nearly doubling in the 2022 census, with preliminary results of 119,300 people.⁷⁸ For this entire district, there are only four Social Welfare officers, all of whom are charged with identifying vulnerable residents and enrolling them on the Social Cash Transfer (SCT) scheme. Through this scheme, abled-bodied households that are considered vulnerable receive grants of 200 ZMW per month (approx. \$12 USD), and vulnerable households with disabled residents receive 400 ZMW per month (approx. \$24 USD).

6.11.1 Understanding the Outcomes by Involving Stakeholders

The Assistant Social Welfare Officer for the Mambwe District was interviewed on the phone to establish outcomes for the Dept. of Social Welfare, other stakeholder groups and to participate in the valuation of the outcome. Given the high workload and severely limited resources in this department, the practitioner decided to combine both the identification of outcomes and valuation discussion.

- One-on-one interview with the Assistant Social Welfare Officer

⁷⁷ https://www.citypopulation.de/en/zambia/wards/admin/0305__mambwe/

⁷⁸ https://en.wikipedia.org/wiki/Mambwe_District

- One material outcome identified
- Experience of change consistent with observations from the HBE team
- No need to extrapolate as full stakeholder group of one consulted
- The theory of change was articulated in the initial interview with the Assistant Social Welfare Officer and validated by him
- The theory of change was then shared with the HBE team for comment

6.11.2 Exploring Outcomes for Social Welfare

The Assistant Social Welfare Officer, as a proxy for the Social Welfare Department, identified one material change:

1. Improved operational efficiency

There was no change to the outcome from the point of first articulation by the Assistant Social Welfare Officer to the verification in the theory of change. The outcome was articulated after asking him to explain specifically what had changed for the Department in Mambwe District since involvement with the HBE programme and how he could be sure the change had taken place, with consistent follow up questions of “why is that important to you?” and “why does that change matter?” (See Appendix C for full discussion guide.) The Officer was able to reflect on his experience of working with Social Welfare for four years and the change in how many families with children with disabilities have been enrolled on the SCT scheme.

6.11.2.1 Establishing Well-defined Outcomes

The Assistant Social Welfare Officer was able to clearly describe the changes of the HBE programme to the lives of the beneficiaries (families with children with special needs) and the positive impact on the Department of Social Welfare as a whole. In the interview, he used phrases such as “we are under a lot of pressure,” “our financial resources are little” several times. He was able to articulate a clear theory of change on how the support of the HBEP saves the Department of Social Welfare time and expense in having to do the work of identification themselves, which was re-phrased as improved operational efficiency. This is an ecosystem outcome and the relational value and efficiencies created by working together.

6.11.3 Negative Outcomes

The Assistant Social Welfare Officer did not cite any negative outcomes for the Department of Social Welfare as a result of the collaboration with the HBEP, despite specific probing.

6.11.4 Subgroups

Not applicable.

6.11.5 Material Outcomes

The Assistant Social Welfare Officer cited one material outcome: improved operational efficiency (functional).

6.11.5.1 Improved Operational Efficiency

In describing the change for the Department of Social Welfare, the Welfare Officer cited a number of changes for the families of children with special needs, identifying them as the stakeholder group that has been impacted the most significantly. When families are enrolled onto the SCT programme, they get access to a reliable (albeit small) source of income. This income is arriving to households where, for the most part, no one has formal employment, and so despite the small amounts, the money improves their ability to provide food and other resources for the family. The receipt of SCT grants was noted by the families of children with special needs themselves as well as the HBE team as a major positive change. From the perspective of Social Welfare as a department, the HBEP has helped them identify families who should be on the scheme, which the Welfare Officer felt the department would not be able to manage on its own.

“The way you guys have identified kids with special needs is very focused, ours is a wider approach. You know exactly what you are looking for.”

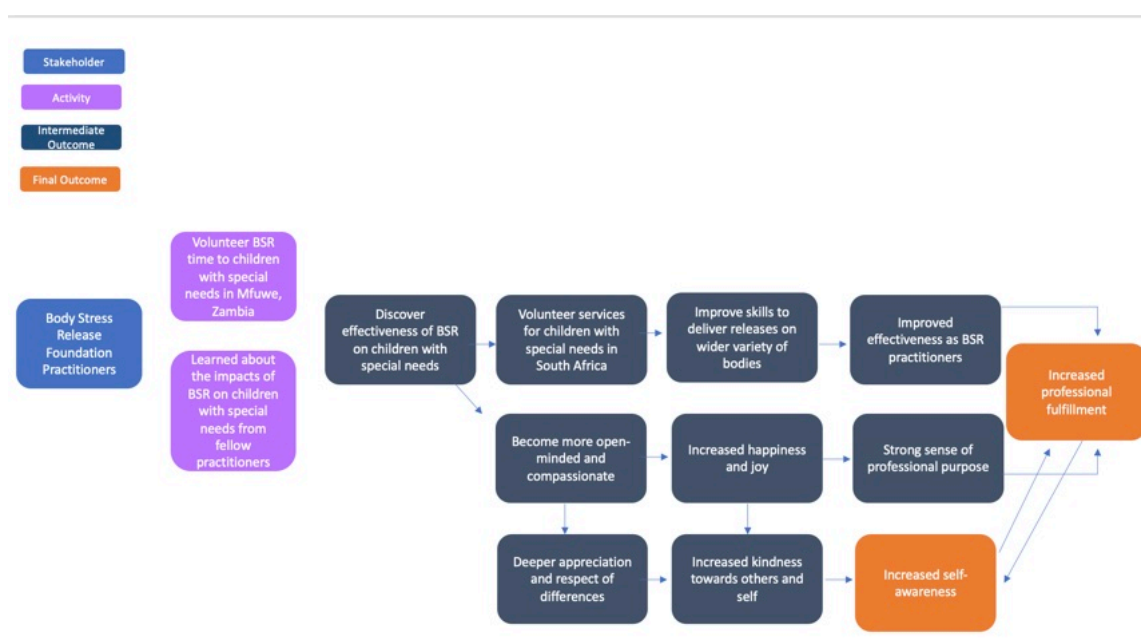
The ability of the HBE team to identify and report back to Social Welfare on candidates for the SCT scheme “reduces the timeframe for Social Welfare’s work.” As the Assistant Social Welfare Officer explained, “We can now easily request funds and put [children with special needs] in our system.” He further stipulated that the involvement of Social Welfare in the lives of families with disabilities “hasn’t been that impactful” because families tend to conceal children with special needs and so they are not easy to locate. With the limited resources of Social Welfare, it would be extremely difficult for Social Welfare officers to identify children themselves; Social Welfare relies on people willingly coming forward and presenting their vulnerable family member to qualify for SCT. If families aren’t willing to do that, they get left out. By finding eligible candidates for Social Welfare and collecting their information on behalf of Social Welfare or organizing meetings for families to liaise directly with Social Welfare, the HBE team facilitates registration of a category of vulnerable people who were previously under-represented in the SCT scheme. In so doing, the prevalence of this category of vulnerable resident is made more visible to the department, highlighting the unseen needs of disabled residents in remote areas and their relative exclusion from government benefit schemes because they are difficult to access amidst high societal stigma.

6.12 Outcomes for BSR Foundation Practitioners

“I was discontented with my situation. I felt that I could achieve more success with BSR in a place where people are more health-conscious. Little did I know that the subsequent two weeks in Mthatha would completely change my life. I came to realize the significant impact of BSR, which led me to establish my practice in Polokwane, at least for now. It's been a year and I am truly happy with how things worked out. There was a constant inner pull guiding me towards participating in the outreach. It's astonishing how everything fell into place following that instinct. It ignited a fire within me to serve humanity.” BSR Practitioner

“I can honestly say it's changed me personally and professionally. When I first got the opportunity to work with the programme, it revealed another part of my purpose. From the moment I went to Mfuwe and saw the programme ... I knew I had arrived.” BSR Practitioner

Figure 14: Theory of Change for BSR Foundation Practitioners



In 2018, a tourist to Mfuwe approached the TTF and presented her skillset as a Body-Stress Release (BSR) practitioner. She explained the methodology of this alternative therapy and asked if she could be of any assistance during her stay. The HBE team decided to ask a few of the parents of children on the programme if they might like to try this alternative therapy service for their children, and they agreed. The response from parents was overwhelming: they felt significant change had taken place in their children’s sleeping and eating habits, specifically, as a result of the release therapy. Because of this positive response, we began engaging BSR practitioners from South Africa to come and visit the children on the HBE team once or twice per year to offer this service, and simultaneously we sponsored three of our team members to attend the BSR Academy in South Africa to acquire the skillset. We tracked carefully and closely the response from children and families to BSR in Mfuwe, but we also learned that the work of the BSR practitioners in Mfuwe had led to positive change in South Africa. After realizing the impact of this alternative therapy on children in Mfuwe, the BSR

practitioners who visited Zambia registered their own non-profit foundation in South Africa, the BSR Foundation, with a specific focus to provide pro-bono BSR services to children with special needs, an idea that arose after they had seen how effective this treatment was for children with special needs in Mfuwe. Previously, the practitioners worked only on private clients through their own practices, and so the awareness raised through their trips to Zambia was the impetus for them to replicate this outreach in their home country.

6.12.1 Understanding the Outcomes by Involving Stakeholders

In order to understand change experienced by BSR Foundation practitioners, the founder of the BSR Foundation circulated a questionnaire over e-mail.

- 8/21 practitioners completed the questionnaire
- 1/8 who completed the questionnaire was engaged in a supplementary in-depth interview
- 2/8 who completed the questionnaire reviewed and modified the theory of change
- 8/8 who completed the questionnaire then engaged in a separate focus group to further review the theory of change, at which point a second outcome was articulated
- The outcomes identified were extrapolated to the full stakeholder group given high saturation between the eight who completed the survey and engaged in the focus group, and their strongly expressed confidence in observing change in their fellow practitioners
- The theory of change was then shared with the HBE team for comment

6.12.2 Exploring Outcomes for BSR Foundation Practitioners

Through the written survey data, phone interview and focus group with the BSR Foundation practitioners, two outcomes emerged:

1. Increased professional fulfilment
2. Increased personal fulfilment

The testimonials of the BSR Foundation practitioners were profound and heartfelt in their descriptions of personal and professional change. Many of them expressed intrinsic personal change in addition to professional fulfillment:

“Being involved in the programme was a huge learning curve for me – it is a humbling experience of note. It reminded me that we have so much to be grateful for. We do take a lot of things for granted.”

“I have changed, both personally and professionally. I have learned to appreciate who I am and what I have to offer... Doing BSR outreach has touched my life in immeasurable ways, and I will never be the same person ever again!”

“It’s very difficult to comment on how my life would have been without being a part of the [BSR Foundation] team. I just know that I am a better person for it and am grateful to be a part of it.”

The change in their professional skillset and adding this new client base to their regular work schedule led a clear outcome of increased professional fulfillment for the practitioners. Initially, this was the sole outcome, until the practitioners clarified in a focus group that they felt a separate intrinsic shift that extended beyond the professional realm and affected them personally. The improved personal satisfaction / joy / happiness / emotional well-being was expressed at length in the focus group and was later taken forward and refined to increased self-awareness.

6.12.2.1 Establishing Well-defined Outcomes

All of the BSR Foundation practitioners engaged were able to articulate how the experience of offering their unique skillset to children with special needs has improved both their delivery of BSR as well as their sense of themselves as practitioners.

“Personally, I was finally able to discover how I can be of service in a meaningful way to fellow humans who truly need and deserve the benefits of BSR. Professionally, I gained necessary practice of the technique and how to apply it to differently abled bodies as well as how to interact with children who are developmentally different, physically and mentally.”

As the pathway to change included significant personal shifts in perspective, originally “increased emotional well-being” was included as a second intrinsic outcome. In exploring the concept of “personal growth,” the practitioners articulated a change in how they viewed other people and themselves

“To go back to a facility and be recognized by the children it leaves you with a sense of purpose. In our day to day lives, we are insular; ‘it takes a village to raise a child’ actually applies, and the outreach takes you out of your insulated world, and in our world it’s incredibly comfortable, and theirs is not. It’s personal growth when you realize that there are so many aspects out there you don’t actually know are happening. For me it was an education.”

“Since doing the outreaches, I feel like the only way I can describe it is it feeds my soul. Once a month when I go when I work with the kids, it feels on a level of soul fulfillment. I’m a happier person, I’m a much more positive person, on a soul level, I feel more fulfilled.”

Upon further reflection, these intrinsic shifts were linked to the self-awareness of the practitioners: positioning themselves in the context of hardship and realizing their fortune and putting their challenges into perspective. What’s more, they learned to tap into their empathy for not just people with different abilities but equally new cultures and customs. This was rephrased as increased self-awareness. Separately, the skills they acquired by working with a greater diversity of bodies and the soft skills of learning how to communicate with non-verbal clients have equally increased their professional fulfillment.

6.12.3 Negative Outcomes

None of the practitioners cited negative outcomes for themselves or any other stakeholder groups as a result of the collaboration with the HBEP, despite specific probing.

6.12.4 Subgroups

No sub-groups emerged through engaged with the BSR Foundation practitioners.

6.12.5 Material Outcomes

The practitioners arrived at two material outcomes for themselves: increased professional fulfillment (intrinsic) and increased self-awareness (intrinsic).

6.12.5.1 Increased Professional Fulfilment

“What I have learned in that short period in Mfuwe, might have taken me another 20 years to learn in my own practice.”

“In a day-to-day BSR practise I am mostly working with people who are more affluent, have had an education and have better access to health care. Most of them do not have developmental differences but have health issues related to first world stresses. On outreach we are working with large numbers of children that are living with developmental differences. This exposure brought change and I have also witnessed that Practitioners who participate have increased confidence in themselves and the BSR technique.”

All of the BSR Foundation practitioners interviewed shared very strongly worded, positive perspectives on how volunteering with children with special needs had changed their professional outlook and sense of professional satisfaction. Of the 21 practitioners, four have been to Mfuwe to volunteer directly with the HBE Programme and the others have volunteered with the BSR Foundation in South Africa, learning from the practitioners who've come to Zambia. All of them have gained new experience on how people with developmental differences can be helped by BSR. Observing the changes they can effect on people with disabilities, especially children, has brought the practitioners incredible joy. What's more, they've learned how to work with different kinds of bodies, to be more patient in working with clients who are unsettled, young and struggle to stay still, all of which have improved their BSR implementation. They've become more dynamic, skilled practitioners, they have experienced a new level of satisfaction in their work and positive response from new clients, and all of this has resulted in an increased sense of professional satisfaction.

“Adaptability, flexibility and patience as everything has to be on the child's time frame. I now have improved skillset on working on awkward positions like working on elevated bodies to the kneeling position or seated position. I would not have learned how to adapt working with differently shaped bodies. This has helped me tremendously when dealing with normal clients with severe back pain or the elderly to render what I've learned from the kind of clients who have developed similar inabilities.”

6.12.5.2 Increased Self-awareness

“It also exposed me to work in other circumstances than a comfortable practice with everything at hand. You had to improvise and also had to learn how other cultures think and behave, and why they do things they do.”

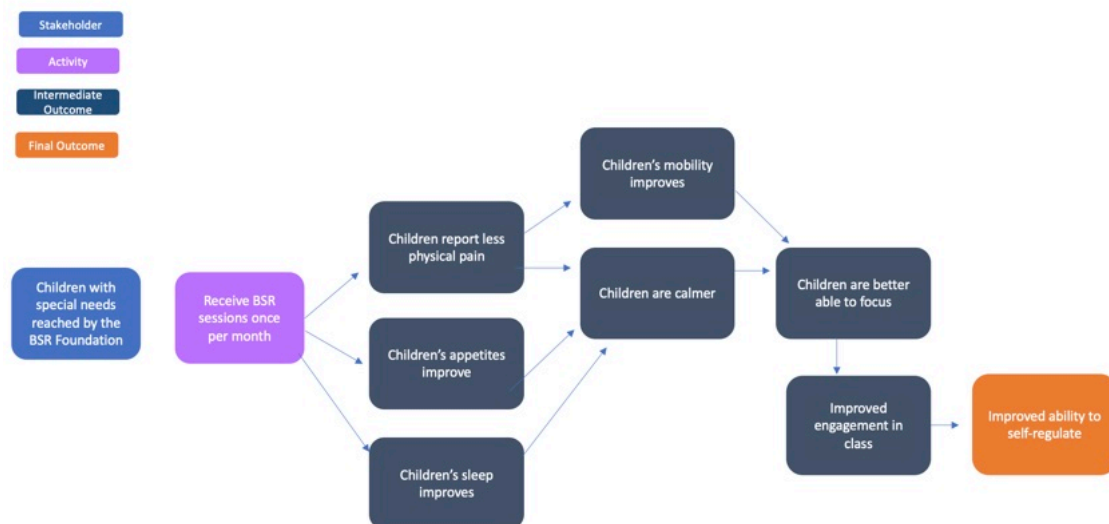
“Having been raised and grown up in a hugely conservative community and community of segregation, our exposure was so limited to other cultures, I’ve really enjoyed exposure into different cultures and learned a lot to other experiences.”

In addition, the heightened sense of professional fulfillment that comes from working with children with special needs, the BSR practitioners were adamant that they felt a personal intrinsic shift as well, one that was separate to who they are as BSR practitioners. The majority of practitioners who volunteer for the BSR Foundation are white South Africans from backgrounds of relative privilege. To that effect, the majority have not had substantial exposure to diversity, or the hardships associated with poverty in their personal or professional lives. Working at facilities in South Africa that cater for highly disadvantaged children who come from difficult and often traumatic backgrounds, with parallels to those of the children with special needs in Mfuwe, has been an emotional, social and cultural eye-opening experience for the BSR practitioners. They have had to confront their own assumptions and discomforts, think about their implicit judgements and, in the process, have undergone significant personal transformations that have left them feeling more empathic, compassionate and open-minded. These intermediate outcomes have led to the practitioners’ increased self-awareness: of their own advantages, their cultural-historical backgrounds and biases and a stronger sense of their humanist callings.

6.13 Outcomes for Children with Special Needs in South Africa Reached by the BSR Foundation

“Learners have relaxed, and they are more able to focus during activity time and grasp what they are learning.” Head of Home for Help Care Facility, South Africa

Figure 15: Theory of Change for Children with Special Needs in South Africa



After learning about the impacts of BSR on children with special need through their interaction with the HBEP, the BSR practitioners from South Africa formed their own non-profit called the Body Stress Release Foundation to offer pro-bono BSR services to children with special needs in South Africa. In addition to the practitioners citing material change, the children receiving these releases have also experienced change. The BSR Foundation reaches approximately 350 children regularly through their collaborations with 5 institutions in the Western and Eastern Cape, all of whom began receiving regular BSR treatments after South African practitioners learned about the positive effects of BSR on children with special needs in Mfuwe, Zambia.

6.13.1 Understanding the Outcomes by Involving Stakeholders

Understanding change for children in South Africa who receive the services of BSR Foundation was challenging, given the practitioner's geographical distance from these stakeholders, their young age and the limited time of their caregivers to engage in primary data collection. In order to understand change for the children, the practitioner:

- Received one survey from a childcare facility in Cape Town, to serve as a direct proxy for the 25 children at that facility
- Follow up phone call interview with the childcare facility to confirm theory of change and engage in valuation discussion

- Relied on the descriptions of change provided by the eight BSR Foundation practitioners to serve as proxies for the other children reached by the BSR Foundation
- The consistency and saturation between the childcare facility’s observations, the data collected on children and the separately reported changes observed by the BSR Foundation practitioners led to the extrapolation to the full stakeholder group, consisting of 350 children across five facilities
 - Effects of not extrapolating stakeholder group included in Section 9
- Two BSR Foundation practitioners and one childcare facility reviewed the theory of change
- One childcare facility participated in the valuation of change for children in South Africa reached by the BSR Foundation

6.13.2 Exploring Outcomes for Children with Special Needs in South Africa Reached by the BSR Foundation

Through the written survey and interview with the childcare facility in South Africa and the BSR Foundation practitioners, two initial outcomes were identified:

1. Improved physical health
2. Improved learning outcomes

The testimonials of the BSR Foundation practitioners about what they have observed during their BSR sessions with children informed the theory of change and identification of outcomes.

“I have personally seen countless number of children who have received Body Stress Release to physically function better as well as mentally. Their bodies released stress that was sitting in the physical structures as well as the muscles and once that stress gets released, their nervous system could function optimally, helping them be the best version of themselves. They can walk better, talk better, drool less, swallow better, sleep better, make better eye contact, have better concentration and some are also less hyperactive.” – BSR Foundation Practitioner

“Learners are calmer. For learners with Cerebral Palsy, their muscles aren’t as stiff, and their bodies are more relaxed.” – Childcare Facility Director

The consistency in language and description used by the individual BSR Foundation practitioners interviewed and the one childcare facility in South Africa that responded to the survey gave the practitioner confidence in the reliability of these outcomes. All of the five childcare facilities reached are under-resourced and over-worked, as per descriptions by the BSR Foundation practitioners, which is in part why they were identified to receive pro-bono BSR services. This also means that they have limited capacity to respond to non-pressing requests such as surveys. The practitioner wanted to capture the positive spread of value through the BSR component of the HBEP specifically and therefore relied on the outcomes as described by the BSR Foundation practitioners and the childcare facility.

6.13.2.1 Establishing Well-defined Outcomes

Both the childcare facility and BSR Foundation practitioners used language to describe physical and learning changes to the children reached by the BSR Foundation:

“Learners have more open bowels after BSR sessions. This is important because open bowels cleanse the liver and releases bad toxins.”

“Learners are calmer, giving their parents a break, and their behaviour changes, they don’t have that built up energy.”

The practitioner relied heavily on the childcare facility’s survey and interview responses to form an understanding of the change observed by an objective party, which were verified through the observations of change expressed by the BSR Foundation practitioners. While initially two changes were considered, one to physical health and one related to learning outcomes, these were further analysed to be part of the same change pathway. The physical benefits to children were specific to their eating and sleeping habits, helping them to become calmer. This calmness then resulted in them being more focused and able to concentrate on their lessons, leading to improved engagement in class. This improved engagement was part of the pathway of children developing the improved ability to self-regulate, which the facility representative reported was directly related to the introduction of BSR in the lives of the children. What’s more, they maintain developmental files and incident reports for each child at the facility, and they have recorded a clear decrease in the number of incidents that come from un-regulated feelings and behaviour directly after the BSR sessions.

6.13.3 Negative Outcomes

None of the practitioners nor the head of the childcare facility cited any negative impacts on the children who receive BSR treatments.

6.13.4 Subgroups

No sub-groups emerged through engagement with the BSR Foundation practitioners and head of the childcare facility.

6.13.5 Material Outcomes

The practitioners arrived at one material outcome for the children who receive BSR treatments in South Africa: improved ability to self-regulate (functional).

6.13.5.1 Improved Engagement in Class

After the BSR sessions, caregivers at the facilities reported specific examples of children’s physical changes, such as: better digestion, more energy and better sleep patterns. These observations are consistent with what parents of children with special needs in Zambia report as some of the major changes they attribute to BSR specifically, and they are consistent with what BSR practitioners record as well. The effects of BSR on children with special needs are

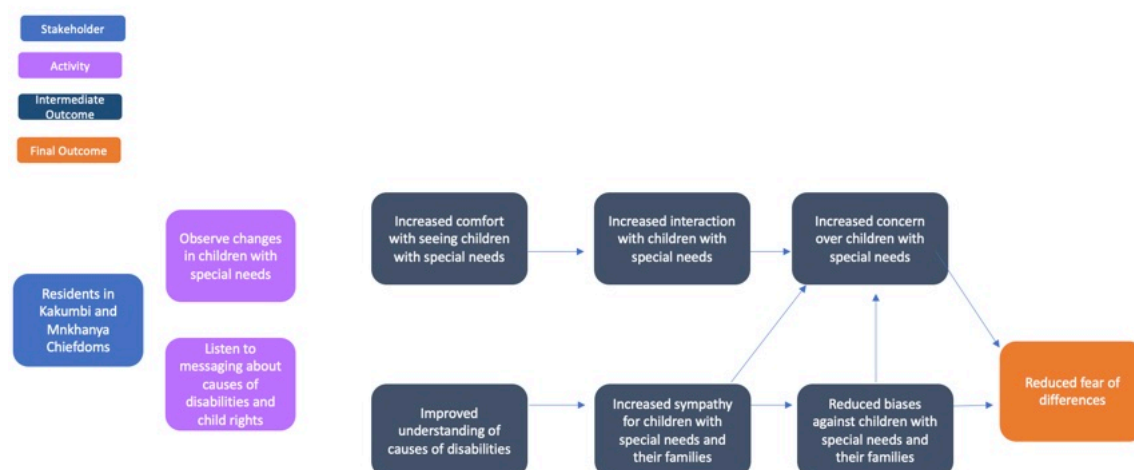
both calming and energizing: the children are better able to focus, and the improved sleep and digestion give them more energy. The overall physical health of a child with special needs is much more complicated than simply eating and sleeping habits, and the BSR therapy does not substitute for medical intervention or resolve medical needs. What is clear, however, is that the positive response from the children during the sessions and their demeanour thereafter proves that the sessions are beneficial and that short-term physical improvements can be detected. The proximity of these changes to the BSR sessions gives both the caregivers and BSR practitioners confidence that the children are specifically responding to the effects of BSR.

Both the caregivers and the BSR practitioners observed children being “calmer” and “more focused” after the sessions, which was evidenced by their ability to sit still for longer periods and participate in their learning sessions. This was attributed to the effects of BSR, specifically the relaxing of tension in their bodies, which in turn results in mental and emotional relaxation. This then leads to their improved ability to focus, and thus improved engagement with their caregivers. The improved engagement and calmer behaviours have served as evidence to the caregivers at the facilities of the children’s improved ability to self-regulate, evidenced by the decrease in incident reports after BSR sessions and the observations of their primary caregivers.

6.14 Outcomes for Residents in Kakumbi and Mnkhanya Villages with HBE-enrolled children

“There is a change in the mentality of community members towards people living with disabilities.” Ward Councillor, Kakumbi Chiefdom

Figure 16: Theory of Change for Residents in Villages with HBE-enrolled Children



As part of the HBEP, caregivers partake in community sensitization campaigns, by putting on theatre performances in their communities, speaking at community and church meetings about the challenges faced by children with disabilities and their families as well as the biological causes of disabilities. Additionally, they speak out on the local radio about the harm that rumors such as witchcraft cause children with special needs and their families. All of this external, community-focused messaging forms part of the outreach component of the programme: to reduce fear, to educate the wider public about why certain children are developmentally different and how residents can help these children and their families feel safe and welcome in their communities.

6.14.1 Understanding the Outcomes by Involving Stakeholders

The beneficiaries in 2022 came from 85 unique villages, with a total population of 38,346.⁷⁹ While the activities of the HBEP (including community outreach) span to additional villages, it was too logistically complicated to estimate those village populations in the absence of available census data, and it was assumed that the greatest impact would be in the villages where HBE children are enrolled on the programme, as other residents would have the opportunity to observe some activities and stakeholders. “The community” as a stakeholder group was cited by nearly every stakeholder group consulted, because of the prominence of the educational outreach and because stakeholders have observed change in how residents respond to children with special needs and their families. It is difficult to access “the community,” which is comprised of a diverse group of people with varying socio-economic and educational backgrounds, and the logistics of surveying are made more difficult by limited

⁷⁹ A detailed discussion of the methodology used to estimate village population and the limitations/risks can be found in Section 7.3.5.1

access to technology and electricity. In order to understand change from the community, the facilitator:

- Interviewed a local ward counsellor as a proxy representative for the “community”
- Relied on observations from a variety of stakeholder groups, all of whom spoke about change in the “the community”: caregivers, parents, facilitators, Social Welfare officer, District Director for the Ministry of Health, guides at the Time + Tide lodges, and teachers at schools that now have integrated classrooms
- Data collected from a community survey conducted by the HBE team in 2022, with responses from 286 residents randomly selected throughout both chiefdoms
- High saturation between the testimonials of consulted stakeholders
 - Effects of not extrapolating stakeholder group included in Section 9
- Stakeholder responses consistent with survey data findings on current community attitudes towards children with developmental differences
- HBE team and caregivers reviewed the theory of change and estimated the degree of change they have observed
- Ward counsellor, as part of the civic leadership, participated in the valuation discussion as proxy for the community

6.14.2 Exploring Outcomes for Residents in Kakumbi and Mnkhanya Villages

Through one-on-one interview with the Ward Counsellor and observations from a number of other stakeholder groups, one material outcome emerged for the community:

1. Reduced fear of differences

By listening to the civic leadership and observations of other key stakeholders, the facilitator learned that the HBEP has drawn attention to children living with disabilities, successfully demystified the causes and circumstances of their conditions for many residents, which has in turn made it safe for differently abled children to integrate in society.

“Children are being taken to school. Parents now carry them when they go to church.”

“In the past, families were shy to expose their children to the public for fear of being laughed at. The communities have changed their perspective for the people with special needs.”

Coming out into the public so that people in the community can interact with and understand that children with developmental differences are not to be feared is the first step to building broader social acceptance of differences. What has been recorded to happen in the schools, between children with special needs and their neurotypical classmates, is a microcosm of what is happening on a broader scale in the community: exposure to children with differences, gently forcing confrontation with biases, and by proxy encouraging sympathy, empathy and acceptance of people with differences.

6.14.2.1 Establishing Well-defined Outcomes

The language used around change for the community was consistent across a number of stakeholder groups: acceptance, interaction, inclusion, friendly, advocacy. The practitioner used these words to articulate a theory of change, with residents seeing and better understanding the challenges faced by children with disabilities and their families, which has resulted in reduced fear of differences for residents.

6.14.3 Negative Outcomes

No negative outcomes cited for “the community” by the Ward Counsellor as proxy or any of the other stakeholder groups who spoke of change for “the community,” despite specific probing.

6.14.4 Subgroups

No sub-groups emerged within “the community” stakeholder group; “the community” was spoken about as a homogenous entity in relation to the HBEP by the Ward Counsellor and other stakeholder groups. It is beyond the logistical scope of this analysis to assess more nuanced groups within “the community” but this could be an area of exploration for future research.

6.14.5 Material Outcomes

One consistent, material outcome emerged for residents of Kakumbi and Mnkhyanya Chiefdoms: reduced fear of differences (intrinsic).

6.14.5.1 Reduced Fear of Differences

Residents in Kakumbi and Mnkhyanya Chiefdoms have increased exposure to and information on children with developmental differences through direct messaging delivered at community theatre performances and on the radio, as well as the frequency with which differently abled children are seen in their communities. This increased exposure to children coupled with messaging explaining the circumstances under which disabilities occur has resulted in residents’ improved understanding of the causes of disabilities, which correlates with a reduction in fear of the children and their families. The reduced fear is correlated with an improved ability to sympathize, a reduction in biases and improved acceptance of differently abled children as part of “they community”. Including and accepting historically marginalized residents strengthens civil societies more holistically, which creates positive change for everyone.⁸⁰ The Ward Counsellor was himself a caregiver when the HBEP first started in 2016, however he left shortly thereafter to begin his political career. Even still, that minimal time he spent learning about the causes of disabilities and the challenges faced by children and their families made an enormous impact on his political priorities and, by proxy, the community he serves and represents.

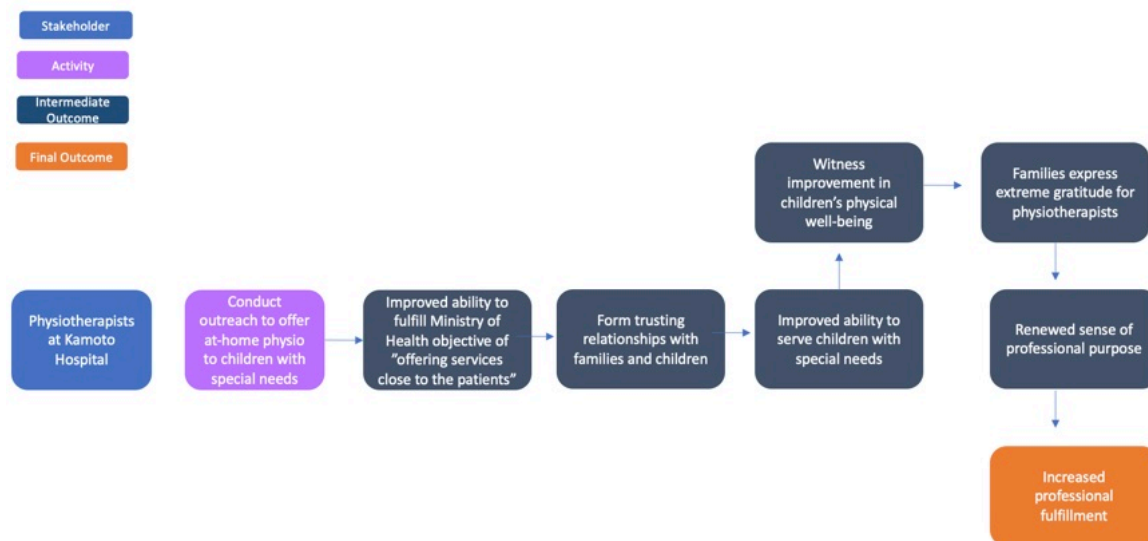
⁸⁰ <https://assets.publishing.service.gov.uk/media/57a08968e5274a27b200007f/HDQ1232.pdf>

“The change is important because [when children with special needs are in school], the level of illiteracy will reduce. When it is reduced, we will have a community that is educated and as a community we will prosper. Through that, poverty will reduce. We have been sensitizing that there is need to come up with disability friendly buildings. This has been happening. Katemo School, where there is now a disability friendly classroom block. Even at Ncheka School they are renovating a classroom block and they making sure it is disability friendly. It has been important to me. If the building cannot be accessed, how do you expect the people with disability to access services? Be it education, health services. These services are important because if someone is ill it is important for them to access health services for good health. These services are meant for us human being inclusive of those who are disabled or not.”

6.15 Outcomes for Physiotherapists in Mambwe District

“I won’t lie to you: it would have been very difficult for us to reach out to these children without HBE. Most of the people are unable to access medical services. Physiotherapy is long-term, it’s rehabilitation. It would have been very difficult for us to attend to these children.”

Figure 17: Theory of Change for Physiotherapists in Mambwe District



In addition to supporting children to go to the hospital for medical needs, through the HBEP, physiotherapists who are employed by the Ministry of Health are organized to come to children’s homes and to the orphanage to deliver at-home physio treatments. Through this experience, local physiotherapists are able to fulfill part of their professional mandate of “bringing health services to the population,” which they previously struggled to do. What’s more, they are able to make direct, meaningful contributions to children’s health and well-being and feel valued in the process, which is not a sentiment they often feel when stationed in the local district hospital.

6.15.1 Understanding the Outcomes by Involving Stakeholders

In order to understand change for physiotherapists in Mambwe District, the facilitator conducted a one-on-one phone interview with the Senior Physiotherapist for the district.

- Interviewed Senior Physiotherapist as a proxy for all four physiotherapists in the district
- Articulated theory of change after the interview, which he confirmed
- Due to high demand of his position, the valuation discussion followed immediately thereafter

- Consistency between observations of parents and the HBE team on the impact of physiotherapists to the children on the programme
- HBE team reviewed the theory of change

6.15.2 Exploring Outcomes for Physiotherapists in Mambwe District

Through one-on-one interview with the Senior Physiotherapist for Mambwe District as a proxy for all of the physiotherapists, one material outcome emerged:

1. Increased professional fulfilment

Through the conversation with the Senior Physiotherapist, he articulated the intrinsic value created for him and his colleagues through the HBEP by engaging with under-served children and their families in the home environment.

“Risks are severe if we can’t fulfill our mission statement, which is to offer health services as close to the patient as possible: these children need physio every day. Conditions will keep deteriorating and we will have a lot of disabilities in the community – people are supposed to live a lifestyle that is up to standard as a human being.”

Without easy access to children with special needs, and without the time and resources to find these children, the physiotherapists felt they were not able to fulfill their objectives as employees of the Ministry of Health. The HBEP has created a pathway for them to access this segment of the population, which has resulted in them feeling that they are better fulfilling their professional obligations.

6.15.2.1 Establishing Well-defined Outcomes

As a proxy for all of the physiotherapists, the Senior Physiotherapist explained the change experienced for him and his colleagues through positive feelings from interacting with the children and their families:

“It has been an awesome adventure, you feel you have been part of their families. Sometimes when you go deep in these rural home setups, you feel appreciated very much. They’ll come and say, “How are you doctor!” You feel very much appreciated. At some point you get emotionally attached, you feel good that you are offering a service to their children.”

In the interview, the practitioner explored the extent of “feeling good,” why it is important to the physiotherapists and the extent to which it is present in their personal and professional lives. Feeling valued in the workplace is not something commonly felt by these physiotherapists, and the reception and feedback from children on the HBEP and their families has filled a void they didn’t know they had in terms of being recognized for their positive work and seeing the long-term benefits of their service. This was limited to the professional environment and led to the articulation of the outcome increased professional fulfillment.

6.15.3 Negative Outcomes

No negative outcomes cited for the physiotherapists, despite specific probing.

6.15.4 Subgroups

No sub-groups emerged through speaking to the Senior Physiotherapists about the changes experienced throughout the entire stakeholder group.

6.15.5 Material Outcomes

One material outcome emerged for the physiotherapists in Mambwe District: Increased professional fulfillment (intrinsic).

6.15.5.1 Increased Professional Fulfilment

Physiotherapists in Mambwe District are stationed at the district hospital, where they see patients who specifically come for physiotherapy or who are referred for physiotherapy by other doctors. While all medical staff within the Ministry of Health are aware of the mission to offer services as close to the patient as possible, this is not practical in a department that is under-resourced. Yet, it's a critically important part of the ministry's mandate and approach.

What's more, in the hospital set-up, the physiotherapists do not get structured, professional feedback from their superiors. As the Senior Physiotherapist explained, occasionally senior officials will arrive from Lusaka to review paperwork and ask about challenges, but they never sit down to discuss the performance of the physiotherapists. "We tell them that we can't do the outreach and that we are lagging behind in this area. Whether they care or not, I don't know." This leads to the physiotherapists not feeling heard, respected and valued by their superiors. What's more, in the hospital set-up, consultations are brief, and they do not get to form strong connections with their patients. But during the outreach and support to children on the HBEP in their homes, the physiotherapists do get to form relationships with their patients, and they feel valued.

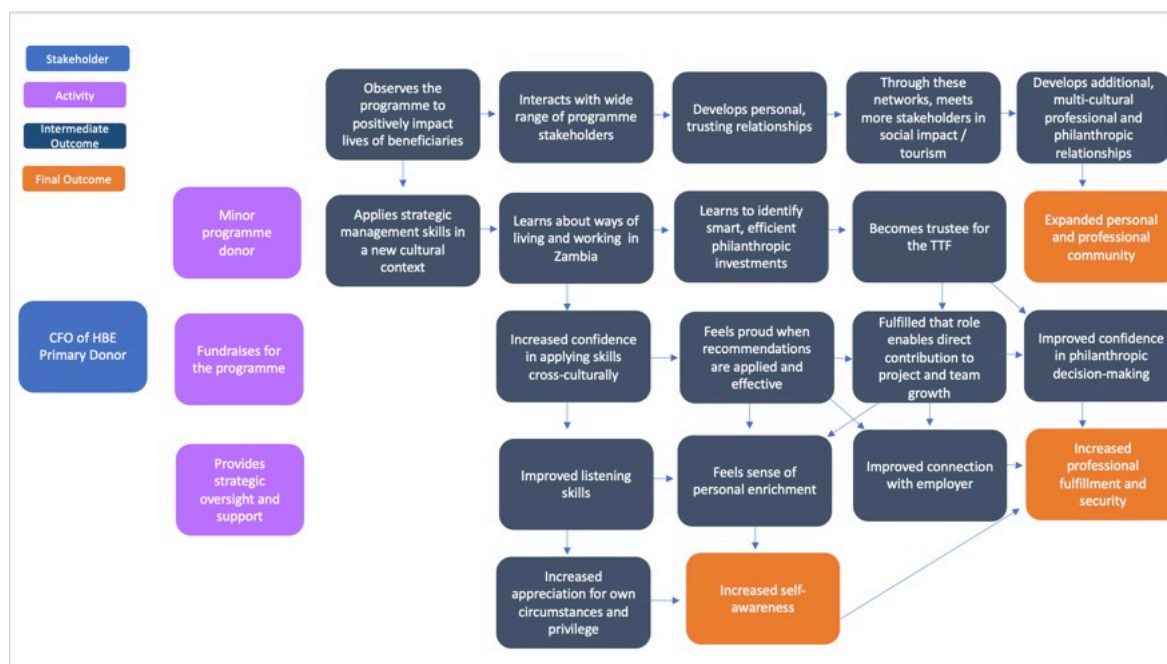
"Definitely it's different than the other clients we see. It's like you're going home. It's like you're going to see your mother. I feel like I'm being relevant. I'm offering something different. I feel appreciated."

Whereas in the hospital set-up, "it's black and white, a job is a job. Whether I'm appreciated or not in the Ministry of Health, I don't feel it." By engaging with patients through the HBEP, the physiotherapists are more fulfilled professionally, which is rare in their position, in their department, and which they do not believe would have happened without the HBEP.

6.16 Outcomes for HBE Primary Donor’s Chief Financial Officer

“I really value this aspect of my job. When I think about my remuneration package, I value this as a fringe benefit: it’s interesting work that none of my peers and colleagues would do, I get to travel and have this experience, and I’m really proud of the work and the association.” CFO to HBE Primary Donor

Figure 18: Theory of Change for HBE Primary Donor’s Chief Financial Officer



The CFO for the primary donor of HBE works primarily in the corporate finance and investment world, which is her professional background. When she joined the company owned by the HBE primary donor, she was involved in a lot of compliance work, which she did not find fulfilling. With a change of team structure, she took on financial management of the HBE primary donor’s family office, and this included getting involved in some of his philanthropic investments. A year after his initial donation to the HBEP, she was introduced to the programme and the TTF firsthand and began building her own understanding of the programmers’ impacts and her own relationships with the TTF team. She quickly discovered that she had significant value to offer in the programme design, identification and achievement of impacts and in the professional development of its team members. After three years of acting as a strategic advisor for the programme and the TTF director, she joined the board of trustees and her involvement increased, including temporarily relocating to Zambia in 2021 to assist with broader TTF oversight over the maternity leave of the TTF director. Through this engagement, she has felt a significant increase in her professional fulfillment and job security, she has identified intrinsic changes to her perspectives on people and contexts and she has formed new, strong social networks.

6.16.1 Understanding the Outcomes by Involving Stakeholders

Understanding change for the HBEP primary donor's CFO was done in a small focus group session with her and the HBE primary donor, virtual review of the theory of change and in a separate, one-on-one interview.

- Interviewed CFO in small focus group with primary donor
- Identified material outcomes and drafted theory of change post focus group
- Sent the theory of change to the CFO to review and comment
- Amended and verified verbally ahead of outcomes valuation discussion

6.16.2 Exploring Outcomes for the CFO of HBE Primary Donor

Through the focus group, e-mail correspondence and one-on-one interview, three outcomes were initially identified:

1. Expanded personal and professional community
2. Increased self-awareness
3. Increased professional fulfilment

The self-reflection by the stakeholder on the changes she has experienced and their importance in her life informed the theory of change.

"I've been surprised that I've been able to do this work, because I've had limited experience in philanthropy and no experience in Africa. I'm proud [of the relationships I've made], I come [to Zambia] and I know people, we have a history together. I come less as an observer and more as part of the team, feeling like I can engage, I can contribute."

The CFO of the HBE primary donor was able to clearly reflect on how her involvement with HBE has resulted in intrinsic and extrinsic changes. Working in a rural area of Zambia has given her new perspective on how to understand and appreciate different ways of living, appreciating new contexts and recognize that approaches to challenges must be context sensitive and specific. These learnings have led to significant change in how she listens and reflects, they've led to new, important relationships and they've changed her feelings towards her employment and the value she is creating.

6.16.2.1 Establishing Well-defined Outcomes

The CFO was able to clearly articulate the changes she's experienced. However, in the theory of change review, one outcome was modified:

"I'm always risk adverse, I need to feel secure in my job and feel secure in my relationships. [My involvement with HBE] has given me that feeling of security: I'm confident in my role, confident in my job and feeling like I'm adding value has been a big thing."

The importance of feeling secure in her job was identified and discussed in the theory of change review, which led to an amendment of the initial outcome of "increased professional

fulfillment” to “increased professional fulfillment and security”. For the CFO, her deep engagement with the HBEP and the other financial and philanthropic investments that have followed by the HBE primary donor in Zambia because of the connections he formed through HBE, has not only changed her feelings towards her job but also her sense professional stability. Now, she has a unique role and skillset to offer the HBE primary donor that extends far beyond her direct financial capacity. She has become immersed in the social, logistical, interpersonal, and emotional dynamics of his investments in Zambia and as a result feels more valued and more valuable in her role.

6.16.3 Negative Outcomes

No negative outcomes identified for herself. She flagged the potential for negative outcomes for teachers and students at schools that now have integrated classrooms if that integration is not sufficiently resourced (see Section 6.8.3 for relevant discussion).

6.16.4 Subgroups

Not applicable.

6.16.5 Material Outcomes

The CFO for the primary HBE donor identified three material outcomes: increased professional fulfillment and security (intrinsic), increased self-awareness (intrinsic) and expanded personal and professional community (extrinsic).

6.16.5.1 Increased Professional Fulfilment and Security

When the CFO assumed oversight of the HBE primary donor’s philanthropic investments through the HBEP, she did not have direct experience with philanthropic management. She had recently undergone a role shift in his company and had capacity to learn about why he was so moved by the outcomes of his donation and how he wanted to structure future funding to the HBE. She travelled to Zambia in 2018, met with individual beneficiaries and families on the programme and felt a strong sense of connection with the nature of the work, as well as strong sympathy for the children and the hopelessness and desperation felt by their primary guardians. As her knowledge about the programme grew, she identified areas where she could guide on management and strategic planning. In so doing, she became more deeply involved in the stories and trajectories of individual beneficiaries and the programme as a whole and felt the value of her involvement when her recommendations were adopted and correlating positive change tracked. When she first got involved, her role in the primary donor’s business had shifted but it was the exposure to the HBEP, its stakeholders, the country of Zambia, and the continent of Africa in an immersed and meaningful way that changed her feeling towards her job and her sense of employment stability.

“[Getting involved with HBE] was so vastly different from the majority of my role, it broadened my exposure, my awareness, they people I’ve been able to meet. It’s been enormously beneficial... I’m certainly applying my skills in a different way.”

Because of her investment and care in the programme, and the significant differences she has made to strengthening the programme strategy, her employer has asked her to get involved in more philanthropic endeavours and his other interests in Zambia. This has deepened her connection to the country and region, allowed her to indulge in workstreams that she finds rewarding and feels continuously validated by the value she brings through her skillsets to a wide range of organisations and businesses.

6.16.5.2 Increased Self-Awareness

“I have a different perspective on things and what that really matters, both a different value set and different perspective... Often in my roles, I’m the one who is leading, [and with HBE], I was able to watch and observe and ask questions. I’m normally in a more senior role but then I was a beginner and had to work out how to engage.”

By getting involved in a new context, in a sector in which she had little professional experience, the CFO to the HBE primary donor had to listen and learn. As someone well into her career in senior positions, she was out of practice with learning from scratch. Being in the position of learning again, having to absorb new cultural norms, ways of living, challenges, and come to understand possible solutions through a new contextual lens also led to introspection and change. She became a better listener, more thoughtful in asking relevant questions, less judgemental, and more mindful of personal and contextual differences. She took her observations and learnings to heart and felt a personal shift in both her professional and interpersonal relationships, which made her realize that she had become more self-aware.

6.16.5.3 Expanded Personal and Professional Community

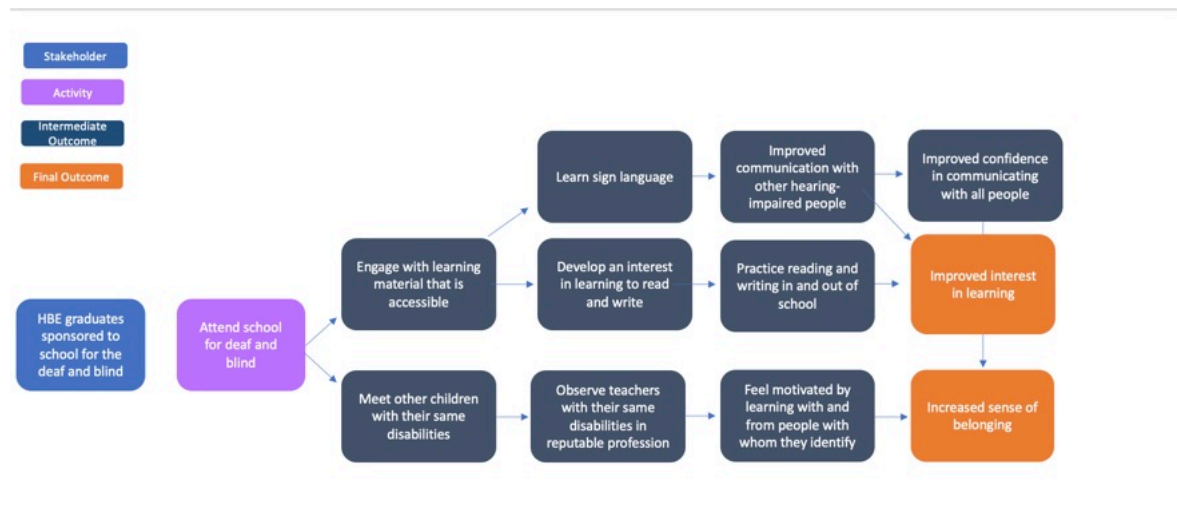
“I’m very grateful for the new relationships and connections I’ve made; [Zambia] is like a second home, it feels good to be able to go to another community and know people and have connections. I feel very fortunate to have had that opportunity and build that connection to community.”

The engagement she has felt with the HBEP and the other stakeholders she has met through the HBE primary donor’s additional investments has broadened the CFO’s sense of belonging. Prior to becoming involved with HBEP, she felt she only had a real sense of community in Australia, her home country. Now, she has a network of professional connections and friends she has formed in Zambia and elsewhere in Southern Africa that she feels never would have been possible without her involvement in the HBEP and the doors that opened for her professionally, personally and also emotionally. Now, she has a number of close, personal connections associated to HBE that she considers strong and incredibly meaningful, and she also has formed relationships with the TTF team behind the HBEP, offering a number of team members her time and personal mentorship. This sense of strong connection and value reinforces her feeling of increased professional fulfillment and security, and these relationships, with people of different backgrounds and experiences, deepen her own introspection and self-awareness.

6.17 Outcomes for HBE Graduates Sponsored to School for the Deaf and Blind

“Children with disabilities would never go to school. Now they come home and teach the parents what they’ve learned at school. Children learn new ideas from out there and help them to do things in a better way.” -- Parent of Sponsored Student

Figure 19: Theory of Change for HBE Graduates Sponsored to School for the Deaf and Blind



In 2022, three children with hearing impairments were sponsored as primary students to a special school for the deaf and blind in the city of Chipata, Zambia, which is 150 km from their home in Mfuwe. Amongst the primary schools in Mfuwe, there are none that cater to the learning needs of children who are deaf and blind. For two of the children, 2022 was their second year at school, and for one it was her first year. They spend three school terms at the school and come home for one month break in between terms.

6.17.1 Understanding the Outcomes by Involving Stakeholders

Accessing the perceptions of three non-verbal students was made possible by:

- Holding a focus group with them and their primary guardians, with a sign language interpreter present
- Asking the students directly for their perceptions and asking their parents to serve as partial proxies to elaborate on the changes they have witnessed in their children
- The theory of change was articulated in the same focus group to the guardians and children for validation
- The guardians and children participated in the valuation discussion at the same focus group
- The three children interviewed that comprise this stakeholder group are in fact a sub-group of “HBE graduates” and that larger group of 25 was not consulted in this analysis due to logistical challenge of locating and interviewing them post-graduation. The risk of this value being lost in the analysis is explored in Section 11

6.17.2 Exploring Outcomes for HBE Graduates Sponsored to School for the Deaf and Blind

Through the focus group with the students and their guardians and partial proxies, two outcomes initially emerged for students:

1. Improved interest in learning
2. Increased happiness

“They have an increased desire to learn. They are always asking when school will start again, when they are going back.”

“I feel happy going to school.”

The outcome expressed by the parents as proxies about enthusiasm for learning was corroborated by the students themselves. When happiness was explored further, the guardians described their children having friends, “having friends like them,” admiring their teachers who are have the same hearing impairments and yet have managed to pursue successful careers. “Increased happiness” was therefore refined to “increased sense of belonging,” which the guardians agreed was a more accurate description.

6.17.2.1 Establishing Well-defined Outcomes

Both outcomes for the sponsored students were well described, however the change of being “happier” was taken forward (“why is that important? What does that look like?”) in order for that initial outcome to be refined as increased sense of belonging.

6.17.3 Negative Outcomes

The guardians as proxies for their children did not identify any negative outcomes for any stakeholder group.

6.17.4 Subgroups

No sub-groups emerged through the focus group; high saturation amongst the guardians acting as proxies and the guardians on behalf of their families.

6.17.5 Material Outcomes

The HBE graduates sponsored to school for the deaf and blind experienced two material outcomes: increased sense of belonging (extrinsic) and improved interest in learning (intrinsic).

6.17.5.1 Increased Sense of Belonging

“He’s seen a teacher at Magwero with a hearing impairment and wants to be like him.”

“He never used to have friends, they used to run away from him. Now they are so interested in seeing him signing, they want to learn how to sign. He even writes on the ground to teach them.”

As hearing impaired, these three children who have been sponsored to Magwero School for the Deaf and Blind struggled to form relationships within and outside of their families. Their inability to communicate in a way that others understood led them to feel particularly isolated, and they would either keep to themselves at home or, in the case of one student, try to stay out of the house to avoid the need to communicate. After enrolling in the Magwero School, the students found community with other hearing-impaired peers and adults. What’s more, they learned a new language, sign language, with which they could communicate easily at Magwero. This in turn built their confidence in communicating in general. The immediate sense of belonging within the community of their school and with their peers is strongly felt by the students, who continuously ask when they will return to school during the term breaks. But even when they are home, they communicate more easily with their family members and others in their communities; the knowledge that they are not alone in their condition and that their condition does not need to inhibit their academic and professional progression also gives them a more general sense of belonging.

6.17.5.2 Improved Interest in Learning

“He now likes writing. I open his book and see how much he writes.”

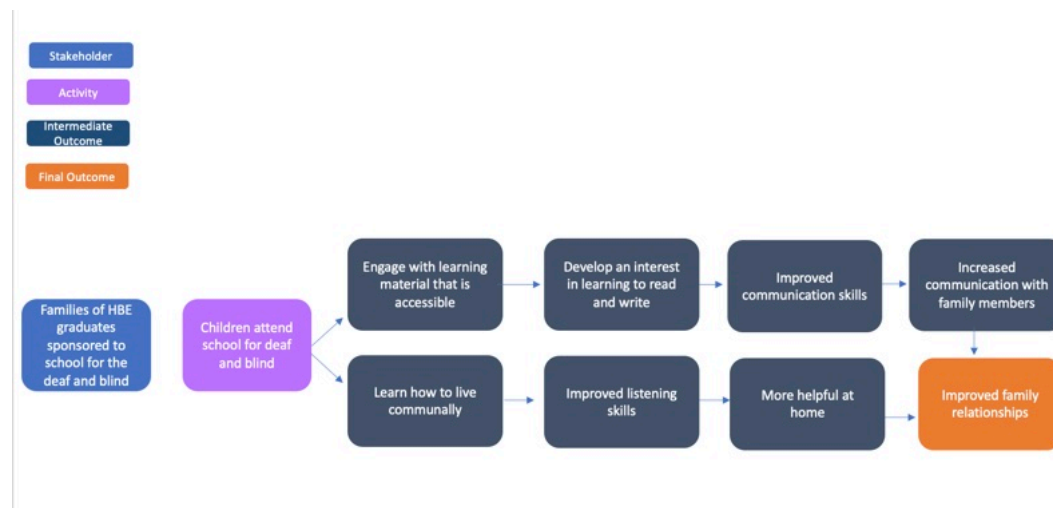
“Now, he loves reading.”

Before going to Magwero, these students felt isolated, both in their inability to communicate with children their age and because they could not access the information shared in schools. For primary school students, schools are a place of socialization and play and the foundation to build an interest in learning. Without the ability to understand the material taught and unfulfilling social engagements, the students did not acquire an enthusiasm for learning; school was not a safe or fun environment. Once at a school with relevant learning materials, studying amongst peers who have the same learning needs, the students did develop this interest: they write enthusiastically, they tell their parents what they’ve learned when they come home from school, which they can do more easily now through writing. One mother said her son refused to use a plastic bag when she asked him to go to the market, because “plastics are bad for the environment.” This was a new learning for his mother too. This interest in learning would not have been possible at schools in Mfuwe, none of which are equipped with resources for hearing impaired children. The school fees of a specialized, peri-urban boarding school were way beyond the means of these families. Through the HBEP, the children have become students in a way that is meaningful and exciting to them – a stark contrast from their initial social and academic experiences at primary schools.

6.18 Outcomes for Families of HBE Graduates Sponsored to School for the Deaf and Blind

“Now that he’s in school, we don’t have the challenges we used to at home. We wouldn’t have known how to communicate.”

Figure 20: Theory of Change for Families of HBE Graduates Sponsored to School for the Deaf and Blind



The families of the three students who have been sponsored to Magwero School for the Deaf and Blind have also experienced change as a result of their children being in school. Prior to this sponsorship opportunity, the families were at a loss as to how to educate their children. None of the schools in Mfuwe had the resources their children needed, which led them to spend most of their time isolated at home, feeling left out of friendships and the learning process. Family members did not know how to interact with their hearing impaired relative, which led to distance and frustration. Now that the children are in school and have gained confidence and connection by learning alongside peers with their same educational needs and from teachers who too needed the same educational resources, their communication and engagement with their family members have improved.

6.18.1 Understanding the Outcomes by Involving Stakeholders

Accessing the perceptions families was done through:

- Holding a focus group with the primary guardian for all three children acting as proxies for the whole family
- Asking open ended questions to access the change they have experienced and seen others in their families experience
- The theory of change was articulated in the same focus group to the guardians for validation
- The guardians then participated in the valuation discussion at the same focus group
- The three families interviewed that comprise this stakeholder group are in fact a sub-group of “HBE graduates” and that larger group was not consulted in this analysis due to logistical challenge of locating and interviewing them post-graduation. The risk of this value being lost in the analysis is explored in Section 11

6.18.2 Exploring Outcomes for Families of HBE Graduates Sponsored to School for the Deaf and Blind

Through the focus group with the primary guardians acting as proxies for their families, one material outcome emerged:

1. Improved family relationships

“She has changed. Now she sweeps without being asked.”

“They can take care of themselves now. They can even take care of the family.”

The improved ability to communicate and confidence in communication learned at Magwero School has equally impacted on the children’s relationships at home. Guardians spoke of strained dynamics before the children went to school: their children were isolated and lonely, and they did not have the knowledge or resources to access learning materials that were suitable for them. They could not communicate well with their children, which led to frustration in the household. The changes experienced by the children at school, however, have translated into more positive dynamics in the household.

6.18.2.1 Establishing Well-defined Outcomes

The material outcome expressed by the guardians was clear in its initial articulation, without need for further refinement.

6.18.3 Negative Outcomes

The guardians as proxies for their families did not identify any negative outcomes for any stakeholder group.

6.18.4 Subgroups

No sub-groups emerged through the focus group; high saturation amongst the guardians acting as proxies on behalf of their families.

6.18.5 Material Outcomes

The families of HBE graduates sponsored to school for the deaf and blind experienced one material outcomes: improved family relationships (extrinsic).

6.18.5.1 Improved Family Relationships

“If they hadn’t gone to Magwero, our relationships would have only gotten worse.”

“My daughter is now a teacher at home.”

The families of the hearing impaired HBE graduates experienced several challenges in connecting with their hearing impaired relative. They could not easily communicate, the children felt isolated, they were not meeting guardians' expectations for sharing chores in the household, and this lack of connection caused familial tension. One guardian spoke of his son spending whole days out of the house, only coming home to eat and sleep, presumably because he felt alone and frustrated by the inability to communicate. This caused the family to worry, sometimes to go out and look for him, spending time over that concern instead of contributing to household income generation. Now that the children are at boarding school, they know they are well looked after and in an environment that they enjoy, evidenced by their constant questioning over term breaks about when they can return. What's more, when they are home, they are more communicative: they have learned how to read and write so they can communicate better with family members through writing, and they have built up the confidence to communicate in other ways. At school, they are also expected to partake in chores and daily upkeep of school grounds, and they bring this discipline home; without being asked, they assist around the house. They engage socially within the family and in their villages, they no longer keep to themselves by self-isolating or wandering. All of this has led to improved relationships within the family.

6.19 Other Stakeholders Consulted

In addition to the material stakeholders with outcomes analysed, ten additional stakeholder groups were assessed post their mention by other stakeholder groups as having potentially experienced change. For some, initial interviews were conducted to determine if and to what extent change had occurred for them through their involvement with the HBE. For others, the scope of assessment and logistics of accessing them were beyond the capacity of the practitioner. These ten groups included:

- a. Traditional Healers
- b. Traditional Leaders
- c. Time + Tide tourism guides
- d. Churches
- e. Parents of students at integrated schools
- f. HBE primary donor
- g. Rural health clinics
- h. Female primary guardians in support groups
- i. HBEP graduates
- j. Families of children with developmental differences

Traditional Healers: In the determining outcomes focus group with caregivers, traditional healers were mentioned as a stakeholder group that could be experiencing the negative outcome of less business or reduced income now that children with developmental differences are more inclined to access medical services for treatment. In order to explore this theory, two traditional healers were interviewed: the first did not know much about the HBE programme (he had simply heard of it), and he stated that he had never had many children with special needs as clients and had not noticed a difference. The second healer was confused about the questioning at first and then stated that a reduction of clients with disabilities enabled him to concentrate more on farming activities, which had an overall positive impact on his income. While the second interview could have been taken forward to explore a potential positive outcome, his lack of understanding in the beginning of the interview did not give the practitioner confidence that he had really understood the questions. Based on these two interviews, this stakeholder group was not deemed material.

Traditional Leaders: the chiefs of both chiefdoms (Kakumbi and Mnkhanya) were approached and asked about changes they have experienced or witnessed as a result of the HBEP. They deferred to other senior members of their communities to better communicate the changes and did not express any personal changes themselves. Based on these two interviews, this stakeholder group was ruled out as a standalone or sub-group of “residents” and insufficient proxy for the community.

Time + Tide tourism guides: two senior guides were interviewed in a small focus group to determine if change had occurred for these senior employees in relation to the HBEP. Both guides had experienced themselves and witnessed their colleagues to experience greater knowledge about people living with disabilities and reduced fear, which led the practitioner to consider them as part of the “residents” stakeholder group as opposed to a standalone group or sub-group of “residents”. The guides interviewed mentioned that they had never

observed or heard Time + Tide employees express feeling differently about their employment as a result of the HBEP, but they have expressed feeling differently towards people with disabilities in their communities (the reduced fear outcome).

Churches: church leaders from two denominations were interviewed to establish whether or not the HBEP had impacted activities within the church. Both leaders said it had not, with one leader new to the area and unaware of the HBEP. This stakeholder group was determined not to have experienced change as a result of HBEP.

Parents of students at integrated schools: Given the strong objection of parents when children with special needs were initially enrolled in schools, the practitioner felt this stakeholder group could be important to engage. A group of parents was contacted by the head of one of the schools, and through him they expressed a reduction in the fears they first had about their children studying alongside students with special needs, which was validated by the teacher stakeholder group. Given the similarity of the language to that expressed by community members, parents of students at integrated schools were, like the Time + Tide tourism guides, considered to be primarily part of the “resident” stakeholder group as opposed to a subgroup of “residents” or a standalone stakeholder group.

HBE Primary Donor: The primary donor to the HBEP did experience material change as a result of the programme, with his outcome section included below. Given the focus on the impact of the programme to stakeholders in situ and the incomparable socio-economic contexts that made the valuation challenging, the practitioner decided to exclude him from the model. In order to ensure his unexpected outcome was captured, the details of his personal change trajectory are explored in Section 6.21.

Rural Health Clinics: Initially, the practitioner assumed the data shared by the District Health Director to be sufficient, given his long-term employment in the post and knowledge of the programme. In the verification stage of the model with the HBE team, the impact on the rural health clinics was flagged as not appearing proportionately correct. To corroborate the data, the practitioner then interviewed two nurses, who gave different perceptions to the Director and said, from their observations, in fact more children with special needs are frequenting the clinics. The absence of hard data and difference in perspectives led the practitioner to exclude this stakeholder group from the model. It may be that the pressure on the health clinics has reduced with fewer serious illnesses because of improved healthcare choices by guardians, with corresponding short-term, less serious pressure on the clinics increasing. There was not sufficient evidence to substantiate either claim, which is why the stakeholder group was not included in the model. Further discussion can be found below in 6.22.

Female Primary Guardians in Support Groups: In 2022, 15 female primary guardians were enrolled in support groups due to them self-identifying or being identified by the HBEP management as especially traumatized or experiencing significant personal challenges. These women meet in regular support groups and individually with the HBE Wellness Manager to work through their trauma and needs. While a small group of women expressed feeling their changes were captured in the larger stakeholder group of primary guardians, a discrete discussion within the context of a support group may have resulted in additional, more

personal outcomes for this sub-group of guardians. Thorough exploration of this potential sub-group should be considered for future evaluations.

Programme Graduates: The outcomes expressed by the programme graduates who are sponsored to a special school were significant, with the highest individual value of any stakeholder group. The programme graduates consulted in this analysis are those that have been sponsored to a special school and are therefore still closely connected to the programme. While all of the programme graduates who were under sponsorship to the special school in 2022 were consulted, additional graduates between the years of 2020-2022 were not consulted (22 of them). If they had experienced the same outcomes as their peers in the special school, the overall programme value could have increased significantly (tested in sensitivity analysis, Section 9). There is also the potential that additional outcomes were missed, a risk that is further addressed in Section 11. Thorough exploration of this stakeholder group should be considered for future evaluations.

Families of Children with Developmental Differences: The primary guardian subgroup spoke from a personal perspective: what had changed for them as individuals, as the primary caretakers for their developmental different children. Other members of their families could have also experienced change in relation to the HBEP, and if so that value has been missed. Thorough exploration of this stakeholder group should be considered for future evaluations.

6.20 Outcomes for HBE Primary Donor

“HBE showed me a small amount of money plus a model I didn’t believe in allowed people to be able to help others in ways that transformed lives. That gave me hope, and that hope radiated out more broadly to Zambia.” HBE Primary Donor

Figure 21: Theory of Change for HBE Primary Donor



The primary donor to the HBEP made his first donation in 2016 following complimentary stay at one of the Time + Tide lodges. As a personal friend of the Time + Tide shareholder, he was hosted at one of the lodges and wished to compensate for his stay. Instead, the Time + Tide shareholder suggested that he make a donation to the TTF. Specifically, the Time + Tide shareholder recommended the HBEP, knowing that the primary donor had his own personal struggles with disabilities when his youngest child was born with a physical and auditory impairment. Despite his empathy for the guardians in Mfuwe, he did not believe that his donation would lead to material social change.

The primary donor identifies as a humanist, which to him means “humans matter. If you have more than enough, you should find something good to do with the surplus.” By “something good,” he means find a way to help other people who are less fortunate to improve their well-being and society as a whole. As a successful businessman with the good fortune to be able to make philanthropic investments, the primary donor wants to know that his donations are genuinely adding positive value to people’s lives. In his past giving, this has not always been his experience, and some of these donations have left him feeling “demoralized”. After his first donation to the HBEP, he quite candidly shared that he didn’t have high hopes that the model of the programme – training volunteers to better support the most marginalized residents in a community of high poverty – would work. To his surprise, however, the TTF was able to document both the positive developmental change to the children enrolled as well as to their families. He visited the beneficiaries himself, witnessed the caregiver trainings and

met some of the key stakeholders. Thereafter, his faith in his philanthropic impact was restored, his personal and professional connections in Zambia deepened and he pledged longer term, greater support to the HBEP and TTF as a whole.

6.20.1 Understanding the Outcomes by Involving Stakeholders

Understanding change for the HBEP primary donor was done in a small focus group session with him and his Chief Financial Officer (CFO), with informal conversation and clarification sought in a separate dialogue thereafter:

- Interviewed primary donor in small focus group together with his CFO
- Identified material outcomes and drafted theory of change post focus group
- Sent the theory of change to the donor to review and comment
- Amended and verified verbally ahead of outcomes valuation discussion
- Shared with CFO for further validation and comment
- Confirmed with both CFO and primary donor the decision to exclude this stakeholder from the model

6.20.2 Exploring Outcomes for HBEP Primary Donor

Through the focus group and informal dialogue, two initial outcomes emerged for the HBE Primary Donor:

1. Improved ability to fulfil humanitarian obligations
2. Increased sense of social belonging

In further dialogue, the primary donor refined the language of the first outcome to “improved ability to fulfill humanist obligation,” providing the definition of “humanist” with which he identifies (see above). The outcome was revised accordingly. Additionally, it was further discussed and understood that the “increased sense of social belonging” related to the new professional and social networks he has formed in Zambia, which have enabled him to expand his contributions outside of the HBEP to other businesses and social development initiatives. In other words, this outcome was re-framed as part of the pathway to achieving the improved ability to fulfill his humanist obligations and not a stand-alone outcome.

6.20.2.1 Establishing Well-defined Outcomes

The HBEP primary donor was able to clearly describe the changes he has experienced as a result of his interaction with the HBEP and its many stakeholders. He was able to reflect on his history as a donor to programmes that fall within the realm of education and social development, mainly in his home country of Australia, and his frustration at the majority of his donations not achieving verifiable positive impact on people’s lives. Not only did his support of the HBEP assuage these feelings by finding a reliable outlet for his long-term giving and humanist need to share his good fortune, but his support of the programme opened his mind and heart to other investment opportunities in Zambia, both for-profit and philanthropic, which in turn led to strong personal and professional connections. With these

connections came other opportunities to create social value, further contributing to the fulfillment of his humanist obligations.

6.20.3 Negative Outcomes

No negative outcomes identified for himself or any other stakeholders.

6.20.4 Subgroups

Not applicable.

6.20.5 Material Outcomes

The HBEP primary donor experienced one material: improved ability to fulfill humanist obligations (intrinsic).

6.20.5.1 Improved Ability to Fulfil Humanist Obligations

“I feel like if you can’t make the lives of rural Africans better and believe that there’s going to be improvement for next generation, you’re massively diminished, the world is massively diminished. The HBE has taken some of the most disadvantaged groups of people in the world and said you actually can improve things for them. Knowing that then creates a sense of obligation if you have any good fortune. That matters because it’s very easy to confront wicked problems and get exhausted. Now you’ve got a counter example: a small group of people and a small amount of money can have a really big impact. Bringing money in a thoughtful way does genuinely have an impact. It’s given me hope.”

As a financially secure, successful and fortunate businessman, the HBEP primary donor has a moral, humanist obligation to share his wealth. As a philanthropist in Australia first, his home country, he became disenchanted with social development and the complexities of trying to improve the livelihoods of historically marginalized populations, specifically aboriginal populations. His initial donation to the HBEP in 2016 was made at the suggestion of his friend, the shareholder of Time + Tide. To his surprise, with what he considered to be a “small amount of money,” positive physical, emotional and social change was documented for the beneficiaries. This led him to become deeply engaged with the programme and the TTF as an organization, to the extent that he assumed the role of Chairperson for the TTF in 2022 and became the organization’s largest private donor. In so doing, he discovered a trusted, meaningful outlet to fulfil his humanist obligation, and to share his wealth with those less fortunate than him, which he considers an important personal objective. As his CFO put it, “This has been an important goal he’s set for himself: have I made a difference? Have I made an impact on this Earth? He feels like he’s adding value.”

What’s more, through the networks of the TTF, he met social development and technological leaders in the country of Zambia and became involved in their projects and businesses. Additionally, he invested in two of the Time + Tide camps in Zambia. He has generously donated the use of one camp to a number of workshops that have supported the learnings of businesswomen, female artists and women in tech in Zambia. These investments and

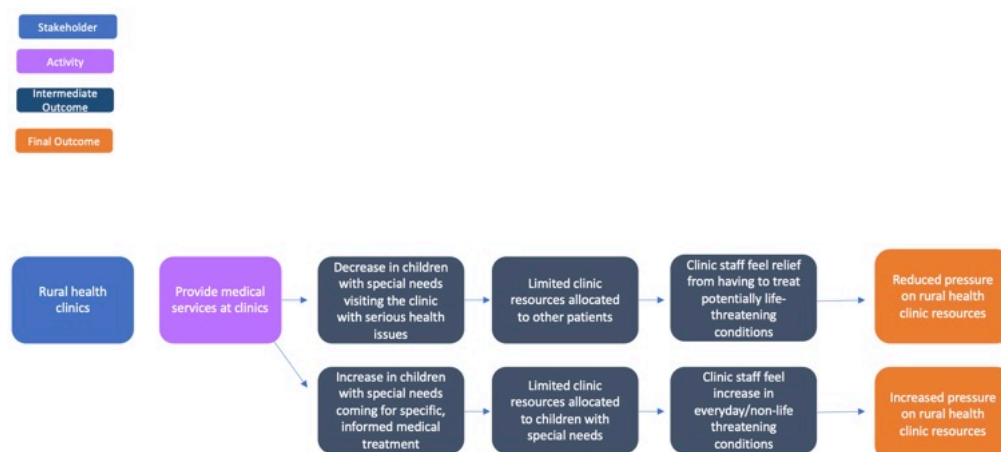
activities have exposed him to a diversity of stakeholders across multiple sectors, through which he was formed strong personal and professional connections, which have in turn enriched his own learnings and reflections on philanthropy, development and humanism.

6.21 Outcomes for Rural Health Clinics

“You are doing the job of the Ministry of Health. Without you, we would be facing a lot of pressure.” District Health Director

“Parents are demonstrating better health seeking behaviour and going to the clinics whereas before they would see traditional healers.” HBE Programme Management

Figure 22: Theory of Change for Rural Health Clinics



The Ministry of Health Zambia runs all of the government clinics, aiming to “provide effective quality healthcare services close to the family as possible. This ensures equity of access to health service delivery and contributes to the human and socioeconomic development. The ministry also targets to attain Sustainable Development Goals on health and other national health priorities.”⁸¹ In the context of the HBEP, the rural clinics in Mambwe District have not always been initial points of call for families with special needs, especially when the children are young and not developing as expected. Instead, parents have preferred traditional healers, in line with their beliefs that their children’s conditions are a result of occult forces. The HBE team has conducted and facilitated training for parents on the biological causes of disabilities, appropriate treatments and how to identify and react to health needs in their children. As a result, parents are more informed about the benefits of healthcare, and when they go to the clinics, they can speak specifically about symptoms and history. Previously, when parents got to the point of taking their children to the clinic, the children were often extremely unwell, requiring more time and resources from healthcare staff.

6.21.1 Understanding the Outcomes by Involving Stakeholders

The District Health Director for the Ministry of Health, Mambwe District was interviewed on the phone to establish outcomes for the Ministry of Health, which he narrowed to the rural health clinics as a specific resource base. Given the high workload and limited time from this stakeholder, the practitioner decided to combine both the identification of outcomes and

⁸¹ <https://www.moh.gov.zm/>

valuation discussion. Upon reviewing this discussion, theory of change and valuation process with the HBE team, an additional two nurses were interviewed to validate his observations and data.

- One-on-one interview with the District Health Director and two nurses stationed in the district
- Two material outcomes identified
- The changes identified were for the rural health clinics in the Mambwe District, which are four in total
- The theory of change was articulated in the initial interview with the Director and validated by him
- The theory of change was then shared with the HBE team for comment, which prompted additional stakeholder engagement and revision of the theory of change

6.21.2 Exploring Outcomes for Rural Health Clinics

The District Health Director and two nurses, serving as a proxies for the rural clinics in Mambwe District, identified two material changes:

1. Reduced pressure on rural health facilities
2. Increased pressure on rural health facilities

The current District Director has been in his post since 2014 and has therefore observed changes to the support offered to children with special needs and their families both pre- and post- the establishment of the HBEP. In his role, he supervises the resources and activities at the four rural health clinics and at the district hospital. The district hospital caters for residents who come from within and outside the two chiefdoms in which the HBE programme has been implemented. For this reason, it was excluded from the analysis as its catchment area extends beyond the HBE zone of implementation and was therefore not considered relevant to the analysis. The two nurses have also been employed at two different clinics, one in Kakumbi and one in Mnkhanya chiefdom, and both have the benefit of several years' perspective on the health seeking habits of families with children with special needs.

6.21.2.1 Establishing Well-defined Outcomes

The District Health Director was able to clearly describe the changes of the HBEP to the lives of the beneficiaries (families with children with special needs) and the positive impact on the rural health clinics. Now that families are more informed and seeking more regular healthcare, there is a reduction in health crises that consume heavy resources of the clinics. Equally, the improved, more frequent health seeking behaviour has increased the regular workload of the clinics, as these families that used to visit traditional healers are now more reliably coming to the clinics.

6.21.3 Negative Outcomes

The increase on clinic resources is a negative outcome for the clinics: they now have a higher volume of patients, whereas before guardians of children with special needs would have

firstly sought intervention from traditional healers. However, both nurses interviewed and the district director spoke of the changes to the clinics as positive: it is ultimately a positive change for society and the healthcare system that parents have recognized when and how to get adequate healthcare for their children. This comes with an increase of regular, less serious demands on the clinics, and a decrease in the demand of life-threatening illnesses.

6.21.4 Subgroups

The district hospital was considered as a possible separate stakeholder group or subgroup, but given the catchment area for that hospital is much wider than the rural health clinics, and caters for residents beyond the reach of the HBEP, it was ultimately decided to limit the stakeholder group to the rural health clinics.

6.21.5 Material Outcomes

The Director and nurses cited two material outcomes for the rural health clinics: reduced pressure on rural health clinic resources (functional) and increased pressure on clinic resources (functional).

6.21.5.1 Reduced Pressure on Clinic Resources

The four rural health clinics situated in the Kakumbi and Mnkhanya Chiefdom cater for a population of approximately 100,000 people. Each clinic has from 1 – 10 nurses/clinicians and a volunteer, and a rotating doctor is stationed at the most well-resourced clinic, to serve this densely populated area as well as the tourism industry. “The impact of the Home-based Education Programme has been significant,” the Director stipulated in the interview. Having been in his post for nearly ten years, he has had the perspective of the clinics both before and after the implementation of the HBEP. While he specified that the clinics are not organized in collecting and storing patient data, from his observations, he believes that before the implementation of the HBEP, clinics received dozens of patients each month with serious health needs. “We don’t have all of the competencies we need in the department. We don’t have psychologists, we do have some physiotherapists. We would have needed a lot more budget [to support children with special needs].” Now that guardians of children with special needs are more informed and making smarter health choices for their children, the pressure on the clinics to respond to serious, potentially life-threatening health conditions has reduced.

6.21.5.2 Increased Pressure on Clinic Resources

Through the HBEP, children with special needs have been identified in the communities through outreach and provided with the developmental and cognitive support they need through trained caregivers visiting them at their homes. Simultaneously, parents have learned how to help their children develop and the difference between a medical need and a developmental one. Additionally, the HBE team has a specific wellness component that identifies children with specific medical needs and ensures they are informed and assisted to receive the necessary medical interventions. With parents more informed and empowered to seek appropriate healthcare for their children, the regular pressure on the clinic resources

has increased. That said, the HBE programme management believe the efficiency of those visits would have improved, with parents able to articulate the health challenges and needs of their children. These regular visits mitigate serious health conditions, and while short-term pressure on the clinics may have increased, this has in turn reduced the need for serious interventions on potentially life-threatening conditions.

Given the lack of hard data from the clinics, the practitioner chose not to include rural health clinics in the model. The two outcomes may have equated to no net change to social value, but without any information on the frequency of life-threatening situations before HBE and the change in patient numbers, the outcome incidence and proxy valuation would have been too subjective.

7 Evidencing and Valuing Outcomes

Representatives from each stakeholder group and/or their proxies were included in the valuing and discounting discussions for their stated outcomes. These conversations and the perspectives of the stakeholders informed the financial proxies used as well as the rationale for discounting. The full SROI model, with specific details on each of these considerations, can be found in Appendix F.

7.1 Evidencing Outcomes

Several stakeholder groups comprised numerous individuals, and the data collected directly from stakeholders or from the HBEP datasets were not a full representation of all individuals within each stakeholder group. The objective indicators identified are the averages of the change within a stakeholder group, which comes with the risk that certain individuals within the group may be outliers, with different degrees of change, and the nuance of that difference is lost within the average. In order to mitigate this risk, when quantitative data formed the majority or exclusive basis for the indicators, the data was verbally verified with representatives of the stakeholder group, their proxies and/or other stakeholder groups to ensure its sensibility across the collective group. When this verbal verification resulted in a difference of perspective, additional data was collected and the results included in the outcome incidence calculation (e.g., the evidence for students at integrated schools, 7.1.7).

7.1.1 Evidencing Outcomes for Children with Developmental Differences

The outcomes for children with special needs were evidenced through objective assessments and data from exit interviews with guardians of 2022 graduates.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Reviewing the data collected through the HBEP;
- c. Asking guardians for evidence of their children's outcomes in focus groups;
- d. Asking caregivers for evidence of children's outcomes in focus groups

For both outcomes, the "distance travelled" method was used to calculate the % change of the indicators. For enrolment in school, the practitioner calculated the percent change of children in the programme enrolled in school from baseline to 2022 to arrive at the indicator result. This data is routinely collected through the HBEP and excludes those children not yet of school going age (below the age of six); in other words, the percent of children enrolled in the HBEP aged six and over who were in school at baseline (upon entry into the programme) was compared to the current percent of that same sample size attending school as of 2022 and the percent change used as the indicator. This same methodology was used for developmental progression. Please see full outcome incidence for specific calculations in Appendix D.

The distance travelled method was used to combine both depth and scale of change. While the practitioner understands and appreciates that all children have experienced some degree of reduced exclusion and developmental progress, the distance travelled method was deemed most appropriate to account for the varying degrees of change and to avoid overclaim.

Table 6: Indicators and Tools to Evidence Consolidated Outcomes for Children with Developmental Differences (n=132)

Outcome	Indicator	Tool	Outcome Incidence
Reduced exclusion	a. % change in school enrolment	a. HBE intake, follow up and exit form	74%
	b. % of parents who expressed willingness to leave children in the care of others	b. HBE exit questionnaire	
Improved ability to achieve developmental milestones	a. % change in developmental score average from baseline to 2022	a. HBE developmental scoring tool	56%

7.1.2 Evidencing Outcomes for Primary Guardians of Children with Developmental Differences

The outcomes for primary were evidenced through routine data collected through the HBEP, including data from exit interviews with guardians of 2022 graduates, and the focus groups specific to SROI evaluation.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the guardians themselves what would serve as proof that their stated outcomes have occurred;
- c. Asking HBEP management for evidence that guardians' outcomes have occurred

For guardians outcomes, a combination of distance travelled (change as indicated in the reporting of monthly income) and the "how many" approach was used. The indicators included a threshold to determine whether the outcome had been achieved, with the number of guardians achieving the outcome divided by the total number of guardians assessed and then extrapolated to the full stakeholder group. Given the combination of methods used, including directly asking parents through questionnaires about the changes they experienced, the practitioner assumed that the parents not included in the outcome incidence did not experience the outcome.

Table 7: Indicators and Tools to Evidence Outcomes for Primary Guardians of Children with Developmental Differences (n=128)

Outcome	Indicator	Tool	Outcome Incidence
Reduced stress and anxiety	a. % of parents who indicated they worry	a. HBE exit questionnaire	91%

		less now about their child	b. HBE exit questionnaire	
	b.	% of parents who indicated their physical and/or mental health had improved		
Reduced isolation	a.	% of parents who expressed willingness to leave children in the care of others	a. HBE exit questionnaire b. Focus Group verbal survey	94%
	b.	# of parents who indicated their family now helps them more at home		
Improved food security	a.	% change in monthly income from baseline to end line (when children graduated)	a. HBE exit questionnaire b. HBE developmental scoring tool	84%
	b.	% change in developmental score average from baseline to 2022		

7.1.3 Evidencing Outcomes for Caregivers and Employed Caregivers

The outcomes for caregivers were evidenced through distance travelled as per their ratings on a Likert scale coupled with routine HBE data.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the caregivers and employed caregivers themselves what would serve as proof that their stated outcomes have occurred;
- c. Asking HBEP management and civic leadership for evidence that caregiver outcomes have occurred

The percent change for the indicators was used to determine the extent the outcome was achieved and then extrapolated to the full stakeholder group. The practitioner assumes that the caregivers not represented in the outcome incidence did not experience the outcome.

Table 8: Indicators and Tools to Evidence Outcomes for Caregivers (n=109)

Outcome	Indicator	Tool	Outcome Incidence
More respected in the community	a. % change in how respected caregivers felt before/after HBEP	a. Likert scale	100%

Expanded social networks	a.	% change in networks joined before/after HBEP	a.	Likert scale	50%
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Table 9: Indicators and Tools to Evidence Outcomes for Employed Caregivers (n=11)

Outcome	Indicator	Tool	Outcome Incidence		
More respected in the community	a.	% change in how respected caregivers felt before/after HBEP	a.	Likert scale	100%
Expanded social networks	a.	% change in networks joined before/after HBEP	a.	Likert scale	100%
Improved food security	a.	% change in monthly income from baseline to current	a.	Caregiver profile tool	140%

7.1.4 Evidencing Outcomes for Facilitators

The outcome for facilitators was evidenced through distance travelled as per their ratings on a Likert scale.

The indicator chosen for the outcomes was done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the facilitators themselves what would serve as proof that their stated outcome occurred

Table 10: Indicators and Tools to Evidence Outcomes for Facilitators (n=4)

Outcome	Indicator	Tool	Outcome Incidence		
Increased professional fulfillment	a.	% change in baseline (before involvement with HBEP) vs. current sense of professional fulfilment	a.	Likert scale	125%

7.1.5 Evidencing Outcomes for HBE Management

The outcomes for HBE management were evidenced through distance travelled as per their ratings on a Likert scale.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;

- b. Asking the HBE managers themselves what would serve as proof that their stated outcomes have occurred;
- c. TTF Director confirming indicators of change

The practitioner assumes the HBE managers not included in the outcome incidence did not experience the outcome.

Table 11: Indicators and Tools to Evidence Outcomes for HBE management (n=3)

Outcome	Indicator	Tool	Outcome Incidence
Increased professional fulfillment	a. % change in baseline (before involvement with HBEP) vs. current sense of professional fulfilment	a. Likert scale	57%
Expanded professional opportunities	a. % change in professional opportunities (before involvement with HBEP) vs. current	a. Likert scale	89%

7.1.6 Evidencing Outcomes for Teachers at Integrated Schools

The outcome for teachers was evidenced through the teachers’ self-reflections during focus groups and interviews.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking teachers what would serve as proof that the stated outcome occurred;
- c. Sharing outcomes with the head teachers and asking for evidence that the outcomes have occurred

For the teachers’ outcome, the “how many” approach was used to determine if the outcome was achieved against the threshold and not “distance travelled”. The practitioner assumes the teachers not included in the outcome incidence did not experience the outcome.

Table 12: Indicators and Tools to Evidence Outcomes for the Teachers at Integrated Schools (n=73)

Outcome	Indicator	Tool	Outcome Incidence
Increased professional fulfillment	a. Number of teachers who indicated they were comfortable managing an integrated classroom	a. Teacher self-report	67%

7.1.7 Evidencing Outcomes for the Students at Integrated Schools

The outcome for students was evidenced through the teachers’ reflections during focus groups and interviews, a focus group held with a sample of students and the perceptions of the HBEP management.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking students what would serve as proof that the stated outcome occurred;
- c. Sharing outcomes with the head teachers and asking for evidence that the outcomes have occurred

For the students’ outcome, the “how many” approach was used to determine if the outcome was achieved against the threshold and not “distance travelled”. The practitioner assumes the students not included in the outcome incidence did not experience the outcome.

Table 13: Indicators and Tools to Evidence Outcomes for Students at Integrated Schools (n=4184)

Outcome	Indicator	Tool	Outcome Incidence
Reduced fear of differences	a. # of students who stated they enjoyed playing with their peers with special needs	a. Focus group verbal survey	67%
	b. # of teachers who have observed students sharing food/utensils with students with special needs	b. Teacher observations	
	c. % of students at integrated schools observed to socialize with their peers with special needs	c. HBEP management observations	

7.1.8 Evidencing Outcomes for Children at the Orphanage

The outcome for children at the orphanage was evidenced through the orphanage director’s reflections during an interview and observations by the caregivers employed at the orphanage.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the director what would serve as proof that the stated outcome occurred;

- c. Sharing outcome with caregivers employed at the orphanage and asking for evidence that outcome has occurred

For the children at the orphanage outcome, the “distance travelled” method was used in relation to the number of daily meals the children consistently received before and after involvement of the HBEP, combining both depth and scale of change. While the practitioner understands all children at the orphanage to have experienced some degree of improved nutrient intake, the distance travelled method was deemed most appropriate to account for the varying degrees of change and to not overclaim.

Table 14: Indicators and Tools to Evidence Outcomes for Children at the Orphanage (n=7)

Outcome	Indicator	Tool	Outcome Incidence
Improved nutrient intake	a. % change in reliable meals during the day from baseline to current	a. Likert scale	50%

7.1.9 Evidencing Outcomes for the Director at the Orphanage

The outcomes for the orphanage director were evidenced through the orphanage director’s reflections during an interview and ratings on a Likert scale.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the director what would serve as proof that her stated outcomes have occurred

For the director at the orphanage outcome, the “distance travelled” method was used, with degree of change indicated by rankings of a Likert scale.

Table 15: Indicators and Tools to Evidence Outcomes for Director at the Orphanage (n=1)

Outcome	Indicator	Tool	Outcome Incidence
Improved food security	a. % change in baseline vs current ability to meet daily resource needs	a. Likert scale	350%
Reduced stress	a. % change in stress level baseline vs. current	a. Likert scale	700%

7.1.10 Evidencing Outcomes for the Department of Social Welfare

The outcome for the department of social welfare was evidenced by calculating the percent change in children with special needs enrolled in the social cash transfer (SCT) scheme.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the social welfare officer what would serve as proof that the stated outcome occurred;
- c. Sharing outcomes with HBE wellness team and asking for evidence that outcome has occurred

For the Department of Social Welfare outcome, the “distance travelled” method was used in relation to the number of children with special needs enrolled on the government’s social cash transfer scheme in the Mambwe District before and after involvement of the HBEP.

Table 16: Indicators and Tools to Evidence Outcomes for the Department of Social Welfare (n=1)

Outcome	Indicator	Tool	Outcome Incidence
Improved operational efficiency	a. % change in children with special needs enrolled in SCT	a. Social Welfare data	150%

7.1.11 Evidencing Outcomes for Body-stress Release Foundation Practitioners

The outcomes for BSR practitioners were evidenced through their own reflections during interviews and focus group discussions.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the BSR practitioners what would serve as proof that their stated outcomes have occurred;
- c. Sharing outcomes with HBE management and asking for evidence that outcomes have occurred

For BSR practitioners, a combination of number of “how many” practitioners had achieved the outcome against a threshold and “distance travelled” method were used. The practitioner assumes the BSR practitioners not included in the outcome incidence did not experience the outcome.

Table 17: Indicators and Tools to Evidence Outcomes for BSR Foundation Practitioners (n=21)

Outcome	Indicator	Tool	Outcome Incidence
Increased self-awareness	a. # of practitioners who indicated feeling more self-aware	a. Focus group verbal survey	100%
Increased professional fulfillment	a. % change in professional fulfilment before vs. after involvement with HBEP	a. Likert Scale	36%

7.1.12 Evidencing Outcomes for Children Reached by BSR Foundation in South Africa

The outcome for children reached by the BSR Foundation in South Africa was evidenced through the care facility director’s observations of change and her evaluation of the change in the children on a Likert scale.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the care facility director what would serve as proof that the stated outcome occurred;
- c. Sharing outcomes with BSR Foundation practitioners and asking for evidence that outcome has occurred

For the children reached by the BSR Foundation in South Africa, the “distance travelled” method was used in relation to their ability to self-regulate before and after the introduction of BSR as a regular complimentary therapy. The practitioner assumes the children not included in the outcome incidence did not experience the outcome.

Table 18: Indicators and Tools to Evidence Outcomes for Children Reached by the BSR Foundation in South Africa (n=350)

Outcome	Indicator	Tool	Outcome Incidence
Improved ability to self-regulate	a. % change in ability of children to manage their emotions before and after the introduction of BSR	a. Likert scale b. Care facility data	89%

7.1.13 Evidencing Outcomes for Residents in Kakumbi and Mnkhanya Villages with HBE-enrolled Children

The outcome for residents was evidenced through community survey data collected through the HBEP, perceptions of parents of children who graduated from the HBEP in 2022 and the perceptions of the HBE management team.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking Ward Counsellor (civic leadership) for evidence that outcome has occurred;
- c. Asking HBEP management for evidence that outcome has occurred;
- d. Asking caregivers for evidence that outcome has occurred;
- e. Asking facilitators for evidence that outcome has occurred

For residents, the “how many” approach was used to determine reasonable percent of the stakeholder group that had experienced the outcome. Given the high value of this particular outcome and stakeholder group, the data was rigorously triangulated. The practitioner

assumes the residents not included in the outcome incidence did not experience the outcome.

Table 19: Indicators and Tools to Evidence Outcomes for Residents in Villages with HBE-enrolled Children (n=34,162)

Outcome	Indicator	Tool	Outcome Incidence
Reduced fear of differences	a. # of guardians who indicated that stigmas in their communities had reduced b. # of residents who indicated they were comfortable in the presence of people with disabilities c. % of residents in villages who attend outreaches	a. HBE exit questionnaire b. HBE community survey c. HBE management observations	67%

7.1.14 Evidencing Outcomes for Physiotherapists at Kamoto Hospital

The outcome for physiotherapists was evidenced through their self-reflections during interviews.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the physiotherapists what would serve as proof that the stated outcome occurred

For the physiotherapists’ outcome, the “distance travelled” approach was used through a Likert scale of ranking degree of professional fulfillment before and after their involvement with HBEP. The practitioner assumes the physiotherapists not included in the outcome incidence did not experience the outcome.

Table 20: Indicators and Tools to Evidence Outcomes for Physiotherapists (n=4)

Outcome	Indicator	Tool	Outcome Incidence
Increased professional fulfillment	a. % change in professional fulfillment from before and after involvement with HBEP	a. Likert scale	60%

7.1.15 Evidencing Outcomes for CFO of HBE Primary Donor

The outcome for the CFO of the HBE primary donor were evidenced through her self-reflections during interviews and rankings of change on a Likert scale.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the CFO of the HBE primary donor what would serve as proof that her stated outcomes had occurred

For the CFO’s outcomes, the “distance travelled” approach was used through a Likert scale of ranking degree of change before and after her involvement with HBEP.

Table 21: Indicators and Tools to Evidence Outcomes for CFO of HBE Primary Donor (n=1)

Outcome	Indicator	Tool	Outcome Incidence
Increased professional fulfillment and security	a. % change in professional fulfilment from before and after involvement with HBEP	a. Likert scale	167%
Expanded personal and professional community	a. % change in number of countries with significant sense of community	a. Likert scale	100%
Increased self-awareness	a. % change in self-awareness pre- and post-HBE involvement	a. Likert scale	225%

7.1.16 Evidencing Outcomes for HBE Graduates Sponsored to the School for the Deaf and Blind

The outcomes for HBE programme graduates who are now sponsored to a school for the deaf and blind were evidenced in a focus group with their guardians and some of their reflections as translated through a sign language interpreter.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the students’ guardians what would serve as proof that the stated outcomes had occurred;
- c. Asking HBE management for evidence that outcomes have occurred

For the HBE graduates at a special school for the deaf and blind, the “how many” approach was used, with the number of guardians indicating if they had observed the change to have occurred. When possible, this was asked directly of the students. The practitioner assumes the students not included in the outcome incidence did not experience the outcome.

Table 22: Indicators and Tools to Evidence Outcomes for HBE graduates sponsored to a school for the deaf and blind (n=3)

Outcome	Indicator	Tool	Outcome Incidence
Improved interest in learning	a. # of primary guardians who observed their children reading and writing for fun	a. Focus group survey	67%
Increased sense of belonging	a. # of parents who have heard their children ask about when they will return to school over their term breaks	a. Focus group survey	100%

7.1.17 Evidencing Outcomes for Families of HBE Graduates Sponsored to the School for the Deaf and Blind

The outcomes for families of HBE programme graduates who are now sponsored to a school for the deaf and blind were evidenced in a focus group with their guardians.

The indicators chosen for the outcomes were done by:

- a. Reviewing the theory of change and identifying intermediate outcomes towards the end of the chain that could be quantified;
- b. Asking the guardians what would serve as proof that the stated outcome had occurred

For the families of HBE graduates at a special school for the deaf and blind, the “how many” approach was used, with the number of guardians indicating if they had observed the change to have occurred.

Table 23: Indicators and Tools to Evidence Outcomes for Families of HBE graduates sponsored to a school for the deaf and blind (n=4)

Outcome	Indicator	Tool	Outcome Incidence
Improved family relationships	a. # of primary guardians who reported their children being more helpful at home	a. Focus group survey	100%

7.2 Valuing Outcomes

7.2.1 Determining Relative Value

One approach was used to determine the relative value of outcomes with stakeholders:

1. Average weighted approach: stakeholders each given 10 stones (or 10 votes) and asked to weight the relative importance of each outcome, with the assumption that 100% of the value that the stakeholders experience is equivalent to 10 stones

The practitioner chose this valuation method with stakeholders because it was an easily accessible way for all stakeholder groups to express the importance of outcomes relative to one another. The weighting exercise was easily explained, and all stakeholder groups took their time in considering how to weight the relative value of outcomes. The total votes cast per outcome were divided by the total votes cast per stakeholder group to establish the percent of value assigned to each outcome by stakeholders.

7.2.2 Financial Proxies

Financial proxies were selected by:

1. Desktop research
2. Primary data collection through stakeholders (outcomes discussions)
3. Opportunity costs
4. Avoided costs
5. Revealed preference

Given the care and consideration of the weighting exercise by all stakeholders, the practitioner identified **one financial proxy per stakeholder group and used the anchoring method as per the relative value of the outcomes expressed by the stakeholders**. The anchoring method involves calculating the relative value between outcomes as expressed by stakeholder and then monetizing these values based on one quantified outcome. For example, if Outcome A was weighted as 50% as important as Outcome B, and Outcome B was monetized at \$100 USD, then through the anchoring approach one would know the value of Outcome A to be \$50 USD. This was determined to be the most reliable approach to capturing the relative value of the outcomes per stakeholder group and more efficient and accurate than attempting to value each outcome individually. Appendix E explains how each of these approaches were considered in more detail.

All financial proxies were considered in the local currency of Zambia, the Kwacha (ZMW), and converted to USD based on the average rate of exchange for the calendar year 2022 (16.94 ZMW to 1 USD) as reported by the Bank of Zambia.⁸² The below tables describe the financial proxies used for each outcome, their rationale and the data sources.

⁸² <https://www.boz.zm/average-exchange-rates.htm>

7.2.2.1 Purchasing Power Parity Conversion

One stakeholder with material outcomes, the CFO for the HBEP’s primary donor, is an Australian and spoke of the value of her outcomes in the context of her home country. In order to account for the price level difference between Australia and Zambia, a purchasing power parity (PPP) conversion factor was used through the following website: <https://ppp-calculator.com/>. This was only relevant to one stakeholder group as all other stakeholders consulted in the valuation discussions were from Southern Africa, specifically Zambia and South Africa. The price level difference between South Africa and Zambia was deemed immaterial and therefore no PPP used.

Table 24: Financial Proxies for Children with Developmental Differences

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved ability to meet developmental milestones	\$5,100 USD	<p>Revealed Preference Method: Cost of weekly visits by an occupational therapist for one year and weekly visits from a social worker. This proxy was identified by the head of a care centre in South Africa, one with children who are reached by the BSR Foundation, as an alternative means through which children could achieve physical and cognitive developmental milestones. Proxy was divided by half (50% of the cost to engage professionally trained resources), to not overclaim and assuming children would get double the value if they interacted directly with professionals each week as opposed to trained community volunteers</p> <p>38 parents as proxies for their children participated in the valuation exercise, with 230/380 (60%) votes cast for this outcome</p>	<p>Source for costs of occupational therapists and social worker for children: https://www.pendletonfamilypractice.com/</p>
Reduced exclusion	\$3,400 USD	<p>Anchored against the improved ability to meet developmental milestones, which was weighted as 40% of the total value</p> <p>38 parents as proxies for their children participated in the valuation exercise, with 150/380 (40%) votes cast for this outcome</p>	<p>Proportional weighting against improved ability to meet developmental milestones</p>

Table 25: Financial Proxies for Primary Guardians

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Reduced stress and anxiety	\$3,306 USD	<p>Guardians of children with special needs have faced extreme isolation, discrimination and suffered staggering anxiety. Another possible means to help them think through and manage that trauma would be twice weekly therapy sessions. The local cost for 1 hr. consultation with a therapist once per week for two consecutive years was used as the proxy, as recommended by a psycho-social counsellor in Zambia. Proxy divided by half (50% of the cost to engage professionally trained resources), assuming counselling by TTF team and stakeholders account for 50% of the quality of intervention that would occur with regular, direct contact with psycho-social professionals</p> <p>32 guardians participated in the valuation exercise, with 150/320 (47%) votes cast for this outcome</p>	Lusaka therapy centre: https://www.extendlusaka.com/
Reduced isolation	\$2,292 USD	<p>Anchored against reduced stress and anxiety as 33% of total value</p> <p>32 guardians participated in the valuation exercise, with 104/320 (33%) votes cast for this outcome</p>	Proportional weighting against reduced stress and anxiety
Improved food security	\$1,453	<p>Anchored against reduced stress and anxiety as 20% of total value</p> <p>32 guardians participated in the valuation exercise, with 66/320 (20%) votes cast for this outcome</p>	Proportional weighting against reduced stress and anxiety

Table 26: Financial Proxies for Caregivers

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
More respected in the community	\$1,417 USD	<p>Caregivers said that one of the comments they hear frequently in their communities is people referring to them as "teachers". As the vast majority of caregivers have not finished school, obtaining a job that is respected like a teacher would be unattainable and thus it is a huge honor to be identified with such a well-respected profession. Proxy divided by half (50% of the salary of an assistant teacher), given caregivers don't have formal teacher training and multiplied by the average number of years caregivers have been involved in the programme = 4 years</p> <p>36 caregivers participated in the valuation exercise, with 252/360 (70%) votes cast for this outcome</p>	TTF financial data

Expanded social networks	\$607 USD	Anchored against more respected in the community as 30% of the total value 36 caregivers participated in the valuation exercise, with 208/360 (30%) votes cast for this outcome	Proportional weighting against more respected in the community
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Table 27: Financial Proxies for Employed Caregivers

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
More respected in the community	\$1,417 USD	Caregivers said that one of the comments they hear frequently in their communities is people referring to them as "teachers". As the vast majority of caregivers have not finished school, obtaining a job that is respected like a teacher would be unattainable and thus it is a huge honor to be identified with such a well-respected profession. Proxy divided by half (50% of the salary of an assistant teacher), given caregivers don't have formal teacher training and multiplied by the average number of years caregivers have been involved in the programme = 4 years Four employed caregivers participated in the valuation exercise with six votes each, ⁸³ with 6/24 (25%) votes cast for this outcome	TTF financial data
Expanded social networks	\$945 USD	Anchored against more respected in the community as 17% of total value Four employed caregivers participated in the valuation exercise with six votes each, with 4/24 (17%) votes cast for this outcome	Proportional weighting against more respected in the community
Improved food security	\$3,306 USD	Anchored against more respected in the community as 58% of total value Four employed caregivers participated in the valuation exercise with six votes each, with 14/24 (58%) votes cast for this outcome	Proportional weighting against more respected in the community

⁸³ The practitioner and assistant worked together to compile votes for the caregivers and employed caregivers in two separate groupings. There was a misunderstanding with the employed caregiver group with the number of votes each should be given, which is why this sub-group was given six and not ten voting chips. The relative importance of the outcomes as per the voting exercise was consistent with how employed caregivers described the relative weight of outcomes in interviews, and so the practitioner had confidence in the consistency of the data and felt re-administering the exercise was not necessary.

Table 28: Financial Proxies for Facilitators

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased professional fulfillment	\$2,522 USD	<p>The explanation of professional satisfaction centered on the facilitators' improved ability to read non-verbal cues as many of the HBEP adult stakeholders don't have strong educational backgrounds and don't feel confident asking questions, even when they haven't understood the content. Proxy chosen was the cost of a communications course in Zambia, as this would too be a means through which professionals could enhance their understanding of verbal and non-verbal communication. 2050 GBP cost of a comprehensive communications course online via University of Cambridge</p> <p>2 facilitators participated in the valuation exercise, each of whom were given 10 votes = total of 20 votes cast. 20/20 (100%) votes for this outcome</p>	Source: Online University of Cambridge short course on Communication: https://advanceonline.cam.ac.uk/courses/compelling-communication-skills/?utm_medium=cpc&utm_source=google&utm_campaign=5A_CCS_Geo4_%7BB%7D&gad_source=1&gclid=CjwKCAiAloavBhBOEiwAbtAJO1dmheXH_i64SAf_p9ym8iYs58Np1M1GZcetTlo4rdvRFWGLPbxRoClwQAvD_BwE

Table 29: Financial Proxies for HBE Management

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased professional fulfillment	\$4,458 USD	<p>Anchored against expanded professional networks as 68% of the total value</p> <p>3 managers participated in the valuation exercise, with 20.5/30 (68%) votes cast for this outcome</p>	Proportional weighting against expanded professional opportunities
Expanded professional opportunities	\$2,066 USD	<p>The HBE management team strongly expressed that the learnings and experience gained through their employment was equivalent to a Master's degree in psychology</p> <p>3 managers participated in the valuation exercise, with 9.5/30 (32%) votes cast for this outcome</p>	University of Zambia course fees register

Table 30: Financial Proxies for Teachers at Integrated Schools

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased professional fulfillment	\$1,133 USD	Diploma in Special Education: how teachers have learned to integrate and accept children with special needs, being taught by the trained caregivers and specific trainings by HBE facilitators, would be comparable to the learnings gained through a diploma course in Special Education.	Zambia Institute for Special Education: https://www.zamise.edu.zm/

While they don't have the same academic background that would be learned through this diploma, they do have the practical skills of managing an integrated classroom and all of the lived experience of applying those academic skills, which is arguably more valuable than the diploma

3 teachers participated in the valuation exercise, each of whom were given 10 votes = total of 30 votes cast. 30/30 (100%) votes for this outcome

Table 31: Financial Proxies for Students at Integrated Schools

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Reduced fear of differences	\$425 USD	<p>One of the suggested approaches to reducing biases in the learning environment is to "spend time with people who are not like yourself". If students at these schools were not part of integrated classrooms, in order to get frequent exposure to children with special needs, they would need to travel to a school with differently abled children regularly to get the same contact time that could eventually result in reduced fear. The closest school that accommodates children with special needs is in the town of Chipata, 150 km away. The proxy used is the cost of traveling to this school for one day once per month for 2 years</p> <p>17 students participated in the valuation exercise, each of whom were given 10 votes = 170 votes cast. 170/170 (100%) votes for this outcome</p>	<p>TTF financial records for local bus prices from Mfuwe to Chipata; https://www.nafsa.org/ie-magazine/2020/8/4/strategies-countering-unconscious-bias-classroom</p>

Table 32: Financial Proxies for Children Resident at Hanada Orphanage

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved nutrient intake	\$457 USD	<p>When the HBE team provides nutrition packs to malnourished children, they give: a tray of eggs, soya porridge, beans, milk, peanut butter or ground peanuts valued at 500 ZMW per pack. These packs are given at regular intervals until steady weight gain is recorded. Thereafter, the packs are reduced to porridge and peanut butter monthly valued at 120 ZMW. The proxy chosen was: 3 months of the full nutrition pack and 9 months of the reduced packs for the three years of support to the orphanage children</p> <p>The director of the orphanage participated as a proxy for the children and was given 10 votes. 10/10 (100%) votes for this outcome</p>	TTF financial data

Table 33: Financial Proxies for Director at Hanada Orphanage

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Reduced stress	\$1,417 USD	The orphanage director described feeling depressed by the level of stress she was experiencing prior to HBE support. In discussion with her, she felt another means of managing and reducing that stress could have been to regularly consult a therapist. In order to get the same result of reduced stress, the local cost for 1 hr. consultation with a therapist twice per month for one year has been used as the proxy	Lusaka therapy centre: https://www.extendlusaka.com/
Improved food security	\$1,417 USD	Anchored against reduced stress as 50% of the total value Stakeholder voted 5/10 for each outcome (50%)	Proportional weighting against reduced stress outcome

Table 34: Financial Proxies for Department of Social Welfare

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved operational efficiency	\$7,084 USD	Cost of two social welfare officers to travel from their office to Kakumbi and Mnkhanya Chiefdoms to identify children with special needs. The costs include fuel and lunch allowance. They would need to do this for a minimum of two days per chiefdom per month in order to try to learn the information about residents with disabilities directly, information that is currently being provided by the HBE team without the use of Social Welfare resources Social welfare officer participated in the valuation exercise as a proxy for the department and was given 10 votes. 10/10 (100%) votes for this outcome	TTF financial data

Table 35: Financial Proxies for Body-stress Release Practitioners

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased self-awareness	\$3,932 USD	In the valuation focus group, one of the practitioners said that the sense of inner reflection and elation that comes from going for outreach with the BSR Foundation is a similar feeling to what she feels when she's been on a holiday. Used this stakeholder reflection as a basis for the proxy	https://www.holidayfactory.co.za/ All inclusive 7 night holiday package, including flights, to Mauritius, a very popular travel destination for South Africa

Increased professional fulfilment	\$3,932 USD	Anchored against increased self-awareness as 50% of the total value Stakeholders voted 5/10 for each outcome (50%)	Proportional weighting against increased self-awareness outcome
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Table 36: Financial Proxies for Children with Special Needs Reached by the BSR Foundation

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved ability to self-regulate	\$887 USD	The manager of the care facility serving as a proxy for the children explained that a combination of monthly occupational therapist and physical therapist appointments for the children could have led to the same self-regulation impact of BSR. Used 50% the cost of these two appointments per month to determine the proxy, assuming contact from specifically trained developmental professionals would comprise double the value of BSR practitioners The director of the care facility in South Africa participated in the valuation exercise as a proxy for the children and was given votes. 10/10 (100%) votes for this outcome	Physiotherapist consultation costs in South Africa: https://www.wpphysio.capetown/rates-and-payments/

Table 37: Financial Proxies for Residents in Villages with HBE-enrolled Children

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Reduced fear of differences	\$142 USD	One of the suggested approaches to reducing biases in the learning environment is to "spend time with people who are not like yourself". If residents were not exposed to children through the HBEP and their enrollment in school, they would need to travel to a place where they could interact with differently abled children. The closest school that accommodates children with special needs is in the town of Chipata, 150 km away. The proxy is the cost of traveling to this school on a bus twice per year for four years (average number of years 2022 children have been in the programme) to gain exposure to children with special needs Caregivers, teachers and guardians all participated in conversations in the valuation as proxies for residents. All stakeholders consulted agreed verbally that the outcome should be weighted as 10/10 in terms of importance and value to the residential community as a whole	TTF financial records for local bus prices from Mfuwe to Chipata; https://www.nafsa.org/ie-magazine/2020/8/4/strategies-countering-unconscious-bias-classroom

Table 38: Financial Proxies for Physiotherapists at Kamoto Hospital

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased professional fulfilment	\$2,361 USD	<p>The Kamoto physio who served as a proxy for all physios said that the recognition he gets from the HBE families and the sense of fulfilment he feels from working with their children would be equivalent to an annual bonus of 10,000 ZMW. This is the proxy for the physios x 4 years of their continued involvement</p> <p>One physiotherapist participated in the valuation exercise as a proxy for all four physios and was given 10 votes. 10/10 (100%) votes for this outcome</p>	Stakeholder engagement with the Senior Physiotherapist

Table 39: Financial Proxies for CFO to HBE Primary Donor

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Increased professional fulfilment and security	\$4,329 USD	<p>Anchored against expanded personal and professional community outcome at 50% of the total value</p> <p>Stakeholder participated in the relative valuation exercise, with 5/10 (50%) votes cast for this outcome</p>	Proportional weighting against expanded personal and professional community outcome
Expanded personal and professional community	\$2,597 USD	<p>Stakeholder felt as though, in her primary professional role, she has cultivated similar feelings of professional community with colleagues on overseas work and team-building trips, which typically cost 10,000 AUD per person. This was used as the proxy and anchor for the other outcomes</p> <p>Stakeholder participated in the relative valuation exercise, with 3/10 (30%) votes cast for this outcome</p>	Stakeholder description of cost of trips and https://ppp-calculator.com/
Increased self-awareness	\$1,732 USD	<p>Anchored against expanded personal and professional community outcome at 20% of the total value</p> <p>Stakeholder participated in the relative valuation exercise, with 2/10 (20%) votes cast for this outcome</p>	Proportional weighting against expanded personal and professional community outcome

Table 40: Financial Proxies for HBE Graduates Sponsored to School for the Deaf and Blind

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved interest in learning	\$4,545 USD	If the students were not sponsored to a school with appropriate resources, the other option to achieve the outcome would have been a private sign language tutor from Lusaka. Proxy used as minimum annual salary for a sign language tutor x 7 years and divided by half assuming private tutor would be at least double the value of learning in a classroom environment	Zambian Sign Language Training and Consultancy
Increased sense of belonging	\$4,545 USD	Anchored against improved interest in learning as 50% of the total value Stakeholders voted 5/10 for each outcome (50%)	Proportional weighting improved interest in learning outcome

Table 41: Financial Proxies for Families of HBE Graduates Sponsored to School for the Deaf and Blind

Outcome	Value per Individual 2022 Stakeholder before Discounting	Description and rationale	Source of proxy
Improved family relationships	\$4,959 USD	When guardians spoke of the improved family relationships, they spoke of respect, specifically their children proactively helping with chores and housework while they are home, and the ability of guardians to be more productive now that children are at school for the rest of the year. Proxy set as monthly cost to hire a housekeeper x 7 years of primary school due to a) direct help with housework and b) support that allows family members to be more productive elsewhere Three parents participated as proxies for their families and each were given 10 votes for a total of 30 votes cast. 30/30 (100%) votes for this outcome	Local market rate of a housekeeper in Mfuwe, Zambia

7.3 Discounting Outcomes

As per the Guide to Social Return on Investment, there are four discounting factors to consider in line with calculating final values per outcome:

1. **Deadweight:** the amount of the outcome that would have happened anyway, even if the activity had not taken place
2. **Attribution:** determining how much of the outcome was the result of others' contributions or other factors
3. **Benefit Period and Drop off:** the duration of time the outcome is assumed to last and the degree to which its impact on the stakeholder will be influenced by other factors for outcomes that last more than one year (with the understanding that attribution to the activities under analysis often decreases over time)

4. **Displacement:** the degree to which the outcomes achieved are being offset by creating potential negative value for other stakeholders

All stakeholders and/or their proxies were consulted in the discounting discussions. The practitioner relied on the thoughtfulness and confidence of the stakeholders consulted in determining the final discounting figures, and for some discounting factors the practitioner relied on desktop research and engagement with other stakeholder groups to triangulate perspectives. While there is always the risk that the stakeholders not involved in the discounting discussions may have explained different experiences of deadweight, attribution, benefit period, and drop off, the practitioner relied on the saturation of the representatives consulted together with the insight from other stakeholder groups to make the final professional judgements on discounting, applying a conservative approach when required. This section describes the approach to accounting for these four discounting factors.

7.3.1 Deadweight

All stakeholders and/or their proxies were involved in discounting discussions during the valuation focus groups and interviews and asked specifically “would this change have happened without HBEP?” If the answer was “yes” or “partially yes,” the stakeholders were asked to explain what they think would have happened anyway and why. If the answer was “no,” the stakeholders were asked to share the reasons why they believed the change would not have happened. The stakeholder responses, professional judgement and additional data collection were then used to determine deadweight. If stakeholders who participated in the valuation discussions did not exhibit confidence in representing the rest of their stakeholder group in their assessment of deadweight, the practitioner consulted other stakeholder groups for validation. See Appendix C for full discussion guides.

The following tables describe the rationale for deadweight by stakeholder group, sub-group and outcomes.

Table 42: Deadweight Values used for Children with Developmental Differences

Outcome	Deadweight	Source and rationale
Reduced exclusion	0%	Guardians were emphatic on this point: without the interventions of HBE to children, schools and residents, their children would not have been safe to participate in society and guardians would not have felt safe to let them participate. This comes from the experience of living in these villages with no additional resources or plans to assist with the integration of children with special needs into local society. This deadweight assumption was verified by the facilitators, the ward councilor (as community proxy), caregivers, and local teachers. What was clear throughout all of these stakeholder groups with deep, first-hand knowledge of the context is that without the HBEP, no support to children with special needs, their families or education of the community was foreseeable. While normally 0% deadweight feels like an overclaim, in this instance the practitioner agreed with the stakeholders and noted the high saturation amongst a number of stakeholder groups on this point
Improved ability to achieve developmental milestones	41%	Data sought from Zambian-based Autism foundation, which was able to share data on children with Autism who received no intervention and their capability across four developmental metrics (control group) compared to children with similar severity of Autism who did receive early intervention. According to this data, 41% of the development of children with Autism would have happened anyway, even without support. This deadweight may be conservative (i.e., too high), as children with Autism

Outcome	Deadweight	Source and rationale
		do not normally experience physical developmental setbacks whereas children with Cerebral Palsy (more numerous on the HBEP) do, however in the absence of developmental control data from other conditions, this dataset was used to determine deadweight. Consideration of a lower deadweight incorporated into the sensitivity analysis

Table 43: Deadweight Values used for Primary Guardians of Children with Developmental Differences

Outcome	Deadweight	Source and rationale
Reduced stress and anxiety	10%	Guardians were emphatic that without the continued support of the HBEP, their stress and anxiety would have become progressively worse. Given the knowledge of the context and other stakeholder comments, this would likely have been the case (and in line with the exclusion outcome for their children), however deadweight set at 10% to ensure no overclaim and assuming a certain level of resourcefulness of adults more so than their children
Reduced isolation	10%	Similar to the reduced stress and anxiety outcome, the guardians felt the isolation from their families and loss of familial networks of support would not have changed without the intervention of HBEP, the developments in their children, education in the community, and the corresponding interest and compassion from their family members who had previously avoided them. Deadweight set at 10% to ensure no overclaim
Improved food security	41%	Without the development of their children and corresponding reduction in time required for caregiving, guardians did not believe this change in food security would have been possible. Guardians expressed this outcome as wholly dependent on the ability of their children to progress developmentally, and therefore the deadweight is set as the same for the developmental progression outcome for children, with the assumption that if the children would have progressed developmentally by 41% anyway, this would correlate with guardians' independence and ability to improve their food security

Table 44: Deadweight Values used for Caregivers

Outcome	Deadweight	Source and rationale
More respected in the community	10%	Caregivers could not identify another avenue for them to get the kind of respect they have gained by working with the HBEP. To account for the possibility that they may have volunteered for another project that might have led to similar increase in community respect, and to ensure no overclaim, deadweight is set at 10%
Expanded social networks	10%	Similar to above deadweight, if they were not involved in HBE, they may have joined another org and increased their sense of social belonging through that network. The caregivers felt this would be highly unlikely but setting deadweight at 10% to not overclaim

Table 45: Deadweight Values used for Caregiver Subgroup: Employed Caregivers

Outcome	Deadweight	Source and rationale
More respected in the community	10%	Caregivers could not identify another avenue for them to get the kind of respect they have gained by working with the HBEP. To account for the possibility that they may have volunteered for another project that might have led to similar increase in community respect, and to ensure no overclaim, deadweight is set at 10%
Expanded social networks	10%	Similar to above deadweight, if they were not involved in HBE, they may have joined another org and increased their sense of social belonging through that network. The caregivers felt this would be highly unlikely but setting deadweight at 10% to not overclaim

Outcome	Deadweight	Source and rationale
Improved food security	10%	Caregivers hired to be assistant teachers did not have formal qualifications for this role; they were trained as part of HBEP. Without the programme, and without formal education for the majority of employed caregivers, they would have been highly unlikely to find employment that would improve their food security at the same level. Deadweight set at 10% to avoid overclaim

Table 46: Deadweight Values used for Facilitators

Outcome	Deadweight	Source and rationale
Increased professional fulfilment	40%	Facilitators stated that if they had not been involved with HBEP, they may have gotten involved with differently abled children elsewhere, and it's likely a fair portion of the change experienced could have happened anyway, through a different means; stakeholders themselves indicated there was a "moderate" likelihood of that happening, which is why 40% was chosen as deadweight

Table 47: Deadweight Values used for HBE Management

Outcome	Deadweight	Source and rationale
Increased professional fulfilment	20%	The team imagined the counterfactual: what would they be doing if not working for HBEP and how likely would that job have resulted in increased professional fulfilment. The team had different perspectives but their estimations of what would have happened anyway averaged to 20%, which the practitioner took verbatim given their collective careful consideration
Expanded professional opportunities	20%	HBE team felt that through another job, they would have likely grown their professional opportunities, but this job has focused on key specific training that has resulted in the majority of their new opportunities, resulting in a low deadweight value of collectively averaged 20%

Table 48: Deadweight Values used for Teachers at Integrated Schools

Outcome	Deadweight	Source and rationale
Increased professional fulfilment	20%	Teachers expressed that they have "little opportunity" for new learnings and experiences in schools, which is the pathway to them feeling more fulfilled. What's more, they felt confident that aside from HBEP, there was no other avenue for children with special needs to join the school system, and without this they would not have learned how they could make a positive impact on these children's lives. Deadweight set at 20% to account for the other potential learnings/trainings that could have resulted in this outcome

Table 49: Deadweight Values used for Students at Integrated Schools

Outcome	Deadweight	Source and rationale
Reduced fear of differences	10%	Teachers acting as proxy for students and the students interviewed confirmed that without children entering their school, they could not foresee another scenario that would have forced them to confront their biases, part of the pathway to reduced fear. Given the deep-rooted stigmas harbored by the majority of educated adults, the practitioner agreed it would be extremely unlikely that their fear of differences would have been challenged otherwise. Deadweight set at 10% to acknowledge the adaptability of children

Table 50: Deadweight Values used for Children Resident at Hanada Orphanage

Outcome	Deadweight	Source and rationale
Improved nutrient intake	20%	The orphanage director, acting as proxy for the children, felt as though she could have improved her local fundraising efforts with businesses and perhaps convinced some to donate food. She said this, if successful, "would have taken long" given her time limitations and inexperience with direct fundraising. Deadweight set at 20% to account for this possibility.

Table 51: Deadweight Values used for Director at Hanada Orphanage

Outcome	Deadweight	Source and rationale
Reduced stress	10%	While the director's stress was primarily caused by the inability to adequately feed the children at the orphanage, she has also simultaneously been the primary caregiver for a sick husband. With the operational support to the orphanage and subsequent stability, she was able to take her husband to Lusaka for treatment. 10% deadweight accounts for the portion of her reduced stress that could have been alleviated by increased food donations by other stakeholders
Improved food security	10%	Without the HBEP providing food to the orphanage, obviating the need for the director to use her own resources, and providing the director with a monthly living allowance, the director would realistically not have had the time or capacity, between caring for her husband and trying to meet the resource needs of the orphanage, to focus on improving her own food security. Deadweight set at 10% to not overclaim

Table 52: Deadweight Values used for Department of Social Welfare

Outcome	Deadweight	Source and rationale
Increased operational efficiency	10%	The Social Welfare officer declared that no other organizations, government bodies or individuals are actively searching for children with special needs to offer them assistance and alert Social Welfare of their whereabouts. Without the HBEP, Social Welfare would not have had the opportunity to locate them and enroll them onto the social benefit scheme and improve their targets of equal representation on this scheme from vulnerable groups. Deadweight set at 10% to not overclaim and account for the small possibility that the government could have, at some stage, decided to provide resources for identification of this vulnerable group

Table 53: Deadweight Values used for Body-stress Release Practitioners

Outcome	Deadweight	Source and rationale
Increased self-awareness	20%	Practitioners felt that they could have been prompted, through other circumstances, to self-reflect and become more self-aware, however they felt the HBEP really "accelerated the process". The possibility of them achieving this outcome at a different time scale was considered "small" and is accounted for in the 20% deadweight
Increased professional fulfilment	20%	The practitioners stated that this particular sense of increased fulfilment comes specifically from working with children with disabilities. Without the HBEP, there is a possibility they would have been introduced to this fulfilling client based through another avenue, and the 20% deadweight is to account for this "small" possibility

Table 54: Deadweight Values used for Children with Special Needs Reached by the BSR Foundation in South Africa

Outcome	Deadweight	Source and rationale
Improved ability to self-regulate	20%	While other interventions, such as social workers, have been part of the regular programme at the facility, the introduction of BSR as the only new intervention for the children starting in 2021, made a significant impact on their self-regulation. A "smaller" amount of change may have happened anyway with the combination of social worker visits and children's natural maturation, however the proxy for this stakeholder group was adamant on the immediate and recorded impact of the BSR sessions, which has resulted in deadweight of 20%

Table 55: Deadweight Values used for Residents in Villages with HBE-enrolled Children

Outcome	Deadweight	Source and rationale
Reduced fear of differences	0%	Residents, as represented by the civic leader, students, teachers, caregivers, and parents said that no other person or org would have challenged their perceptions of people with disabilities, and they could not imagine another pathway to confronting these long-held, culturally rooted beliefs that are ingrained in the vast majority of adult residents in

Outcome	Deadweight	Source and rationale
		Mfuwe. The practitioner agreed with these perceptions and that this outcome, for this stakeholder group, is a true 0%

Table 56: Deadweight Values used for Physiotherapists at Kamoto Hospital

Outcome	Deadweight	Source and rationale
Increased professional fulfilment	10%	No regular opportunities for physios to engage in new work streams and no resources for them to travel to do the kind of outreach they conduct through HBE. Without HBE, they would simply not have had access to community members or professional opportunities that result in them feeling more professionally fulfilled. Deadweight set at 10% to account for the possibility that a new workstream could arise from the Ministry of Health that might lead to the same outcome

Table 57: Deadweight Values used for CFO to HBE Primary Donor

Outcome	Deadweight	Source and rationale
Increased professional fulfilment and security	60%	Getting involved with HBEP coincided with other significant professional shifts that would have happened anyway and led to the same outcome. Deadweight discussed and agreed directly with stakeholder
Expanded personal and professional community	60%	Stakeholder indicated that this sense of community has been influenced by other factors and stakeholders, including other stakeholders within Time + Tide and Time + Tide Foundation, who are not HBE specific. While HBE was the gateway for this expanded community in Zambia, given the HBE primary donor's close relationship to the Time + Tide shareholder and commitment to social and economic development for marginalized populations, there is a relatively high likelihood that her employment could have led her to the outcome through another avenue, accounted for in the 60% deadweight
Increased self-awareness	50%	Stakeholder felt that general life experiences and maturation would have contributed to the outcome, however the biggest difference in her life has been the experiences through HBEP. Deadweight set at 50% to account for relatively equal contribution of other experiences and growth to this outcome

Table 58: Deadweight Values used for HBE Graduates Sponsored to the School for the Deaf and Blind

Outcome	Deadweight	Source and rationale
Improved interest in learning	0%	Guardians as proxies expressed that the interest in learning only happened as a result of their children gaining access to appropriate teaching resources through the boarding school, which they otherwise would not have been able to afford and may not have even known about. Practitioner agreed this was a true 0% deadweight
Increased sense of belonging	0%	Guardians as proxies expressed that the sense of belonging for their children changed significantly by attending a school with other hearing-impaired learners and teachers, and especially seeing role models with their same condition. Without HBEP, they would not have gained access to the school and there are no known deaf professionals in their communities, and so the practitioner agreed this was a true 0% deadweight

Table 59: Deadweight Values used for Families of HBE Graduates Sponsored to the School for the Deaf and Blind

Outcome	Deadweight	Source and rationale
Improved family relationships	0%	Guardians felt that prior to their children enrolling in school, their relationships were suffering and getting worse due to their inability to effectively communicate and the frustrations that caused, leading some children to avoid contact with their guardians. Guardians expressed that they felt the relationships would have continued to worsen were it not for the children going to a school that gave them a strong sense of belonging, and so practitioner agreed this was a true 0% deadweight

7.3.2 Attribution

Attribution was considered by outcome and based on focus group discussions or interviews with the stakeholders on ‘who else contributed to this change?’. Stakeholders were thoughtful in considering other influences on each outcome, and these were considered alongside professional judgement based on the data collected in the discussions to determine attribution. If stakeholders who participated in the valuation discussions did not exhibit confidence in representing the rest of their stakeholder group in their assessment of attribution, the practitioner consulted other stakeholder groups for validation. See Appendix C for full discussion guides.

Attribution to other stakeholders ranged from: 0 – 60%, with 0 – 10% **considered zero to extremely low**; **20-30% considered low**; and **40-60% as medium** attribution to others.

The below table describes stakeholders and outcomes with **zero to extremely low attribution (0-10%)**; further details can be found in Appendix F.

Table 60: Extremely Low Attribution Outcomes by Stakeholder Group

Stakeholder	Outcomes	Attribution	Source and rationale
Children with developmental differences	a) Reduced exclusion; b) Improved ability to achieve developmental milestones	10%	The vast majority of support for the development of children in the HBEP has been organized through the programme, however some guardians had taken their children previously to clinics and a few had received advice they found helpful. Attribution is set at 10% to account for the positive role the clinics played for certain children. Guardians expressed emphatic sentiments: no one was assisting them to care for their children prior to HBEP, and they were largely excluded from society. The fostering of more inclusive environments for children with special needs was attributed exclusively to the HBEP. That said, the Ministry of Education does in theory support integration of children with special needs in school, and this endorsement was necessary for children to enroll and so attribution set at 10% to account for their contribution.
Primary guardians of children with developmental differences	Reduced isolation	0%	Guardians adamant that nobody in their lives contributed to the reduction in isolation corresponding to the development of their children. Had the HBEP not intervened, they felt that their distance from their families would have only increased with no foreseeable means to mend and rebuild relationships.
	Reduced stress and anxiety	10%	Guardians again adamant that nobody in their lives contributed to the reduction of stress corresponding to the development of their children, and they did not have the knowledge nor could they afford the resources to get support. However, it is possible that as children would naturally age and mature, the guardians would need to spend less time caretaking and so attribution related to the potential of reduced stress associated with the child's natural development set at 10%.

Stakeholder	Outcomes	Attribution	Source and rationale
	Improved food security	10%	In order for the guardians to have the time to achieve the outcome of improved food security, their children needed to be in a position of independence or occupied in school or childcare. Guardians were adamant that sending them to school and childcare would not have been possible without the work of HBEP. Nonetheless, these facilities had to exist and be open to change, which is accounted for in the 10%.
Caregivers	a) More respected in the community; b) Expanded social networks	0%	The caregivers attribute 100% of the change in respect to the skills they've gained through the HBEP and how they are able to use those skills in their own and other communities. Equally, the caregivers attribute 100% of the change in their sense of social belonging to the new relationships they've formed through the HBEP, with other caregivers, parents, facilitators, and other government/NGO stakeholders.
Employed Caregivers	Improved food security	0%	The caregivers attribute 100% of the change in the training they have received specifically through HBEP and the resulting employment opportunity, which in turn changed the status of their food security.
Teachers at integrated schools	Increased professional fulfillment	0%	Teachers do not often get offered professional development opportunities or avenues to challenge their ways of thinking about education and who gets educated. They credit this change and subsequent increased professional fulfillment from being able to accommodate a greater diversity of learners solely to the HBEP.
Director at Hanada Orphanage	Reduced stress	10%	Other stakeholders donating food supplies to the orphanage marginally reduced her stress. The high attribution to HBE includes holistic funding support from the programme, a presence of the management team on the board and overall feeling of stability with how the facility is being managed.

The below table describes stakeholders and outcomes with **low attribution (20-30%)**; further details can be found in Appendix F.

Table 61: Low Attribution Outcomes by Stakeholder Group

Stakeholder	Outcomes	Attribution	Source and rationale
Students at integrated schools	Reduced fear of differences	20%	Before the students could overcome their fears, they needed to see their teachers set the example of welcoming the students with special needs and treating them as equals. The teachers would not have been forced to do this outside of the involvement of HBEP, however within that context they were a critical gateway for the students to follow suit, accounted for in the 20% attribution of this outcome for students.
Director at Hanada Orphanage	Improved food security	20%	While the HBEP enabled the conditions for the director to improve her food security, she took the initiative to make the personal changes for this outcome, which is accounted for in the 20%.

Stakeholder	Outcomes	Attribution	Source and rationale
Department of Social Welfare	Improved operational efficiency	20%	The Social Welfare officer explained that another organization working with disabled people has assisted with their own learning, and this improved knowledge has arguably also contributed to improved operational efficiency and accounted for in the 20%.
Body-stress Release Practitioners	Increased professional fulfilment	30%	Practitioners cited the long-term relationships with their existing clients as contributing continuously, in a small but powerful way, to a sense of increased professional fulfilment.
Residents in villages with HBE-enrolled children	Reduced fear of differences	20%	While no other orgs/people have challenged residents to confront their biases, some key stakeholders in the community, such as churches and political leaders, have been welcoming of the change, which has helped in the achievement of the outcome for residents and accounted for in the 20% attribution.
Physiotherapists at Kamoto Hospital	Increased professional fulfilment	20%	Ministry of Health is supportive of the physios partaking in outreach. Without their support, this service at the homes of HBE children would not be possible, so the department as a whole accounts for 20% of the outcome achievement.
HBE graduates sponsored to school for the deaf and blind	a) Improved interest in learning; b) Increased sense of belonging	20%	Guardians as proxies felt the increased enthusiasm for learning was primarily attributable to their children being able to attend a school that has appropriate resources for them to learn effectively. However, the teachers at the school play a role in imparting the importance and fun of education, and they were cited as the other key attributors to this outcome in the students. The school environment actively contributes to the sense of social belonging for the children. While they wouldn't be at the school without support from the HBEP, the strong sense of belonging comes in part because that connection is actively fostered in the school.
Families of HBE graduates sponsored to school for the deaf and blind	Improved family relationships	30%	Guardians felt that they, as parents, have contributed to the improved relationships, and the teachers at the schools coupled with the behavior/discipline they expect at school has led to improved behavior at home, which in turn improves the family relationships.

The below table describes stakeholders and outcomes with **medium attribution (40-60%)**; further details can be found in Appendix F.

Table 62: Medium Attribution Outcomes by Stakeholder Group

Stakeholder	Outcomes	Attribution	Source and rationale
Facilitators	Increased professional fulfilment	50%	Facilitators are influenced by other outreach programmes and their professional networks, through which they also learn new skills that leads to a sense of professional satisfaction. While they credited HBE as the single largest contributor to this change, they named additional stakeholders (the church, the Min of Education, other learning institutions) who have also collectively played a significant role in achieving the outcome, which is why they were considered as 50% attribution.
HBE Management	a) Increased professional	50%	Friends, family and faith were cited directly by stakeholder group as additional contributors to a sense of professional fulfilment, all

	fulfilment; b) Expanded professional opportunities		contributing a “medium” amount. Additionally, stakeholder group cited friends, their own personal development initiatives and their existing professional networks as attributable to expanded professional opportunities.
Children resident at Hanada Orphanage	Improved nutrient intake	40%	Local businesses and some community members donate food, which contributes to the improved nutritional intake of the children. The director felt these contributions were “medium” compared to the large financial contribution through HBE as well as the HBE investment in the orphanage's garden.
Body-stress Release Practitioners	Increased self-awareness	50%	Family was cited as another stakeholder group contributing to increased self-awareness, equal to the contribution of working with children with special needs.
Children with special needs reached by the BSR Foundation	Improved ability to self-regulate	50%	Ability to self-regulate is also supported by regular social work sessions and by the children's natural growth, which the head of the facility felt collectively contributed to a “medium” amount of change, whereas the BSR as a single intervention has resulted in significant change.
CFO to HBEP Primary Donor	Increased professional fulfilment and security	60%	Change in her job structure and taking on new and exciting work beyond the philanthropy management of her employer all have contributed to the outcome. What’s more, she as an individual has invited the positive impact of the HBEP in a way other external stakeholders have not, and this natural disposition to welcoming change and new experiences also has contributed to the achievement of the outcome.
	a) Expanded personal and professional community; b) Increased self-awareness	50%	Both her employer and partner contributed to the change in supporting her financially and emotionally to forge new connections and community. Stakeholder reflected that general life experiences and maturation contribution to half of the increased self-awareness outcome being achieved.

7.3.3 Benefit Period and Drop off

The period each outcome lasts (benefit period) and rate at which it decreases over time (drop off) were estimated through:

- Stakeholder engagement: specific questions to stakeholders on the duration of the outcome (see Appendix C)
- Length of time stakeholders have been involved with the programme and foreseeable future involvement
- The implications of the outcomes

The table below summarizes this information by stakeholder group with elaborated logic in the full SROI model, Appendix F.

Table 63: Benefit Period and Drop Off by Stakeholder Group

Stakeholder	Outcomes	Benefit period and drop off	Source and rationale
Children with developmental differences	1) Reduced exclusion; 2) Improved ability to achieve developmental milestones	5 years; 10% drop off for reduced exclusion and 18% for improved ability to achieve developmental milestones	As children enroll in school and become more integrated in society, their inclusion becomes slowly more about the social relationships they build on their own and through their networks and less due to the impact of the HBEP, accounted for in the 10% annual drop off (HBEP plays a significant role in ensuring opportunities for social cohesion, which is why the annual drop off is only 10%). As children age, their developmental will continue to change, and new milestones could be more relevant to their age and stage of life than the interventions of HBEP; 18% used as annual drop off in alignment with the average annual developmental progression for children on the programme, calculated using TTF developmental data.
Primary guardians of children with developmental differences	1) Reduced stress and anxiety; 2) Reduced isolation; 3) Improved food security	5 years; 18% drop off for reduced stress and anxiety; 10% drop off for reduced isolation and improved food security	As their children continue to develop, guardians will continuously feel less stressed about their development, and this will progressively become less connected to the influence of HBEP. Drop off set as same rate as their children's increased ability to meet developmental milestones outcome as the two are interdependent. As their children continue to advance in school and proceed on the "normal" pathway for young people, guardians will continuously feel less isolated, and this will progressively become less connected to the influence of HBEP. Drop off set as same rate as their children's reduced exclusion outcome as the two are interdependent. With children in school and more self-sufficient, the guardians' ability to improve their food security will continue to grow and will become progressively more removed from the HBEP. Drop off set as same rate as children's reduced exclusion and guardians' reduced isolation as both of these lead to the freedom for guardians to generate income.
Caregivers	1) More respected in the community; 2) Expanded social networks	5 years; 10% drop off for each outcome	The knowledge and skills gained by the caregivers that have led to their increased respect cannot be taken away from them. If they continue on the HBEP as volunteers, these skills will continuously be reinforced, however how they apply them over time will depend on how they have chosen to showcase their skills more broadly, which is down to the individual caregiver more so than the HBEP. For that reason, drop off is set at 10%. The new relationships and networks formed by the caregivers will continue over an extended period of time, however the degree to which those relationships and sense of social belonging are maintained will be up to the individual caregivers and how they upkeep those relationships. Drop off set at 10% because these relationships will be reinforced as long as they are involved in HBEP, however the degree to which they are sustained depends on the individuals.
Employed Caregivers	1) More respected in the community; 2) Expanded social networks;	5 years; 15% drop off for the improved food security outcome (10% for the	The duration of the improved food security depends on the longevity of employment. While these caregivers were hired as assistant teachers through the programme, by being assistant teachers they have now gained more insight and skills in the school environment and have taken on more responsibilities at the school. This has improved their chances

Stakeholder	Outcomes	Benefit period and drop off	Source and rationale
	3) Improved food security	other two as per above)	of future income generation and is associated with the skills they acquire in the school setting. Harnessing those skills for improved food security in the future would progressively become more associated with their performance and teaching skills acquired in the schools vs. the HBEP so drop off set at 15% per year.
Facilitators	1) Increased professional fulfillment	5 years; 30% drop off	Their continued engagement with the HBEP builds on their professional satisfaction: they feel satisfied whenever they see their teachings being implemented. This satisfaction grows with time when stakeholders improve their implementation, skills and knowledge. Equally, over time, the facilitators interact with more projects and stakeholders beyond HBEP that result in considerable annual drop off.
HBE Management	1) Increased professional fulfillment; 2) Expanded professional opportunities	3 years; 0% drop off for increased professional fulfillment and 5 years; 20% drop off for expanded professional opportunities	The team expressed their fulfilment in their roles only grows over time, which is why drop off is 0%. Duration set at 3 years as that is the average amount of time the managers have been employed. The professional networks for the HBE team keep growing as they engage new stakeholders and refine their skills, which get noticed and lead to other opportunities. Over time, these opportunities will lead to others and the expansion will become less correlated to the HBEP.
Teachers at integrated schools	1) Increased professional fulfillment	5 years, 20% drop off	The sense of fulfilment felt by teachers at being able to manage a diversity of learners in integrated classrooms will be long-lasting; these skills and knowledge are now with them. As they become fully accustomed to this dynamic, they may need other new learnings and experiences to maintain the feeling of being challenged and fulfilled, which is why drop off is set at 20%, to account for the possibility that future fulfilment will be contingent on new learnings that are unrelated to teaching a more diverse student body.
Students at integrated schools	1) Reduced fear of differences	5 years; 10% drop off	Students have evolved from not harassing the children with disabilities at their schools, to comfortably sharing space with them to actively helping them. This reduction of fear is likely to expand over time if students continue to interact with children who are different from them, which over time will be less associated with HBEP and more on the individual characters of the students and their desire/opportunities to confront biases.
Children resident at Hanada Orphanage	1) Improved nutrient intake	2 years; 0% drop off	The improved nutritional intake of children depends on the availability of funding to purchase food and the support to the orphanage's garden, including the gardener. At the time of writing, the children at the orphanage experienced this outcome in 2022, which has lasted into 2023 and would be dependent on continued external funding going forward as the orphanage does not have a functional sustainability plan. Drop off is zero as the nutritional intake is dependent on HBEP.
	1) Reduced stress;	2 years; 0% drop off	The reduced stress from the director depends on the continuation of holistic funding and support from the HBEP. At

Stakeholder	Outcomes	Benefit period and drop off	Source and rationale
Director at Hanada Orphanage	2) Improved food security		the time of writing in 2023, this support is still in place but there is no sustainability plan for how the orphanage will manage its needs without the HBEP, which is why there is no drop off. The increased food security of the director depends on the continuation of holistic funding and support from the HBEP. At the time of writing in 2023, this support is still in place but there is no sustainability plan for how the orphanage will manage its needs without the HBEP, which is why there is no drop off and this benefit period is limited to two years.
Department of Social Welfare	1) Improved operational efficiency	2 years; 10% drop off	While originally the HBEP was responsible for alerting Social Welfare to children with special needs, now that there is reduced fear in the community, residents are progressively more informed and comfortable approaching Social Welfare directly. In this way, the change is self-sustaining and will slowly, over time, be less affiliated with HBEP and more contingent on residents' feeling confident to seek out the social services to which they are entitled.
Body-Stress Release Foundation Practitioners	1) Increased self-awareness; 2) Increased professional fulfillment	5 years; 10% drop off for increased self-awareness and 20% drop off for increased professional fulfillment	Increased self-awareness the practitioners felt would be long lasting; they have changed how they view themselves and their relationships to others. For the practitioners, this outcome is highly related to the interaction with children with special needs, however over time it may come to be associated with other changes and experiences, which is why drop off rate is set at a low rate of 10%. As the work of the BSR Foundation evolves and they engage new stakeholders, the association to HBEP specifically will wane each year and instead the new relationships built in South Africa will drive the direction of their activities and impact on their professional fulfillment.
Children with special needs reached by the BSR Foundation	1) Improved ability to self-regulate	2 years; 0% drop off	The improved self-regulation is tied closely to the BSR sessions and the regular interventions. Without these, the children go back to a less regulated, less calm state. Benefit period set as two years, the years BSRF has been offering children regular treatments, and long-term upkeep of the outcome would depend on continued intervention. Drop off set at 0% because the outcome is linked to this service.
Residents in Villages with HBE-enrolled Children	1) Reduced fear of differences	5 years; 10% drop off	Residents have changed from having no interaction with families with children with special needs to accepting them as part of their communities and even offering to help parents look after their children when needed. This reduction of fear is likely to expand over time if residents continue to interact with children who are different from them, which over time will be less associated with HBEP and more on the individual characters of the residents and their desire/opportunities to confront biases.
Physiotherapists at Kamoto Hospital	1) Increased professional fulfillment	4 years; 0% drop off	Without funding and support from HBEP, the physios would not be practically able to reach these children: they would not have the resources to go to their homes, nor would they know where to find the children. Benefit period set for the number of years the physios have consistently been involved. Drop off

Stakeholder	Outcomes	Benefit period and drop off	Source and rationale
CFO to HBEP Primary Donor	1) Increased professional fulfilment and security; 2) Expanded personal and professional community; 3) Increased self-awareness	5 years; 30% drop off for increased professional fulfilment and security; 15% drop off for other outcomes	set at 0% as the sense of fulfilment is contingent on interaction with children and their families, which is facilitated and paid for by the HBEP. Stakeholder has been involved for five years, and each year her sense of professional fulfilment increases by the additional new, exciting work that comes her way because she has become involved in Zambia and with her employer's African-based investments. 30% annual drop off to account for the substantial additional work she gets involved with each year that contributes to the outcome. Equally, each year she makes new connections that are not HBE specific that contribute to the outcome, which accounts for the 15% annual drop off. Self-awareness is long-lasting but the continuation of this outcome will be related to the other experiences and stakeholders met through her professional engagements and life experiences, accounted for in annual 15% drop off.
HBE graduates sponsored to school for the deaf and blind	1) Improved interest in learning; 2) Increased sense of belonging	5 years; 0% drop off for improved interest in learning and 15% drop off for increased sense of belonging	As the children will be sponsored at Magwero School for the next 5 years and their interest in learning is inextricably linked to being at a school with the resources appropriate for them, the drop off is set at 0% and the benefit period for a minimum of the next 5 years. Without the school and its resources, it would be unlikely that this outcome would persist. While the sense of social belonging is fostered at the school, even when children come home, they have developed more confidence to interact with neuro-typical children in their communities and their sense of belonging in their families has also improved. This sense of belonging would likely grow with time but become less contingent on the HBEP as the years progress, which is represented by the 15% drop off, to account for the self-sustaining relationships with people in their communities and families.
Families of HBE graduates sponsored to school for the deaf and blind	1) Improved family relationships	5 years; 0% drop off	Guardians strongly felt that the improvement in the relationships would be sustainable, and each year their children are at school and maturing, the relationship will only strengthen. For this reason, drop off is set to 0% as the children will all be foreseeably supported to the same school through HBEP for the next 5 years.

7.3.4 Displacement

Almost all of the value experienced by the stakeholders did not preclude other stakeholders from experiencing value. Displacement has therefore been modelled at nil for each outcome across 16 stakeholder groups in the model. Given the intrinsic nature of so many of the outcomes and the extrinsic changes of societal inclusion for historically marginalized groups, which comes at no disadvantage to other members of society, the absence of displacement is sensible.

Displacement was however identified for the stakeholder group Department of Social Welfare and the outcome of "increased operational efficiency." This change was in specific reference

to the ability of the Department of Social Welfare to enrol families with differently abled children on the social cash transfer (SCT) scheme, a government welfare benefit. This particular category of vulnerable resident was disproportionately under-represented in SCT enrollees in the Mambwe District prior to the HBEP, which has now changed thanks to the identification of children with special needs through the programme and subsequent data sharing with the Department of Social Welfare. However, the number of SCT places available throughout the district, across all groups of vulnerable residents, is finite and therefore an increase in enrolment of families with differently abled children would necessarily come at the expense of other vulnerable residents receiving the benefit, resulting in 100% displacement for this outcome and zero net value for this stakeholder groups in the model.

7.3.5 Double Counting

The risk of double counting has been explored for the following stakeholder groups and outcomes:

1. Students at Integrated Schools: Reduced Fear of Differences
2. Residents in Villages with HBE-enrolled Children: Reduced Fear of Differences
3. Children Resident at Hanada Orphanage: Improved Nutrient Intake

In order to avoid the potential of double counting stakeholders, the practitioner assumed that 100% of the students in integrated schools come from the same 85 villages as the children with developmental differences. The population of students at integrated schools was therefore subtracted from the total residential population of the 85 villages, even though the population figures provided for the villages were meant to be adults only. This decision was made by the practitioner to ensure no overclaim on population figures and to allow for the possibility that some village heads may have inadvertently included non-adults in their figures (see Section 7.3.5.1 below). While these students could be considered a sub-group of residents, they were reported uniquely in the model as their exposure to children with developmental differences is significantly higher than the average resident, which affected their discount considerations.

The practitioner took an especially conservative approach to the village population numbers, given the lack of hard census data at both the national and local levels and the notorious difficulty of quantifying resident numbers in Sub-Saharan Africa.⁸⁴ The “reduced fear outcome” for residents would extend to youth above the age of six (school going age in Zambia), and the value of this outcome for a younger population could be greater, given the greater adaptability and acceptance of children.⁸⁵ While the village heads were asked to provide adult population numbers, with the assumption that they would be able to estimate the population of adults more accurately, it is a risk that they did not all clearly understand the request and some may have provided full population figures, which is considered in the next sub-section.

⁸⁴ <https://www.mathematica.org/blogs/the-challenges-and-opportunities-for-collecting-survey-data-in-sub-saharan-africa>

⁸⁵ “Children were more likely than adults to generalize the unusual conjunctive relationship, suggesting that they are less biased by prior assumptions and pay more attention to current evidence” (Lucas et al, 2014): <https://pubmed.ncbi.nlm.nih.gov/24566007/>

Other consulted stakeholders (e.g., Time + Tide safari guides) expressed the same outcome of “reduced fear of differences” and were ultimately considered as part of the resident stakeholder group as opposed to a sub-group of residents. Given the number of villages from which the children on the programme come, it was beyond the capacity of the practitioner to match all stakeholders (material or considered) with this same outcome to the villages, and therefore to obviate the risk over-claiming or double counting, all stakeholders with the “reduced fear outcome” would be considered to come from the same villages as children with developmental differences. The implications of this assumption are modelled in the sensitivity analysis.

Lastly, the number of children resident at Handa Orphanage excluded the children with developmental differences in residence as their outcomes are included in that stakeholder group. Equally, children with developmental differences enrolled in primary schools were excluded from the total number of students at integrated schools, and children with developmental differences were excluded from the village population numbers (more below on village populations).

7.3.5.1 Resident Population Number

In order to collect village population numbers, traditional leaders (headmen and headwomen) as well as senior caregivers on the programme were surveyed to estimate population per village. Typically, village heads have a good understanding of the number of households in their jurisdiction with approximate number of individual residents based on their knowledge of individuals per household and loosely kept (if any) records of births and deaths (oftentimes, elderly village heads may have low, if any, levels of formal education). In this survey, the village heads and elders estimated the number of adults (18 years and above) per household.

In order to explore the possibility that some or all village heads gave the total estimated population, including children, the practitioner decided to consider what percent of the population would have likely been children aged six and under. As explained above, it was assumed that children aged six and under would be too young to harbour significant biases or would be too young for this outcome to be relevant. If they had been included in the population figures, they would then need to be excluded from the stakeholder count. The practitioner proceeded as follows:

1. Reviewed and estimated % of children across Africa who are aged six and below
 - a. Total population of Africa in 2021⁸⁶ estimated at 1,393,676,444⁸⁷
 - b. Total population aged 0-4 in 2021 estimated at 207,449,000⁸⁸
 - c. Total population aged 5-10 in 2021 estimated at 223,017,000⁸⁹
 - i. Assumed even split of population aged 5-10, to arrive at the figure of 37,169,500 per age group and multiplied by two to get total estimate for age groups five and six of 74,339,000

⁸⁶ Year 2021 used as this was the year for which practitioner could find data split by age category in Africa

⁸⁷ <https://www.macrotrends.net/countries/AFR/africa/population>

⁸⁸ <https://www.statista.com/statistics/1226211/population-of-africa-by-age-group/>

⁸⁹ <https://www.statista.com/statistics/1226211/population-of-africa-by-age-group/>

- d. Calculated approximate percent of total population aged 0-6, which amounted to 20%
2. Reviewed and estimate % of children from Zambia who are aged six and under following the same methodology as above with publicly available census data from Zambia⁹⁰ and arrived at a similar percent: approximately 18% of the population is aged six and under
3. Tested the impact on the model of reducing the resident stakeholder group size by 20% in the sensitivity analysis (Section 9)

7.4 Determining Materiality of Outcomes and Stakeholders

In this section, all stakeholder groups and outcomes modelled are considered for materiality. This includes a detailed review of all information collected to ensure that the final values and outcomes presented by stakeholder group give a fair picture of the programme’s impact.

Each stakeholder group and their respective outcomes were assessed on materiality based on:

- Relevance of the stakeholder group in the context of the model and value creation
- Relevance of the outcomes to the stakeholder group, other stakeholders and society
- Significance of the value experienced by the stakeholder group in the context of the model, with the threshold of **stakeholder groups comprising total value of 1% or more included in the model**
- Significance of the outcomes experienced by each stakeholder group, with the threshold of **outcomes comprising at least 10% of total value per stakeholder group included in the model**

In the table below, each stakeholder group and their respective outcomes are considered on this basis.

Table 64: Materiality of Outcomes by Stakeholder Group

Stakeholder Group	Outcomes	Materiality Determination
Residents in villages with HBE-enrolled children (53% of total value): relevant and significant	1. Reduced fear of differences	1a. This outcome, at a societal level, is requisite for children with special needs and their families to experience reduced isolation and exclusion. In the context of rural Zambia, the fears that surround people with differences are pervasive and deeply rooted, leading sub-sets of the population to be extremely marginalized and outright ostracized – relevant 1b. Reported by a number of proxies for the community and have changed ‘a lot;’ and significance validated by analysis of objective indicators, namely the results of the community survey – significant
Students at integrated schools (17% of total value): relevant and significant	1. Reduced fear of differences	1a. Students at schools would need to confront their own inherited biases in order to make schools safe and comfortable environments for children with special needs and to contribute to generational, societal change – relevant

⁹⁰ <https://www.statista.com/statistics/457727/age-structure-in-zambia/>

Stakeholder Group	Outcomes	Materiality Determination
Primary guardians of children with developmental differences (12% of total value): relevant and significant	<ol style="list-style-type: none"> 1. Reduced stress and anxiety 2. Reduced isolation 3. Improved food security 	<p>1b. Younger residents having close, intimate exposure to children with differences and learning first-hand that the local fears harbored are unfounded brings the opportunity for them to share their experiences with other children and in their households, setting a new tone for how differences are regarded – significant</p> <p>1a. Relevant to stakeholders as per articulation and attested to by other stakeholder groups (facilitators, caregivers, HBE management) – relevant</p> <p>1b. Of high value to stakeholders (49% of value experienced by guardians) and confirmed by public health research on the effects on parents’ stress levels when they have children with developmental differences⁹¹ – significant</p> <p>2a. Relevant to stakeholders as per articulation and validation of their well-defined outcomes with other stakeholder groups, particularly caregivers and their understanding of the emotional toll of isolation in a rural African communalist context – relevant</p> <p>2b. Of high value to stakeholders (37% of value experienced by guardians) and confirmed by public health research on the effects on parents’ sense of isolation when they have children with developmental differences⁹² – significant</p> <p>3a. Relevant to stakeholders as per articulation and in the context of high poverty and low education; any change in food security or the opportunity for change in food security is a top priority – relevant</p> <p>3b. This unintended positive outcome of the HBEP proves the economic, in addition to the social and personal, benefits of making space for people with differences in society; not only could they, potentially, contribute productively but the people who care for them then have the opportunity to participate in income generation activities – significant</p>
Children with developmental differences (10% of total value): relevant and significant	<ol style="list-style-type: none"> 1. Improved ability to achieve developmental milestones 	<p>1a. Essential for the physical and emotional well-being of stakeholders and their potential for independence/self-sufficiency and as their human right – relevant</p> <p>1b. Given the absence of any other stakeholders prior to HBEP with the resources (firstly knowledge) to help children with developmental differences learn in an appropriate manner, this outcome was crucial to prove to guardians and other stakeholders that children with developmental differences can learn and develop – significant</p>

⁹¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10001439/#:~:text=Parents%20raising%20a%20child%20with,which%20further%20increases%20parental%20stress.>

⁹²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10001439/#:~:text=Parents%20raising%20a%20child%20with,which%20further%20increases%20parental%20stress.>

Stakeholder Group	Outcomes	Materiality Determination
	2. Reduced exclusion	<p>2a. Relevant to stakeholders as per articulation by their proxy guardians and caregivers, especially in the descriptions of children’s mental health/perceived happiness from when they were largely confined to the house to openly attending school and playing with other local children – relevant</p> <p>2b. Reported as high importance to stakeholders, comprising 60% of the value experienced by children; validated by the objective indicators of children’s enrollment in school and survey data from guardians on their comfort in leaving their children in the care of others (74% outcome incidence) – significant</p>
Caregivers (3% of total value): relevant and significant	<p>1. More respected in the community</p> <p>2. Expanded social networks</p>	<p>1a. Relevant to stakeholder as per articulation and validation, with numerous examples shared of how caregivers have actively approached residents with differences and shared advice, for which they received open praise – relevant</p> <p>1b. Reported as high importance to stakeholder, comprising 82% of the value experienced by caregivers; validated by the distance travelled assessment of feeling respected (100% outcome incidence) – significant</p> <p>2a. Relevant to stakeholder as per articulation and discussion around lack of opportunity to otherwise expand social networks, given high unemployment and low education amongst caregivers – relevant</p> <p>2b. Reported by stakeholders to be meaningful to them in the context of their limited resources and opportunities; validated by the distance travelled assessment of networks which caregivers belonged before and after involvement with HBEP (500% outcome incidence) – significant</p>
Employed Caregivers (sub-group; 1% of total value): relevant and significant	3. Improved food security	<p>3a. These caregivers do not come from strong (if any) educational backgrounds and received specific training to be eligible for employment under the HBEP as teachers’ assistants; without this particular job opportunity through the programme, caregivers would likely remain unemployed – relevant</p> <p>3b. For the employed caregivers, this outcome relative to the other two comprised 56% of the total value they experienced, with on average 140% change in their monthly income – significant</p>
Children with special needs reached by the BSR Foundation (1% of total value): relevant and significant	1. Improved ability to self-regulate	<p>1a. Relevant to stakeholders as per articulation of proxy caregiver, who described the difficulty of children with special needs to regulate their emotions. With BSR and the subsequent, immediate improved regulation, children are able to focus on classwork and other learning activities – relevant</p> <p>1b. Caregiver described data files on all children and the consistent recording of a reduction in challenging behavior following the BSR sessions, validated by high outcome incidence of 89% – significant</p>

Stakeholder Group	Outcomes	Materiality Determination
Body-stress release practitioners (1% of total value): relevant and significant	<ol style="list-style-type: none"> Increased self-awareness Increased professional fulfilment 	<p>1a. Relevant to stakeholders as per their articulation of change pre- and post-involvement with the HBEP: before HBEP, they described their professional BSR practices and lives more generally as sheltered and privileged. With an understanding of the positive impacts they can have on children with special needs and exposure to different cultures and socio-economic conditions, some of the practitioners have made fundamentally different life choices and describe themselves as significantly changed – relevant</p> <p>1b. Comprised 70% of the value experienced by practitioners, inspiring inward reflections on their ways of life and perceptions; validated by HBE management team who have witnessed these personal transformations in a number of practitioners – significant</p> <p>2a. The technical skills obtained by working on different kinds of bodies have allowed the practitioners to improve their client service more holistically, with examples of how they have adapted their techniques on elderly bodies based on what they’ve learned by working on children with cerebral palsy – relevant</p> <p>2b. While the job of being a BSR practitioner comes with a high degree of professional fulfilment, being able to extend this service to a marginalized population in South Africa that demonstrates immediate positive change after the therapy sessions has had a material effect on the practitioners’ sense of satisfaction and pride in their work (36% outcome incidence) – significant</p>
Facilitators (.04% of total value): relevant but not significant	<ol style="list-style-type: none"> Increased professional fulfilment 	Did not meet 1% threshold for materiality in the model. Relevance of outcomes to stakeholder group and in context described in Section 6.5
HBE Management (.09% of total value): relevant but not significant	<ol style="list-style-type: none"> Increased professional fulfilment Expanded professional opportunities 	Did not meet 1% threshold for materiality in the model, however did meet the threshold for materiality when model was analyzed for percent of total value experienced by individual stakeholders (see Section 8.3). Relevance of outcomes to stakeholder group and in context described in Section 6.6.
Teachers at Integrated Schools (.75% of total value): relevant but not significant	<ol style="list-style-type: none"> Increased professional fulfilment 	Did not meet 1% threshold for materiality in the model. Relevance of outcomes to stakeholder group and in context described in Section 6.7.
Children resident at Hanada Orphanage (.009% of total value): relevant but not significant	<ol style="list-style-type: none"> Improved nutrient intake 	Did not meet 1% threshold for materiality in the model. Relevance of outcomes to stakeholder group and in context described in Section 6.9.

Stakeholder Group	Outcomes	Materiality Determination
Director at Hanada Orphanage (.02% of total value): relevant but not significant	<ol style="list-style-type: none"> 1. Reduced stress 2. Improved food security 	Did not meet 1% threshold for materiality in the model, however did meet the threshold for materiality when model was analyzed for percent of total value experienced by individual stakeholders (see Section 8.3). Relevance of outcomes to stakeholder group and in context described in Section 6.10.
Department of Social Welfare (0% of total value): not relevant or significant	<ol style="list-style-type: none"> 1. Improved operational efficiency 	With 100% displacement, this stakeholder group ended up not contributing to any value in the model.
Physiotherapists at Kamoto Hospital (.07% of total value): relevant but not significant	<ol style="list-style-type: none"> 1. Increased professional fulfilment 	Did not meet 1% threshold for materiality in the model. Relevance of outcomes to stakeholder group and in context described in Section 6.15.
CFO to HBEP Primary Donor (.03% of total value): relevant but not significant	<ol style="list-style-type: none"> 1. Increased professional fulfilment and security 2. Expanded personal and professional community 3. Increased self-awareness 	Did not meet 1% threshold for materiality in the model. Relevance of outcomes to stakeholder group and in context described in Section 6.16.
HBE Graduates Sponsored to School for the Deaf and Blind (.38% of total value): relevant but not significant	<ol style="list-style-type: none"> 1. Improved interest in learning 2. Increased sense of belonging 	Did not meet 1% threshold for materiality in the model, however did meet the threshold for materiality when model was analyzed for percent of total value experienced by individual stakeholders (see Section 8.3). Relevance of outcomes to stakeholder group and in context described in Section 6.17.
Families of HBE Graduates Sponsored to School for the Deaf and Blind (.25% of total value): relevant but not significant	<ol style="list-style-type: none"> 1. Improved family relationships 	Did not meet 1% threshold for materiality in the model, however did meet the threshold for materiality when model was analyzed for percent of total value experienced by individual stakeholders (see Section 8.3). Relevance of outcomes to stakeholder group and in context described in Section 6.18.

8 Value Created by the HBEP for 2022 Stakeholders

8.1 Overall SROI

The SROI model found that **every \$1 invested in the HBEP yields a social return of \$27.28.**

Key findings include:

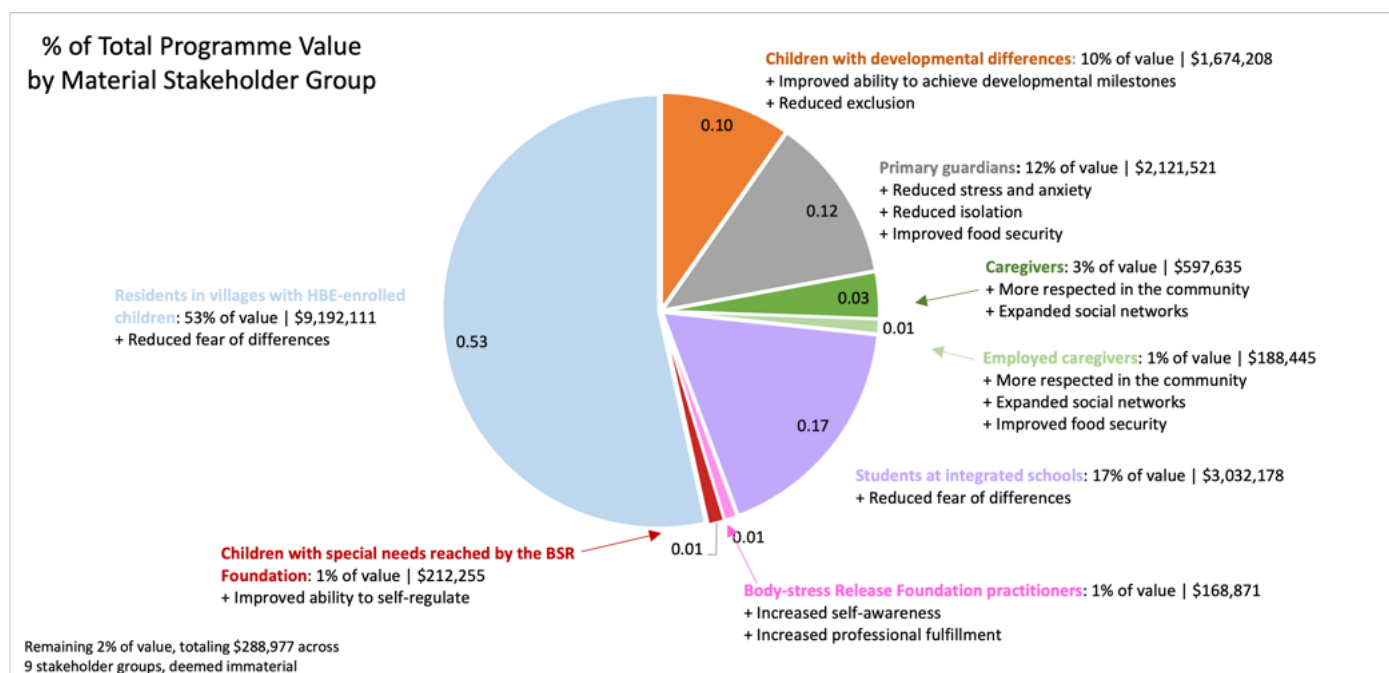
1. Given the broad intentional and unintentional community impact of the programme, **the greatest collective value has been reducing the deeply rooted fear residents have felt towards people with developmental differences.** This is a stakeholder group of over 34,000 individuals, with 22,889 experiencing this outcome. **These 22,889 individuals collectively comprise 53% of the value created by the programme, which equates to \$9,192,111 USD.** At the individual level, the value experienced by each resident is immaterial (\$142 USD, the least of any individual stakeholder) but **the reach of this outcome** amounts to more than half of the total value generated by the programme;
2. Students at integrated schools experience the same reduction in fear as residents, and **they account for 17% of the total collective value, which equates to \$3,032,178 USD.** Students who attend inclusive schools **are in the presence of developmental differences in a confined environment daily.** At the individual level, the value experienced by students is also immaterial (\$425 USD) **but 200% higher than that experienced by individual residents,** due to consistent exposure and the relative adaptability and acceptance of children. Like adult residents, the high number of individuals in this stakeholder group (2,803 experiencing the outcome) accounts for the high percentage of the total value;
3. **Children enrolled on the programme in 2022 and their primary guardians** account for 22% of the value, **experiencing 10% (\$1,674,208) and 12% (\$2,121,521) respectively of the total collective value.** On an individual level, children currently on the programme and children who graduated from the programme and have been sponsored to special schools experience the highest individual value (\$19,468 and \$22,028 respectively). Primary guardians of children on the programme experience the third highest per individual value (\$18,502). Given the young age of the children enrolled in the programme, the higher collective value for their guardians makes sense: **children do not have the vocabulary to express themselves fully** (or in some cases at all), and they may not have registered or been able to exhibit to their guardians the extent of the changes to their exclusion or development. What is clear through the model is that **positive change for children correlates with positive change for their guardians,** both of which are **inextricably linked to softening of fears and biases in local society.**

8.2 Value Created per Stakeholder Group

The model reveals **seven** stakeholder groups and **one sub-group** who experience collective material value as a result of the HBEP. Residents in the villages where HBE children are

enrolled experience the most value (53%), followed by the students who attend school with developmentally different children (17%), the primary guardians of children on the programme (12%), and the children on the programme themselves (10%). The below figure illustrates the breakdown of value experienced by the 2022 stakeholder groups. An additional nine stakeholder group are included in the model but excluded from the full stakeholder-level analysis because their total collective value experienced is only 2%. Out of these nine stakeholder groups, two met the threshold for materiality at the individual stakeholder level along with five out of eight of the stakeholder groups/sub-groups included in the total programme value model.

Figure 23: Total Programme Value by Material Stakeholder Group



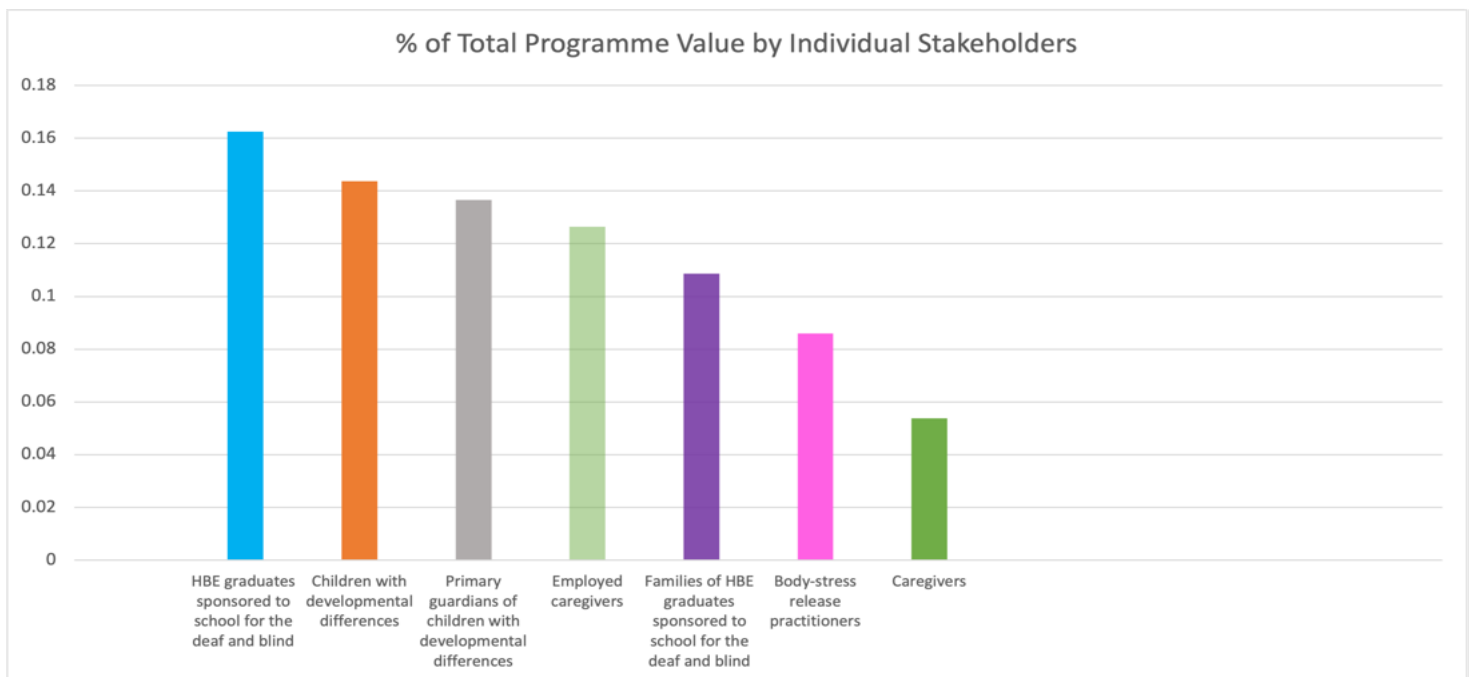
8.3 Value Created per Individuals

Value for individual stakeholders was considered significant if it comprised **5% or more of the total value at the individual level.**

Children enrolled on the programme and those who graduated from the programme and are now sponsored (through the HBEP) to a school for the deaf and blind experience similar amounts of value on an individual basis. The direct programme beneficiaries receive weekly interventions, many of them attend schools with employed caregivers to assist them and the sponsored students live at a boarding school equipped for their specific learning needs. **These stakeholders experience the greatest proportion of individual value**, with programme graduates experiencing 16% (\$22,028) and children on the programme experiencing 14% (\$19,468). They are followed closely by the primary guardians for children on the programme also at 14% (\$18,502), all of whom report significant intrinsic, functional and extrinsic shifts **as a result of their children receiving appropriate support** and access to outlets through which they can share their experiences with other parents. Individual employed caregivers experience 13% of the value (\$17,131), which reflects the **significance of the employment**

opportunity relevant to this sub-group. Individual caregivers, on the other hand, still met the significance threshold at the individual level with 5% (\$7,288), but they experience **considerably less value because their new skills gained through the programme have not improved their income generation**. Families of HBE graduates sponsored to school for the deaf and blind comprise 11% of the individual value (\$14,717) with just one outcome of improved family relationships, an outcome that has materially affected the well-being of their family unit. Lastly, body-stress release practitioners reached the threshold for materiality at the individual level at 9% (\$11,646).

Figure 24: % of Programme Value by Individuals in Stakeholder Groups



The below sections extrapolate on the value experienced by each stakeholder group.

8.4 Value Experienced by Residents in Village with HBE-enrolled Children

Residents who live in the same villages as children enrolled in the HBEP experience the **greatest collective value at 53%** (\$9,192,111). This value has been generated through one outcome:

1. Reduced fear of differences

The work of the HBEP deliberately tries to reduce fears and stigmas in the community by heavily investing in the education of caregivers and guardians, conducting community outreach to share biological knowledge, resourcing schools for effective inclusion, and collaborating with government departments. Through the model, the significance of this societal shift becomes unambiguous: all factors of the programme working in harmony for seven consecutive years have **resulted in verifiable change to how the larger community respond to people with differences**. The description of the programme might lead one to expect that the children supported by the HBEP directly would comprise the greatest value.

This is true on an individual level, but **the macro-perspective is different**. Children with developmental differences on the HBEP make up .004% of the population of their villages, and while they experience significant change to their personal well-being, the greatest social value lies in **the impacts those individual changes have on other people**. When residents observe children with disabilities making developmental strides, when they see caregivers visiting homes and conducting exercises, they become curious. In rural Zambia, people with no jobs and subsistence livelihoods **have a lot of time to watch what is happening around them**. Only a small proportion of these residents are likely to have watched a local play on disabilities or heard the HBEP radio broadcasts. **Most of them will have experienced this change by unintentionally collecting their own evidence on why differences are not to be feared**. The concentration on children in the programme – getting them to walk, write, communicate, go to school -- has wide reaching impacts on the way everyone who is privy to these changes understands the nature of disabilities. As the evidence mounts and children previously thought to be forever doomed to an infant-like state become more independent and attend school, **residents are forced to reconsider their assumptions and biases**. By proxy, their fears reduce.

8.5 Value Experienced by Students at Integrated Schools

Students at integrated schools experience the **second largest collective value at 17%** (\$3,032,178). This value has been generated through one outcome:

1. Reduced fear of differences

While the HBEP has the larger objective of challenging the long-held, local biases against people with differences, there was **no specific intended outcome** for students at integrated schools worked into the programme objectives. What's more, when children on the HBEP were ready to enroll in formal primary schools, there was no intervention with students at these schools to prepare them for their new classmates. Instead, students at these schools simply had children they had never seen before, the sight of whom made them feel uncomfortable, show up at school and start attending their classes, eating lunch alongside them and playing on the school playground. This was a **drastic change to the status quo**, and parents of the other students objected, demanding that the school administrations make separate provisions for children with disabilities to learn. Once confronted with the initial shock of this new peer group, the students realized that their **fears were unfounded**; nobody "caught" the conditions by being next to the differently abled students. Moreover, as they relaxed, they realized that children with developmental differences are also just children, with many of the same attributes as themselves. Like residents, **students did not challenge their preconceived ideas intentionally**; they simply had to confront their fears and get on with their studies at school. Over time, these fears have reduced, enabling a safer, more inclusive social environment at the schools.

8.6 Value Experienced by Primary Guardians of Children with Developmental Differences

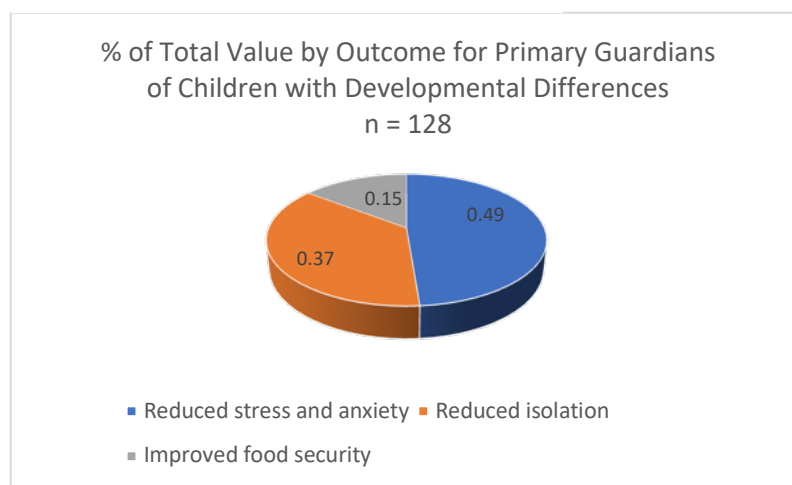
Primary guardians of children with developmental differences experience **12% of the value**, and third highest value on an individual level after children on the programme and children formerly on the programme now sponsored to school. The high value experienced by primary

guardians is linked with the development of their children: as their children exhibit physical and emotional change, primary guardians become less worried about their well-being and the burden of caretaking is reduced. In 2022, **128 primary guardians** benefitted from the HBEP with **three material outcomes**:

1. Reduced stress and anxiety
2. Reduced isolation
3. Improved foods security

The below figure shows the value proportion of these outcomes for primary guardians:

Figure 25: Value by Outcome: Primary Guardians



Nearly half of the value experienced by primary guardians is reduced stress and anxiety, which correlates with research on the emotional and physical toll having a differently abled child places on caregivers.⁹³ **This intrinsic change is the most significant to guardians**, and the most tangibly felt daily difference: **they are no longer debilitated by the worry that their children will never develop**, never become independent, which is what they previously thought when they understood these conditions to be caused by witchcraft. The developmental changes in their children coupled with the biological knowledge guardians now have also **result in extended family members taking an interest and once again visiting their homes**, which they had stopped doing in fear that the child’s condition could be contagious or that they too would fall victim to witchcraft by being in the presence of a child with differences. When family starts to visit, guardians feel less isolated, an extrinsic change that is also of significant value (37%) and mutually reinforces the reduction in their stress and anxiety. Lastly, **once children become less dependent on their guardians** and especially once they attend school, guardians can **participate in the income generation** of their families, which for the majority of the stakeholder group means subsistence farming. This in turn contributes to their improved food security, comprising 15% of their experienced value.

8.7 Value Experienced by Children with Developmental Differences

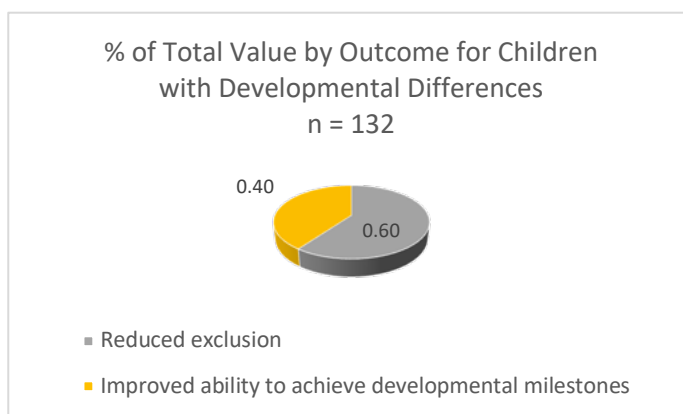
⁹³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10001439/#:~:text=Parents%20raising%20a%20child%20with,which%20further%20increases%20parental%20stress.>

Children with developmental differences experience **10%** of the total collective value and the **second highest value on an individual level**, right behind programme graduates. In 2022, **132 children** were enrolled in the HBEP throughout the year, and the monetary equivalent of the value experienced collectively by these children was **\$1,674,208 USD**. The children experience **two material outcomes**:

1. Reduced exclusion
2. Improved ability to achieve developmental milestones

The below figures show the value proportion of these outcomes:

Figure 26: Value by Outcome: Children with Developmental Differences



The children on the programme are not self-represented; their primary guardians acted as proxies. This proportion of value for the two outcomes is highly influenced by the outcome incidence: whereas the diversity of conditions and longevity in the programme means that the pace of achieving developmental milestones is highly varied, **nearly all children on the programme experience considerable reduced exclusion**. In the context of societal reactions to children with disabilities in rural Zambia, the significance of children leaving their homes, being able to play safely around their homes and attending school **cannot be understated**. Even if their developmental metrics are slow to change, **the emotional health and general well-being of young children is, as articulated by their guardians, of the highest value** and this shift comes not with achieving developmental targets but being able to socialize with other children.

8.8 Value Experienced by Caregivers and Employed Caregivers

Collectively, caregivers and employed caregivers **comprise 4% of the total value** (\$786,080), with the larger caregiver group at 3% and the employed caregivers at 1%. However, at an individual level, the employed caregivers experience the fourth highest value (13%), while the caregivers are number seven (5%) and the last stakeholder group to reach the threshold of materiality at the individual level. The caregivers experience three outcomes as a full group, with one outcome only applicable to the employed caregivers

1. More respected in the community
2. Expanded social networks

3. Improved food security (sub-group of employed caregivers only)

The below figures show the value proportion of these outcomes for caregivers and employed caregivers:

Figure 27: Value by Outcome: Caregivers

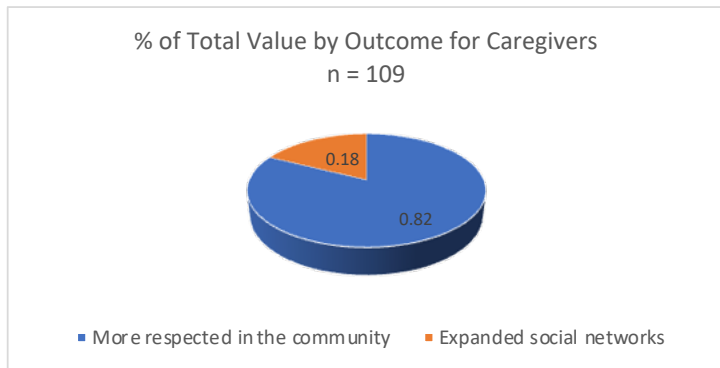
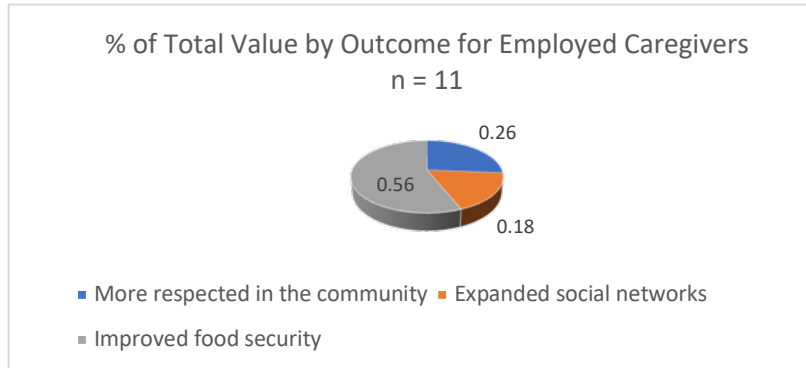


Figure 28 Value by Outcome: Employed Caregivers



For the caregivers as a whole, the most significant change (82% of the value experienced) is the **increase in respect they feel in their communities**. With low levels of education and very little formal employment experience amongst them, serving as caregivers on the HBEP has given them **access to new knowledge**, which they **proudly share**. Caregivers reported approaching people openly, people not affiliated with the HBEP, when they thought they spotted a developmental difference in their children and offering advice, **for which they have been highly praised**. The role of caregivers gives them a **sense of purpose**, with the new biological knowledge about disabilities serving as a powerful tool with which to **showcase their own value in the community** and their **ability to drive change**. In the process of their learning through the HBEP, caregivers have been able to meet new stakeholders, travel outside of their home village areas and these opportunities for exposure have also proved a valuable change for a stakeholder group that generally does not have the means to go far from home.

For employed caregivers, the bulk of the value experienced is **improved food security** (56%); in the context of high poverty, especially for people who are not fully educated, **formal employment opportunities are highly coveted**. While more respected in the community (26%) still outweighs expanded social networks (18%), there is a much smaller gap between them because they mutually reinforce one another. As assistant teachers with formal employment, the status of having a job necessarily increases their respect in the community, and the schools at which the caregivers work offer them even more opportunity to expand their social networks. From the value breakdown by caregivers and employed caregivers, it is clear that **employed caregivers experience significantly more value than caregivers on an individual level** – 135% more to be exact – because of the **ability to use their knowledge and skills to improve their economic circumstance**.

8.9 Value Experienced by Children with Special Needs Reached by the BSR Foundation

Children in South Africa with special needs who are resident at care facilities **comprise 1% of the total value** (\$212,255). From the movement of social value from the BSR practitioners in Zambia to their home country, **350 South African children with developmental differences have also benefitted** from this alternative therapy, allowing them to experience a significant outcome:

1. Improved ability to self-regulate

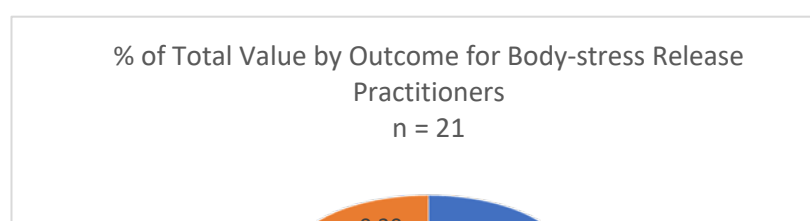
This stakeholder group and outcome were discovered through the primary data collection process, demonstrating **the power of tracing social value from stakeholder group to stakeholder group**. The value of this programme has extended not only beyond the rural area where it was implemented **but also internationally**. The positive physiological and emotional effects of BSR on people with bodily tension was the reason why it was offered to children on the HBEP in Zambia initially, and their profound positive reactions to the sessions coupled with overwhelming positive feedback from guardians was the rationale for including this service routinely. But the benefits of the therapy did not end with the children in Mfuwe; rather, **these benefits inspired the expansion of this therapy to children with special needs in South Africa**, a part of the population BSR practitioners had not yet considered as a potential client base. Now, children in five care facilities in South Africa are offered BSR treatments monthly, which have a substantial calming effect on the children, leaving them better able to focus and ultimately better able to self-regulate. These changes were described by both the proxy head of a care facility in Cape Town, evidenced by the decrease in disruptive behavioral incidents following BSR treatments, as well as the BSR practitioners' data on the children's responses to the treatments. While the individual value for these children is not material (.01%), **the number of stakeholders in this group, coupled with the significance of the extension of social value, accounts for material collective value in the model.**

8.10 Value Experienced by Body-stress Release Practitioners

The collective stakeholder group with the least material value in the model is the BSR practitioners themselves, accounting for **1% of the total value** (\$168,871). On the individual stakeholder value analysis, the practitioners' value was sixth out of seven stakeholders, with individual value per practitioner calculated at \$11,646 (9% of the value by individual stakeholders). The BSR practitioners experienced two material outcomes:

1. Increased self-awareness
2. Increased professional fulfillment

Figure 29: Value by Outcome: BSR Practitioners



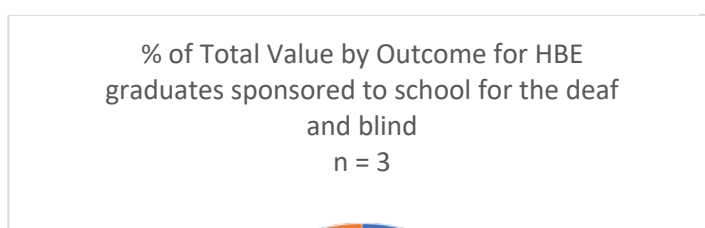
The majority of the value experienced by BSR practitioners was increased self-awareness (70%): working with children with special needs, in Zambia and in South Africa, all of whom come from extremely underprivileged backgrounds, has **opened practitioners' minds and hearts to how their skillset can have broader impact**. What's more, the practitioners didn't feel they would have had this exposure and subsequent self-realizations without the HBEP. In their own words, their backgrounds, educations and client bases are all similar; the majority of practitioners are middle class, white South Africans. Engagement with children who are developmentally different living in poverty has **inspired the practitioners to think about their purpose, about social justice, and the power of their profession**. The other outcome, increased professional fulfillment (30%), is a common one throughout several stakeholder groups: **working with developmentally different children tends to make people feel better about their jobs and their professional ability to make a meaningful difference in the lives of children** who have experienced such hardship. For BSR practitioners, their jobs are naturally fulfilling; their profession is a calling, and they are committed to helping people relieve the tension and stress they carry. **Working with children with special needs has made their sense of professional fulfillment grow even more**. But the increased self-awareness outcome **took them by surprise**: all of the practitioners engaged spoke about their own experiences and served as proxies for their fellow practitioners when they described the deep, intrinsic shifts they have experienced from helping children with special needs through the HBEP in Zambia and the care facilities in South Africa.

8.11 Value Experienced by HBE Graduates Sponsored to a School for the Deaf and Blind

While children who graduated from the HBEP and have been sponsored to a special school for their learning needs did not reach the materiality threshold for the collective model (due to small sample size), **at the individual level they experienced the highest amount of value** (16%, with individual value of \$22,028). The value they experience is through two outcomes:

1. Improved interest in learning
2. Increased sense of belonging

Figure 30: Value by Outcome: HBE Graduates Sponsored to School



For these children who graduated from the HBE, the outcomes have evolved from those experienced by currently enrolled children. They have reached their developmental milestones, their learnings are primarily academic in nature and they have **moved beyond reduced exclusion to a sense of social belonging**. Both outcomes were weighted relatively evenly by the students, who joined a focus group with their guardians and spoke on their own behalf (through an interpreter) as well as were represented through their guardians. Because these three students all have hearing impairments, unlike other children in the HBE who have joined local primary schools, they could not access the learning material. They therefore did not have the potential to advance academically, which too contributed to a sense of social isolation. By attending a school that is specifically able to meet their learning needs, and living alongside students and adults who have the same hearing impairment, **these children now feel part of a community in a way they haven't before**. They are able to understand their lessons, and their guardians reported watching them reading and writing when they come home from school for term breaks, which they did not do before. For these children, the HBEP has gone further than developmental support: **the programme has opened up a world of academic and future professional potential**. Whereas the majority of children enrolled in HBEP in 2022 are at the preschool learning level and are primarily experiencing the value of being included, these HBEP graduates are **experiencing the value of academic advancement**.

8.12 Value Experienced by Families of HBE Graduates Sponsored to a School for the Deaf and Blind

The families of children who graduated from the HBEP and have been sponsored to a special school also did not reach the materiality threshold for the collective model (again, due to small sample size), but **at the individual level they experienced the fifth highest amount of value** (11%, with individual value of \$14,717), and the **only stakeholder at the materiality threshold with just one outcome**:

1. Improved family relationships

Like the outcomes for HBE graduates at a special school, the outcome for their families is an **evolution of the outcome experienced by the primary guardians** of currently enrolled children. Those primary guardians are now beginning to experience more peace in their daily lives: less anxiety, more inclusion by family and community members and the ability to focus more on income generation. For families of children who graduated from programme, progressed in school and are now at the stage of gaining academic value and building their

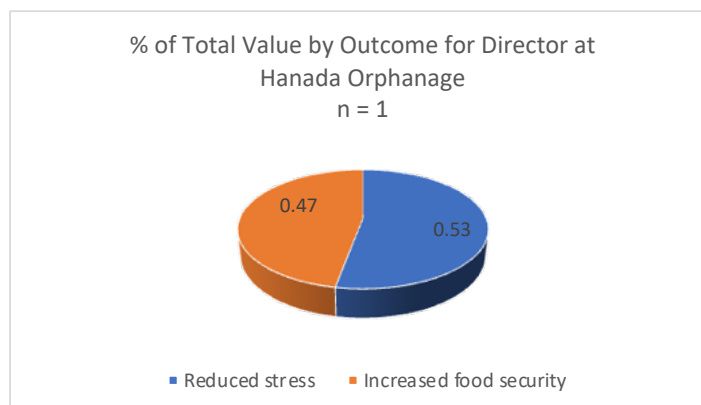
own community, **there is a household level shift**. The connections between family members that had been previously strained are now improving, and **the fractured family unit is strengthening**. This outcome on its own was the **second highest valued in the model across all stakeholder groups** (after improved ability to achieve developmental milestones for children on the programme), which highlights its significance. In rural Zambia, family members unquestionably support one another: it is expected that children look after their siblings and parents financially, and everyone has a role in upkeeping of the daily needs of the household. When these roles are compromised, relationships suffer. For these families, however, **that order is in the process of being restored** now that their differently abled children have found their sense of belonging, a way to communicate and their contribution to the family unit.

8.13 Value Experienced by the Director at Hanada Orphanage

As a stakeholder group of one, the Director at Hanada Orphanage did not experience value that was material to the collective model, nor did she meet the threshold for materiality at the individual level. She experienced two outcomes:

1. Reduced stress
2. Improved food security

Figure 31: Value by Outcome: Director at Hanada Orphanage



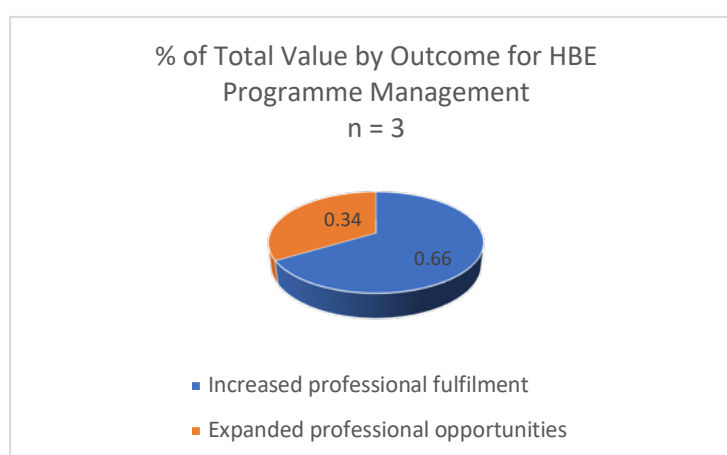
The two outcomes were split relatively evenly, which represents their mutual reinforcement: the stress the Director was carrying from having to provide for all of the children resident at the orphanage was weighing significantly on her health. With the HBEP supporting the full operational costs of the facility and improving its resources, **the stress carried by the Director has been lifted**. Without a functional governance body for the orphanage and unreliable operational grants from Social Welfare, **the Director has been solely responsible for meeting the needs of the children at the facility**. Additionally, because she is **no longer having to split her personal resources between her family and the orphanage**, she is able to improve her own food security. The Director is clear on the change experienced through the HBEP: while the idea of creating more need at the orphanage by accepting children with special needs as full or part-time residents was initially daunting, the subsequent resource support for their caretaking and improved conditions for all children has not only improved the daily functioning of the facility but **the Director's personal well-being**.

8.14 Value Experienced by HBE Programme Management

The HBE Programme Management stakeholder group **did not meet the threshold for material value** at either the collective or individual level. Two material outcomes were experienced:

1. Increased professional fulfilment
2. Expanded professional opportunities

Figure 32: Value by Outcome: HBE Management



The majority of value experienced by the HBE management is in their **increased professional fulfilment, a common outcome across several (six) stakeholder groups**. When children achieve developmental milestones, when the team records tangible change in schools becoming integrated, in students and residents changing their attitudes towards people with differences, the **management of the programme feels exceptionally fulfilled**. As seen in the value of the residents' outcome, the fulfilment and value come in the reach of the programme and **the ability to effect real change in society by intensive work at the individual level**. Further to this, all three members of management have gained valuable skills through their employment that **have led to other income generating opportunities**, which in turn have expanded their professional networks and opportunities. This kind of impact the HBE managers record in their work on this programme is unique; in the villages of Mfuwe, their insights, care, compassion, and knowledge can have a spell-binding effect on residents who are desperate for help and advice. They have the extreme privilege and responsibility to advise thoughtfully, and when they see material change to children's well-being and the well-being of their primary guardians, they are infused with a sense of fulfilment in their roles that they would be unlikely to find in other jobs.

8.15 Value Experienced by Facilitators

The four primary facilitators who lead the trainings for caregivers and guardians experienced one outcome, which **did not meet the threshold for material value** at either the collective or individual level. That outcome is:

1. Increased professional fulfillment

This outcome is **experienced by six of the seventeen modelled stakeholder groups (35% of stakeholders)**: being able to observe and record significant change to the well-being of extremely marginalized communities has a material impact on the people inspiring that change. For the facilitators specifically, by working with residents who have little to no formal education, they had to change how they delivered the material so as to ensure effective retention of information. When they could see this adjustment to their teaching technique was working, they felt a **strong sense of fulfilment for being able to dynamically impart their knowledge**, and to educate rural residents who often have low confidence in their ability to learn. The respect caregivers feel in their communities because of their knowledge and the ability to teach others correlates with the outcome for facilitators: **the more empowered caregivers feel to teach others, the more fulfilled the facilitators feel in their professions as teachers.**

8.16 Value Experienced by Children at the Orphanage

The children resident at Hanada Orphanage experienced one outcome, which **did not meet the threshold for material value** at either the collective or individual level. That outcome is:

1. Improved nutrient intake

By receiving regular meals at the orphanage thanks to the financial support from the HBEP, the nutritional intake of the children in residence has increased. Prior to HBEP involvement at the orphanage, **the children were not guaranteed of three meals a day**, let alone meals that had adequate nutritional value. This outcome is of **material value to the well-being of this stakeholder group**, as expressed by proxy through the Director and validated by caregivers employed at the orphanage. Due to low stakeholder number, however, and relatively low value of the financial proxy, the stakeholder group proved immaterial in the model (value of \$421 per individual child).

8.17 Value Experienced by Teachers at Integrated Schools

The 73 teachers at integrated schools experienced one outcome, which **did not meet the threshold for material value** at either the collective or individual level. That outcome is:

1. Increased professional fulfillment

As with the other stakeholders who experienced this outcome, the teachers at these schools have found their own sense of professional fulfilment enhanced by working with children with special needs. These teachers did not make the choice to have children with special needs in their classrooms; they were told the children would be integrated by the school administration, with the help of trained teachers' assistants. While initially resistant, **the**

teachers came to see the value of having children with disabilities in their classes for reducing deeply held fears and biases about differences, fears that they too harboured. By learning how to engage this new kind of student in their classes and modelling acceptance for the wider student body, the teachers have experienced an intrinsic shift. When they observe children with special needs in their classes advancing physically and socially, when they can foster acceptance between these students and their neurotypical peers, they themselves feel fulfilled and more dynamic as teachers.

8.18 Value Experienced by the Department of Social Welfare

The representative for the Department of Social Welfare expressed one material outcome, which **did not meet the threshold for material value**:

1. Improved operational efficiency

Specifically, this outcome applied to enrolment of children with special needs onto the Department's social cash transfer (SCT) scheme. Previously, very few children with disabilities were able to access this social benefit because Social Welfare did not have the resources to identify them for enrolment. The HBEP has taken on this work for the Department, however due to the finite places on the SCT scheme per district, the enrolment of children would necessarily come at the expense of other vulnerable residents. While there may be wider social value and efficiencies for the government in gaining insight into this historically invisible part of the population, the outcome that was discussed and mapped in the stakeholder engagement was **determined to add no value due to 100% displacement**.

8.19 Value Experienced by Physiotherapists at Kamoto Hospital

The four physiotherapists who participate in the outreach to offer their services to children with special needs at their homes **did not meet the threshold for material value** at either the collective or individual level for their one outcome:

1. Increased professional fulfillment

Like the facilitators and HBE Management, the physiotherapists from the local hospital have been personally moved by their experiences interacting with the programme. Specifically, they have been able to observe real, physiological change in the children with whom they work, and the children's guardians are exceptionally grateful for their contributions. **This kind of positive reinforcement is rare for the physios**, and they didn't realise how much they valued **long-term, personal contact** with clients and **conspicuous gratitude** until they engaged with children with physical developmental differences through the HBEP.

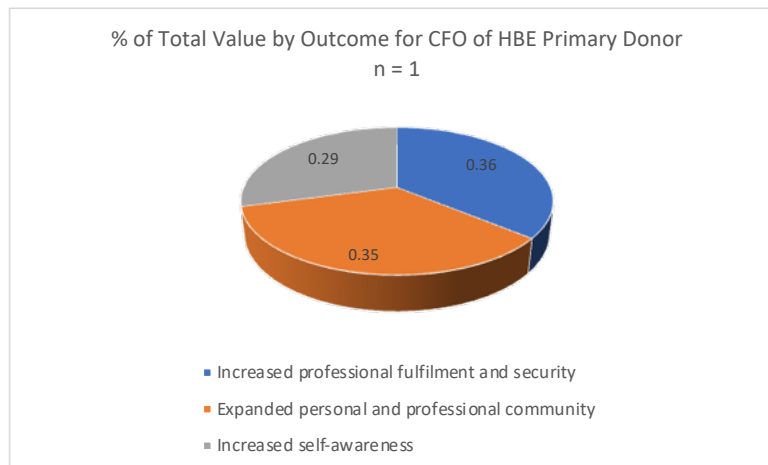
8.20 Value Experienced by the CFO to the HBE Primary Donor

The CFO for the primary donor of the HBEP has also experienced extrinsic and intrinsic change as a result of her interaction with the programme. As a single individual, she did not meet the materiality threshold for the collective model, and her value at the individual level also did

not meet the threshold for inclusion (4%, equating to \$4,802 of individual value). She experienced three material outcomes

1. Increased professional fulfillment and security
2. Expanded personal and professional community
3. Increased self-awareness

Figure 33: Value by Outcome: CFO for HBE Primary Donor



These outcomes are similar to other stakeholder groups but in a different context and relatively evenly split. The CFO is **the only non-African stakeholder** in the model. Through this programme, she has developed a new community of peers and friends outside of her home country of Australia. She became involved with the HBEP as part of her professional, financial responsibilities for the programme donor and **unexpectedly discovered a love and passion for the beneficiaries and grassroots approach to social development**. This has led her to become closely involved with the programme, beyond the financial due diligence role, which has added a **unique element to her job** and provided her with a stronger sense of professional fulfilment and stability. What's more, her involvement with HBEP has led to her inclusion on the governance body of the TTF and other philanthropic and business opportunities in Africa. Like the BSR practitioners, she too has learned about herself as an individual in the process, including **new ways of thinking about the well-being of people** and communities that have been historically under-served.

9 Sensitivity Analysis

The SROI model includes professional judgements and assumptions, which means that the final reported SROI of \$27.28 USD for every \$1 USD invested could be over or understated. The practitioner felt confident in the financial proxies chosen and the subsequent anchoring across outcomes as per stakeholder weighting, and the levels of certain discounting factors. The sensitivity analysis was therefore used to test **only those variables for which the practitioner felt there was reasonable scope for variability in the model and over which the practitioner had to use careful judgement**. The following assumptions were tested:

- Deadweight for children with developmental differences
- Deadweight for students
- Deadweight for residents
- Attribution for caregivers
- Total number of residents experiencing the outcome
- Number of stakeholders for residents
- Drop off rate for residents
- Outcome incidence for students
- Drop off rate for students
- Outcome incidence for children reached by the BSR Foundation
- Stakeholder number for children reached by BSR Foundation
- Displacement for the Department of Social Welfare
- Stakeholder number for programme graduates
- Stakeholder number for children with special needs and guardians
- Value of volunteer time
- Discount rate

Altering these variables revealed an **SROI range of \$23.65 to \$28.15 for every \$1 invested**, the results of which are detailed in the table below. This limited fluctuation in the range (maximum of 19%) gave the practitioner further confidence in the rigor in the research process and results.

Table 65: Sensitivity Analysis

Variable Tested	Rationale	Base case	New case	New SROI
Deadweight for “improved ability to achieve developmental milestones”	Deadweight figure derived from children with Autism: those who received early intervention versus a control group. Because Autism can manifest without any physical impairments, the difference between children who received intervention and the control group could be less significant than conditions with both physical and cognitive delays, such as cerebral palsy.	41%	30%	27.45
Deadweight for students’ outcome of “reduced fear of differences”	Students at integrated schools could have been more open-minded than their parents towards people with differences and been naturally inclined to question long-held biases as sometimes is the case with new generations and access to more information.	10%	20%	26.75

Variable Tested	Rationale	Base case	New case	New SROI
Deadweight for residents' outcome of "reduced fear of differences"	While all stakeholders were adamant that residents would not have been inspired to reconsider their views without the presence of the HBEP, perhaps some residents were already, discreetly, starting to think differently about disabilities and the cultural/historical stigmas against them.	0%	10%	25.84
Attribution for caregivers' and employed caregivers' "more respected in the community"	Caregivers expressed that without the learnings from the HBEP, they would not have been in a position to acquire the knowledge that would then allow them to gain new respect. However, caregivers may have gained more respect simply by their age; the greater the age, normally the greater the respect in rural Zambia.	0%	10%	27.19
Total number of residents experiencing the outcome	The data the practitioner received for village populations was for adult residents only. However, it is possible that some stakeholders gave the total populations for their villages instead of just the adults. As per the calculations explained in Section 7.3.5.1, if the population of villages used in the report did include children, those aged 0-6 would not be relevant and likely would have comprised 20% of village populations. Reduced total stakeholder number that experienced the outcome by a further 20%.	22,889 experiencing outcome	18,311	24.41
Number of stakeholders for residents	In the base case outcome incidence, the practitioner assumed that the students at integrated schools come from the same villages as children enrolled in the HBEP because it was beyond the capacity of the practitioner to identify their exact home villages. Tested the effects of assuming only half of the students at the schools come from the same villages as residents.	34,162 stakeholders (total village population less 100% of students)	36,254 stakeholders (total village population less 50% of students)	28.15
Drop off rate for residents	With residents' fear reducing, it could be argued that this outcome would drop off at a faster rate and gradually evolve into an outcome of acceptance.	10%	20%	24.93
Outcome incidence for students	While students themselves, teachers as proxies and HBE management as proxies all input to the outcome incidence for students, it is possible that some students in schools may appear to have reduced fears but still harbor biases. Tested the effects of this possibility by considerably reducing outcome incidence.	67%	40%	25.37
Drop off rate for students	With students' fear reducing, it could be argued that this outcome would drop off at	10%	20%	26.50

Variable Tested	Rationale	Base case	New case	New SROI
	a faster rate and gradually evolve into an outcome of acceptance.			
Drop off rate for residents and students	Testing the effects of drop off rates for both stakeholder groups increasing.	10%	20%	24.16
Outcome incidence for children reached by the BSR Foundation	Based on the saturation between proxy representations from the practitioners and the head of the South African care facility, this outcome was extrapolated to all children receiving BSR in South Africa. Tested the effects of only 60% of children experienced the outcome.	89%	60%	27.17
Stakeholder number for children reached by the BSR Foundation	Outcome was extrapolated to full stakeholder group in the model based on testimonies from one care facility and the BSR practitioners. Tested the effect on the model of only 25% of the stakeholder group	350 children	87 children	27.03
Displacement for the Department of Social Welfare	In the model, this outcome and stakeholder group added no value due to 100% displacement. However, it is possible that while the SCT enrollment caused 100% displacement, the Department of Social Welfare could have experienced non-SCT related efficiencies as a result of the HBEP.	100%	50%	27.29
Stakeholder number for programme graduates	Only three HBE graduates were included in the model: those sponsored to special schools. However, between 2020-2022, 8 additional children have graduated from the programme and may have experienced the same outcomes.	3 stakeholders	25 stakeholders	28.04
Stakeholder number children on the programme and guardians	These stakeholder groups, the direct beneficiaries of the programme, are the recipients of the majority of the programme investment and experience the most personal outcomes. Tested the effects of not extrapolating those outcomes to the full stakeholder groups.	132 children 128 primary guardians	73 children 73 primary guardians	24.69
Value of volunteer time	Wages for informal hourly work in Zambia based on the minimum wage are incredibly low. Tested the effects of increasing the hourly wage by 50%, which would be well above minimum wage if the volunteers were in paid, low-level positions.	10-20 ZMW per hour	20-30 ZMW per hour	23.65
Discount rate	Discount rate used was the interest rate of Zambia for 2022, ⁹⁴ however it could be argued that discount rates for SROI purposes	9%	7.5%	27.89

⁹⁴<https://www.focus-economics.com/country-indicator/zambia/interest-rate/>

Variable Tested	Rationale	Base case	New case	New SROI
	<p>should be lower than for investment purposes. In Africa, these rates are high and a figure more in line with the U.S. treasury bond (5%) could be appropriate. Another possible equation would be to use the USD SROI rate and add the long-term interest rate differential to get local currency SROI. This would be $2.5\% + (9\% - 4\%) = 7.5\%$ (with 4% = the difference between the Zambian bond and U.S. treasury bond).</p>			

10 Verification

The verification process was included in several stages of the assessment, with informal and regular inclusion of the HBE management team, the TTF Programmes Manager and other members of TTF staff with local knowledge. Formally, the verification process included:

- Verification of focus group discussion guides with HBE management and TTF Programmes Manager (who is an Associate Social Value Practitioner)
- Verification of theories of change and material outcomes with HBE management and each stakeholder group
- Verification of relative value of outcomes with each stakeholder group
- Verification of financial proxies with TTF Programmes Manager
- External assurance of the report with Social Value International (forthcoming)
- Sharing final report with TTF programme staff and board of directors (forthcoming, once report is assured)
- Sharing key report findings and brainstorming on responses with stakeholder groups (forthcoming, once report is assured; see Appendix H)

During the second focus group discussion or interview with each stakeholder group, significant time was devoted to reviewing the theories of change and confirming each intermediate and final outcomes. After the valuation weighting exercise, the results were discussed in the focus groups, with the outcomes visually ordered according to the weighting and again confirmed by the stakeholder groups. These discussions always resulted in the stakeholder groups maintaining the original weighting of the outcomes, further proving the certainty stakeholders placed on the order of importance of their outcomes (and further justifying the anchoring valuation approach).

After the assurance process and final report is prepared, a summary of the results will be presented back to the stakeholder groups, and each stakeholder group will be engaged in a discussion on how to further expand the outcome of reducing fear and how this outcome evolves into one of acceptance and immersion. At the time of writing in January 2024, the HBE team is already actioning the collection of evidence for “acceptance” over “reduced fear” for students at integrated schools.

11 Implications and Limitations of the Results

In order to fulfil Principle 8: Be Responsive, organisations are required to take action in response to the findings of the SROI analysis and commit to optimising well-being for materially affected stakeholders. These actions can include new or revised strategies, tactical decisions on which activities lead to the most value creation and/or improving existing operations to optimise value. This section includes the key implications of the SROI findings and suggested responses for TTF to consider.

In order to be transparent about the SROI, limitations on stakeholder engagement, data collection and the corresponding risks are detailed and discussed.

11.1 Implications of the Results

11.1.1 There is significant social value in societal fear reduction

“Children are now seen in schools, their parents carry them to churches. There is a change in the mentality of the community members towards people living with disabilities.” Ward Counsellor

Reducing societal stigmas and fears about people with disabilities has been an objective in the HBEP from the start. This was seen as a necessary change in order for children with special needs to feel welcome in their communities and at schools. However, the standalone societal benefits of fear reduction **were not deliberately considered in the programme design**; they were rather thought of in relation to the children with special needs and their social safety. What emerges through the model is **the value of the macro-level reduction of fear** in society.

The UN Convention on the Rights of Persons with Disabilities (CRPD) “seeks to restore power to people with disabilities over their own lives ... the convention is now emblazoned with a headline provision on the right to live independently and be included in the community – something that requires a revolution in how services are imagined and delivered,” (Rimmerman, xii). In rural Zambia, **the revolution begins in how residents imagine the causes of disabilities**, with current beliefs deeply rooted in histories, traditions, culture, spiritualism and – predominately – fear. These beliefs, for the most part, are inherently irrational in nature and confronting them with facts alone does not drive change. Instead, the shifts occur from encouraging children with disabilities out of their homes, into communal village settings and into schools, and with intensive education on the biology of differences for those residents who choose to learn and subsequently share this information.

People are forced to reflect on and re-examine their understandings when they see the positive change that comes from members of their communities (caregivers) volunteering their time to help children reach developmental milestones; their perspectives slowly recalibrate. If these are not yet outlooks of inclusion or acceptance, they are certainly moving away from fear. “... the biggest challenge of all ... will be to reconnect people to the naturally occurring social capital in their own communities ... The need to do so is both a moral imperative and also a precondition for successful inclusion. Indeed, the CRPD also requires States to ‘nurture receptiveness to the rights of persons with disabilities,’” (Rimmerman, xii).

The HBEP is nurturing that receptiveness, intentionally and indirectly, and laying the foundation for societal reconnection. The depth and value of this change is not routinely seen and discussed in the context of the programme, and this report has brought to light the value of this change. The TTF team may consider how to **reinforce the tactical approaches to reducing fear**, and derive confidence from the larger scale, positive societal changes fostered implicitly through the programme.

11.1.2 Programmes that tackle deeply rooted societal stigmas need long-term commitment and stamina

The **staying power of the HBEP is significant**; a social revolution to effect real change for the inclusion of people with disabilities takes time and happens quietly. What's more, it happens just as much if not more through the evidence of change, witnessed by residents themselves, than through deliberate efforts to educate. The intense focus on a select few individual children and their families, showing up consistently to their homes and bringing guardians and caregivers together regularly, **reinforces for the target audiences -- and the many people who take notice of these activities -- that improving the well-being of children with disabilities requires collective effort.** Despite differences with stakeholders, with guardians becoming frustrated at the slow pace of change, the pushback from schools or the fatigue of caregivers, the stamina of the programme and relentless showing up to do the same exercises with children, to teach the same lessons to caregivers, is driving social value in a subtle way. People are observing; **they have the time, in the context of limited employment opportunities, to watch and listen.** Offering a scientific explanation for a child's delay in mobility or motor function may not get the attention of onlookers, but **they certainly take note of a child they had assumed would never walk now independently going to school.** The HBEP is structured alongside the natural growth of children, and some children on the programme take years to show progress along their developmental trajectories. **The accumulation of social value lies in the longevity.** While this is the first time an SROI has been conducted on the HBEP, one can imagine that an evaluation after one to two years would have yielded far fewer stakeholder groups and drastically different results. The programme has primary beneficiaries (the children enrolled) and secondary beneficiaries (guardians, caregivers), but in fact the stakeholders experiencing positive change in relation to the programme, over a period of seven years, are **close to 40,000 individuals.** What the TTF can learn from this evaluation is the **necessity of long-term programme planning**, with an understanding that the second order social impacts take years to materialize and prove, and the social return on the investment grows substantially over time.

11.1.3 The societal multiplier effects of individual investment lead to societal change

Historically, the budget for the programme has been analysed on a per child basis, and some fundraising efforts have been structured accordingly. What these SROI results tell us, however, is that the **value generation extends far beyond the primary beneficiaries.** The sustained investment in the development of individual children comes with societal change, and the value that is being generated in the process needs to be considered in the budgeting, fundraising and optimised in the programme strategy. The TTF team may consider a greater geographical reach, with the knowledge that enrolling more children means exposure to more villages and residents. The TTF team may consider new ways to help guardians **streamline**

children with differences into public places; to give more people the chance to be in their presence and the opportunity to draw new conclusions. The fears of residents in rural Zambia about people with differences are incredibly high; for the most part, **they can only reduce.** The TTF may also consider assessing their other core programmes through this lens: what are the underlying societal biases or histories that keep certain groups of people on the fringes of society, and how can investment in individuals work to counter those biases? The TTF may consider mapping the potential societal value of individual investment across its programmes, with the HBEP serving as a point of departure.

11.2 Limitations of the Results

This SROI was undertaken by the Director of the TTF, who implemented the pilot HBEP for the TTF in 2016 and has managed the evolution of the programme, including the process of hiring the management team and the facilitators. She is therefore not an objective assessor and that comes with the risk of her not fully recognizing or appreciating the potential for negative outcomes. In order to mitigate this risk, other TTF colleagues were consulted throughout the process together with the facilitators, the majority of whom have been involved with the HBEP since its pilot phase. When professional judgement was required, a conservative approach was taken. The TTF Programmes Manager, who joined the organisation in August 2022 and therefore has a more objective view on the programme, was consulted at various points to lessen the risk of overclaim. The risk of subjective bias was considered to be effectively mitigated, however the close association and long history between the practitioner and the programme under analysis should be noted.

11.2.1 Limitations of Data Collection

The majority of primary data collected by involving stakeholders and determining the changes was done through focus group discussions. This method was deemed to be the most accessible to all stakeholders, many of whom were not able to read or write. Focus group discussions come with the risk of the social desirability bias and less vocal participants not feeling comfortable to share their views. In order to mitigate this risk, an explanation was given at the start of each focus group about the purpose of the exercise and the desire to understand the changes caused by the programme, including and most importantly the negative ones. This point was elaborated, with the further explanation that there are no 'right' or 'wrong' answers through these discussions; the sole objective was to understand the perspective of the stakeholders (see Appendix C for full discussion guides and pre-discussion explanation). When compiling the indicators and determining outcome incidence, the focus group data was triangulated with objective data whenever possible.

Moderator bias is also a common risk of focus group data collection, which was mitigated by a clear, open-question discussion guide (Appendix C) and the presence of a TTF intern to assist with translation where necessary and encourage participation from all individuals. Additionally, the SROI practitioner is highly experienced in focus group data collection as this is a common method used with stakeholder engagement in normal organisational operations and therefore was confident in her approach to open-ended, non-leading questions.

The practitioner did note, however, that beyond the limitations of language and format, the majority of local stakeholders consulted were not familiar with the process of introspection. **Thinking in the language of change is not always a natural consideration for adults without formal education** and living in conditions of severe poverty. When asked how certain changes made people feel, one-word responses such as “happy” or “good” were often given. Asking for evidence of change (examples) was easier, and from these the practitioner extrapolated a theory of change with nuance and description that was not familiar to certain adult stakeholder groups (e.g., primary guardians and volunteer caregivers). While these theories of change were shared and confirmed, there is a risk that they were not fully comprehended. Certain, highly educated stakeholder groups such as the BSR practitioners, HBE management, the CFO for the HBE Primary Donor, and the facilitators were able to reflect on their personal and professional experiences, and what’s more they enjoyed the process of articulating the change. This may mean that they are proportionally over-represented simply because they were able to express themselves in a language of self-reflection. While the practitioner was conscious of this dynamic and tried to meticulously think through change for all stakeholder groups equally, there may be implicit bias in the methodology towards stakeholder groups with practice in introspection.

11.2.2 Limitations of Stakeholder Engagement

Most key stakeholders were engaged through focus groups with two formal meetings per group. Given the high demands and sensitivities of specific groups, the practitioner felt it appropriate to combine the outcomes and valuation discussions (see Section 6). Certain potential stakeholder groups or sub-groups were not engaged as part of this valuation due to logistical and time constraints, and their absence from the model may come with the risk of under-valuation and lack of visibility on potential negative outcomes. Most significantly, these include:

1. **Female primary guardians in support groups:** the female primary guardians who received individual and/or group counselling were not consulted separately. Some of these mothers confirmed during the larger primary guardian focus group that their outcomes were the same as those expressed by the full stakeholder group. A separate conversation with these mothers in the support group context may have led to articulation of additional, more personal outcomes. Future evaluations should explore this potential sub-group more thoroughly;
2. **Students at integrated schools:** while there was sufficient, triangulated evidence to support students’ outcome of “reduced fear,” there was also some evidence to suggest this outcome may have evolved for some or all students to “acceptance.” While the practitioner felt that collecting new evidence to differentiate between “reduced fear” and “acceptance” was too onerous for this evaluation, it is recommended that the HBE team consider potential pathway to change in their data collection (at the time of writing, this need has already been discussed and actioned). Additionally, it’s possible that some students feel that the integration of learners with different needs detracts from their own education, which should be explored in future evaluations by consulting the group more comprehensively;
3. **HBE graduates:** of the 25 children who have graduated from the programme, only three who are still connected to the programme (through sponsorship) were

consulted in the valuation. While the logistics of physically locating and surveying the other 22 programme graduates were beyond the logistical means for this evaluation, they comprise a critical stakeholder group and almost certainly the total value is under-represented without their consultation (data collected from their exit questionnaires, however, did comprise some of the indicators used in the outcome incidence, see Sections 7.1.1 and 7.1.2). Future evaluations should explore this stakeholder group more thoroughly

11.2.3 Addressing the Risk of Overclaiming

The SROI Principle 5: Do not Overclaim was considered at all stages of the evaluation:

1. In all focus group discussions and interviews, an explanation was given at the start to reassure stakeholders that full transparency of their observations and experiences, including the negative ones, would only help to strengthen the programme delivery. Further, explicit probing for negative outcomes was included in each stakeholder engagement (Appendix C);
2. The relevance and significance of each outcome was considered. Most outcomes were reviewed and revised based on the determination of materiality (see Section 6) and thereafter validated with stakeholders before the valuation engagement;
3. All outcomes and theories of change were verified by all stakeholder groups or their proxies;
4. A conservative approach was used in the modelling, including outcome incidence, identification of proxies and all discounting factors. The value of each outcome was discounted by deadweight, attribution, benefit period, and drop off. Details on the approach to discounting can be found in Section 7 and implications of less or more conservative discounting can be reviewed in the sensitivity analysis (Section 9).

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13 Appendix A: Methodology

The practitioner closely followed the SROI Guide to Social Return on Investment in each stage of undertaking the SROI analysis. Specifically, this included:

1. **Establishing scope and identifying stakeholders:** this stage involved qualitative engagement with the HBEP team to generate an initial list of potential stakeholder groups, and with the TTF Programmes Manager and one member of the TTF board of directors to identify the boundaries of the assessment. Once the initial list of stakeholders was compiled, a brainstorming session was held with the HBEP management as to how to effectively engage stakeholders, which was unanimously decided to be through focus group discussions or interviews;
2. **Mapping outcomes:** the practitioner then consulted each of the stakeholder groups (directly or by proxy) through focus group discussions or interviews to understand their perspective on change, and to identify additional stakeholder groups. With the primary data from the stakeholders on change experienced, a theory of change was subsequently developed for each stakeholder group, which included well-defined outcomes. Each of these theories of change were used to generate a more generalized impact map (see Section 5). At this stage, the inputs to the programme (financial and in-kind) were consolidated, and the programme outputs for the period under analysis were quantified;
3. **Evidencing outcomes and giving them a value:** once each theory of change had been developed per stakeholder group and all stakeholder groups assessed for relevance and significance, the theories of change were presented back in a second focus group meeting or interview with each group, or in a combined outcomes' identification and valuation interview when necessary/appropriate. These theories of change and the well-defined outcomes were validated by the stakeholders, and then stakeholders participated in valuation exercises, which included weighting the outcomes and sharing their stated preferences for value. Additionally, stakeholders were asked for their perspective on how to prove the change had happened (their indicators). Post these meetings, the practitioner articulated the indicators per outcome and identified one to two indicators (either both objective or objective and subjective) to generate outcome incidence;
4. **Establishing impact:** in the second meeting with stakeholders, the discounting elements were explored by asking stakeholders about what might have happened if HBEP had not been present, who else contributed to the change, how much those other people/factors influenced the change, and the duration the stakeholders felt the change would last. Post these second meetings, the practitioner reviewed the data from the weighting exercises and stated preference value statements and researched financial proxies for certain outcomes, which she then used as anchors for the other outcomes. The outcomes, outcome incidence and proxies were then input into the model to get an initial idea of the total values pre-discounting;
5. **Calculating the SROI:** once data from the stakeholders on discounting factors had been analyzed and validated, these figures were also incorporated into the model, together with the drop off rate and relevant discount rate in order to calculate the net present value and the SROI ratio. A sensitivity analysis was then conducted to test the impact of altering key assumptions;

6. **Reporting, using and embedding:** with the base case model set, the practitioner then elaborated the process for assurance and to acquire Level 3 Advanced Practitioner Status, including sections on the implications of the results, which will guide the organization on responses to the findings. The key findings will also be shared back with each stakeholder group engaged and the TTF board of directors, together with the organization's plans to expand value creation.

14 Appendix B: Scope

The Home-based Education Programme served 132 children across 85 villages in 2022. These villages are located throughout two of the six chiefdoms that comprise the Mambwe District: Kakumbi Chiefdom and Mnkhanya Chiefdom. Both chiefdoms form part of the larger Mambwe District, in the Eastern Province of Zambia. The assessment is of the value experienced by the 2022 stakeholders over the entirety of their involvement in / interaction with the Home-based Education Programme. The 2022 stakeholders interacted with the Home-based Education Programme for a period of one to seven years, with the total, cumulative value experienced by each stakeholder group assessed. This ‘snapshot in time’ approach was taken because it was deemed too challenging to ask the stakeholders to separate the value by year of involvement, and it was deemed too subjective for the practitioner to try to make these professional judgements. Instead, the investment figures include amounts from prior years (2016 through 2021) that were relevant to the 2022 stakeholders and all of the investment from the year 2022.

The investment from prior years was calculated by dividing total cost of the programme per year by number of children enrolled each year to determine cost per child per year, and then multiplying that cost per child by the number of 2022 beneficiaries who were enrolled in those prior years. The same methodology was used to determine the portion of the organisation’s administrative costs applicable to the Home-based Education Programme in prior years (analyzing cost per beneficiary per year and multiplying by the number of relevant 2022 stakeholders, those who were involved in prior years).

15 Appendix C: Stakeholder Involvement

Engagement Context

The preferred method of engagement for all stakeholder groups was verbal, either through interviews or focus group discussions. In Mfuwe, the majority of adult residents cannot read and write, nor do they have computer literacy or easy access to computers, which meant it was not possible to administer a written or electronic survey. Given the large number of stakeholders engaged, it would have been inefficient to attempt one-on-one interviews with everyone. For the larger groups of stakeholders (guardians, caregivers, teachers), focus group discussions were held, with the limitations of this methodology addressed in Section 11. Individual interviews were held with stakeholder groups of one, and a smaller focus group held with the facilitators and HBEP management. By engaging everyone verbally, the primary data collection was consistent throughout all stakeholder groups, and no one was excluded or disadvantaged by the method of engagement.

For guardians and caregivers, a translator accompanied the practitioner in order to interpret some of the questions and answers into the local language (Chinyanja). Some of the stakeholders understood the questions in English but felt more at ease expressing themselves in the local language. So as not to miss the content shared, the practitioner transcribed the translator's interpretation verbatim as she received the responses.

Identifying Stakeholders

Stakeholders were considered anyone who experienced material change as a result of the HBEP, with materiality defined as relevant and/or significant in the context of their lives. An initial list of potential stakeholder groups was compiled between the practitioner, HBE management and TTF Programmes Manager. Additional stakeholders were considered by asking each of the stakeholder groups the following questions:

"You have talked about some ways in which you have changed / seen change because of the HBEP. Who else experiences change or has the potential to experience change because of HBEP? This can be positive or negative. What evidence do you have to support your thinking?"

Based on the stakeholders' replies, further exploration of possible subgroups within the additional stakeholder groups they identified, was undertaken. These questions included:

"Are all of those stakeholders the same? Within that [group identified], do you think some people may have experienced change differently to others in the group? Why or why not? Do you think this difference was important? To whom was it important and why?"

The proxy stakeholders included guardians for children (both for children on the programme and those who graduated and are now sponsored to school); teachers for students; caregivers, teachers, the ward counsellor, and guardians for residents; the district health director and two nurses for rural health clinics; the BSR practitioners and head of care facility

for children reached by the BSR Foundation in South Africa; and the Social Welfare Officer for the department as a whole.

A full list of stakeholders considered, format of engagement and determination of material outcomes can be found in Section 7.4.

16 Designing and Conducting Engagement

16.1.1 Purpose of Involving Stakeholders

Stakeholders were involved directly in order to understand change from their perspective. Their interpretations of change have been used as the foundation of this report. Specifically, stakeholders were engaged at most every stage:

- To understand context and brainstorm initial theory of change
- To identify other stakeholders and explore subgroups
- To articulate change and outcomes
- To verify theories of change and well-defined outcomes
- To quantify amount of change
- To explore discounting factors (deadweight, attribution, duration, drop off)
- To understand the relative value of outcomes
- To understand the monetary value of outcomes
- As proxy for stakeholders who could not be consulted directly
- On how the organization can be responsive to the valuation results

16.1.2 Modes of Engagement

Stakeholders were engaged through focus group discussions and semi-structured interviews. The practitioner took copious notes during the focus groups and interviews, including touch typing verbatim what participants said in response to each question so that she could analyze afterwards and extract quotes to illustrate individual perspectives and serve as evidence of experience.

16.1.2.1 Large (10+ people) Focus Groups

Guardians, caregivers and BSR practitioners were met in larger focus groups. In addition to participation in the full stakeholder groups, female primary guardians, employed caregivers and caregiver coordinators were consulted thereafter in small focus groups to explore possibility of sub-groups, out of which the employed caregivers emerged as a sub-group with a discrete, additional outcome. There was a high degree of saturation within and between the stakeholder groups on the change that had occurred, with varied perspectives on the impact of that change shared in the valuation discussions. This consistent narrative gave the practitioner a high degree of confidence on the theories of change and overall impact of the programme.

16.1.2.2 Small (<10 people) Focus Groups

Smaller numbers of teachers, facilitators, HBE management, and guardians of children sponsored to a special school were engaged in focus groups, and these focus group discussions included elements of semi-structured interviews, as it gave the participants the time to elaborate extensively on certain points (whereas larger focus group discussions

included more concise contributions from individuals and then discussion from the larger group). Again, there was a high degree of saturation within and between stakeholder groups in their understanding of how the programme impacts a variety of stakeholders. This consistency gave the practitioner a high degree of confidence on the theories of change and overall impact of the programme.

16.1.2.3 Semi-structured interviews

The proxies for children reached by the BSR Foundation in South Africa, children resident at Hanada Orphanage, the Department of Social Welfare, Rural Health Clinics, students, residents, and children with developmental differences were all interviewed with semi-structured interview guides. So too were those stakeholder groups of one (Director of Hanada Orphanage and CFO for HBE Primary Donor) and those ultimately not considered significant or relevant to include (traditional healers, traditional leaders, primary donor, Time + Tide tourism guides, church representatives, representatives for the Ministry of Health). The questions were open-ended and allowed the respondents the opportunity to elaborate as desired. These interviews tended to be the same length of time as the focus groups given the level of detail provided by the respondents and the opportunity to explore specific changes in more depth.

16.1.3 Discussion Guides for Establishing Outcomes

The discussion guides for establishing change, identifying outcomes and determining other potential stakeholder groups were similar across stakeholder groups and format of engagement. Below is the standard introductory blurb shared before each discussion and set of questions used to guide these initial engagements.

Explanation of Data Collection:

We are collecting data directly from stakeholders to understand, from your perspective, what if anything changed as a result of your involvement with the Home-based Education Programme. We are evaluating any kind of change – positive or negative – and what you may have experienced and what you may have observed other stakeholders to experience.

With this data, we will be evaluating the parts of the programme that stakeholders believe to be of the most value so that we can improve on/expand those elements and also understand where our activities are not considered as valuable or where we may be creating negative value.

This is all based on your experiences and your perspectives. There are no right or wrong responses. This is a learning process for us. Every piece of information you share is important for us to understand. Please feel free to share your thoughts and opinions openly. Anything you wish to remain anonymous and confidential will do so, and you are free to approach me afterwards or a member of the HBE management team at your convenience to share your perspectives privately or comment privately on anything raised in the group discussions that you don't feel comfortable sharing in front of others.

16.1.3.1 Discussion Guide: Children with Developmental Differences (administered to primary guardians as proxies)

1. Please describe what your children were like before the Home-based Education Programme came to Mfuwe.
2. Have you noticed any changes in your children since they've been assisted by the Home-based Education Programme (learned anything new/changed any of their behaviours, thoughts or feelings)? If yes, what is that change? Do you consider that change important? If so, why?
3. How do you know these changes have happened? What evidence can you provide?
4. Do you think your children would have experienced these changes if there was no Home-based Education Programme? Why or why not?
5. What would be different for your children if there was no Home-based Education Programme in Mfuwe?
6. Other Stakeholders: You have talked about some ways in which your children have changed / seen change because of the HBEP. Who else experiences or could experience change because of HBEP? This can be positive or negative. Evidence to support thinking.
7. Are all of those stakeholders the same? Within that [group identified], do you think some people may have experienced change differently to others in the group? Why or why not? Do you think this difference was important? To whom was it important and why?

16.1.3.2 Discussion Guide: Primary Guardians of Children with Developmental Differences

1. Please describe what your life was like / what you were like before the Home-based Education Programme came to Mfuwe.
2. Have you noticed any changes in yourself since your children been assisted by the Home-based Education Programme (learned anything new/changed any of your behaviours, thoughts or feelings)? If yes, what is that change? Do you consider that change important? If so, why?
3. How do you know these changes have happened? What evidence can you provide?
4. Do you think you personally would have experienced these changes if there was no Home-based Education Programme? Why or why not?
5. What would be different for you if there was no Home-based Education Programme in Mfuwe?
6. Other Stakeholders: You have talked about some ways in which you have changed / seen change because of the HBEP. Who else experiences or could experience change because of HBEP? This can be positive or negative. Evidence to support thinking.
7. Are all of those stakeholders the same? Within that [group identified], do you think some people may have experienced change differently to others in the group? Why or why not? Do you think this difference was important? To whom was it important and why?

16.1.3.3 Discussion Guide: Caregivers

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your role in the programme? What do you do?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you would have experienced these changes if you weren't involved in the Home-based Education Programme? Why or why not?
8. What would be different for you personally (not the children/other stakeholders) if there was no Home-based Education Programme in Mfuwe?
9. If there is anything you could change about the programme, what would it be?
10. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.3.4 Discussion Guide: Facilitators

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your specific role in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you could have learned this without being involved in the Home-based Education Programme in Mfuwe? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. What other factors or organisations (outside the HBE programme) contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Was there anything that you would change about the program so that it could create more positive changes for you?

12. If you could describe the impact of the Home-based Education Programme in one word, what would that be?
13. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.3.5 Discussion Guide: HBE Management

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing? What are the programme objectives and how do you get there (talk through theory of change).
2. What are your specific roles in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you would have experienced this change without being involved in the HBE? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. Who else contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Was there anything that you would change about the program so that it could create more positive changes for you?
12. If you could describe the impact of the Home-based Education Programme in one word, what would that be?
13. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.3.6 Discussion Guide: Teachers at Integrated Schools

1. Please describe what it was like for you, as teachers/as a teacher, when children with special needs started coming to this school. What was your first reaction/feeling when children with special needs arrived?
2. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours, thoughts or feelings) from the time the children arrived to now? If yes, what is that change? Do you consider that change important? If so, why?
3. What evidence can you cite to prove this change has occurred? (What do you do differently now that you didn't before? How do you feel differently now than you did before?)

4. Do you think you would have experienced these changes if children with special needs had never come to this school? Why or why not?
5. Do you think anyone has experienced negative change as a result of children with special needs being at this school? If so, why do you think this has happened?
6. Other Stakeholders: Who else experiences change when children with special needs are enrolled into schools?

16.1.3.7 Discussion Guide: Students at Integrated Schools (administered directly to students and teachers as proxies)

1. Please describe what it was like for the students at this school when children with special needs started coming to this school. What were their reactions/feelings when children with special needs arrived?
2. Have you witnessed any change in other students at the school and yourselves from the time the children with special needs arrived to now? If yes, what is that change? What evidence can you provide to prove that change has happened?
 - a. Explore if change is felt by all students or just students in the younger grades/those who interact most with children with special needs.
3. Do you think the students would have experienced these changes if children with special needs had never come to this school? Why or why not?
4. Do you think any of the children here have experienced negative change as a result of children with special needs being at this school? If so, why do you think this has happened? What evidence do you have to prove this negative change has occurred?
5. Other Stakeholders: Who else experiences change when children with special needs are enrolled into schools?

16.1.3.8 Discussion Guide: Children Resident at Hanada Orphanage (Orphanage Director as proxy)

1. Are the other children at the orphanage affected by children from the HBE Programme living here? If so, how?
2. Have you observed any change in these children since the HBE children arrived? If so, how?
3. Do you think they would have experienced these changes if there was no Home-based Education Programme? Why or why not?
4. Do you think any of the children have experienced negative change as a result of this programme? If so, why do you think this has happened?

16.1.3.9 Discussion Guide: Director at Hanada Orphanage

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your specific role in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?

5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you could have learned this without being involved in the Home-based Education Programme in Mfuwe? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. What other factors or organisations (outside the HBE programme) contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.4 Discussion Guide: Department of Social Welfare

1. Have you noticed any change in how often children with special needs are seen by the Department of Social Welfare? If there has been a change, do you have any idea why this change has happened? Evidence to support thinking.
2. If yes to the above: What has this changed meant for the department? What has this changed meant to children with special needs in this area? Evidence to support thinking.
3. Does this change have a broader impact? If so, what is that?
4. Do you think families of children with special needs have felt this change? If so, what evidence do you have to support your thinking?
5. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.4.1 Discussion Guide: Body-Stress Release Practitioners

1. Since your time participating in the outreach of the Body Stress Release Foundation, have you noticed any change in yourself – personal or professional? If so, what are those changes? Have you considered those changes to be important / significant to you? Why or why not?
2. If your answer to #1 was “yes,” can you please describe specific examples/evidence of the change you have experienced?
3. If you had never participated in the outreach of the Body Stress Release Foundation, do you think you still would have experienced those changes? Why or why not?
4. Have you observed any of the children with which you’ve engaged during the Body Stress Release Foundation to have changed? If so, how have they changed? Please give specific examples/evidence to support your thinking.
5. Other Stakeholders: Who else experiences change when children with special needs are supported through the Body Stress Release Foundation?
6. Do you think anybody experiences NEGATIVE change by the outreach of the Body Stress Release Foundation?

16.1.5 Discussion Guide: Children Reached by the BSR Foundation in South Africa (administered to the head of a care facility in South Africa and the BSR practitioners as proxies)

1. Since your time observing the outreach of the Body Stress Release Foundation, have you noticed any change in the children getting this support? If so, what are those changes?
2. Do all children who've received Body Stress Release experience this change? If no, how many children have experienced the change?
3. If your answer to #1 was "yes," can you please describe specific examples/evidence of the change you have witnessed?
4. Do you think these changes have been important to the children? Why or why not?
5. If Body Stress Release had never come to your facility, do you think the children still would have experienced these changes? Why or why not?
6. Other Stakeholders: Who else experiences change when children with special needs are supported through the Body Stress Release Foundation?
7. Do you think anybody experiences NEGATIVE change by the outreach of the Body Stress Release Foundation?

16.1.6 Discussion Guide: Residents in Villages with HBE-enrolled Children (proxy representation from Ward Counsellor, guardians, caregivers, teachers)

1. Have you noticed any change in how often children with special needs are seen in your community? If there has been a change, do you have any idea why this change has happened? Evidence to support thinking.
2. If yes to the above: How widespread do you think that change is? How widely is it felt in your community? Evidence to support thinking.
3. Do you think people in your community have heard of a programme here that helps children with special needs? Please explain your answer.
4. Do you think other communities have felt this change? If so, what evidence do you have to support your thinking?

16.1.7 Discussion Guide: Physiotherapists at Kamoto Hospital

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your specific role in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?

7. Do you think you could have learned this without being involved in the Home-based Education Programme in Mfuwe? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. What other factors or organisations (outside the HBE programme) contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.7.1 Discussion Guide: CFO to HBE Primary Donor

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your specific role in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?
6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you could have learned this without being involved in the Home-based Education Programme in Mfuwe? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. What other factors or organisations (outside the HBE programme) contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.7.2 Discussion Guide: HBE Graduates Sponsored to a School for the Deaf and Blind

1. Please describe what your children were like before the Home-based Education Programme came to Mfuwe.
2. Have you noticed any changes in your children since they've been assisted by and graduated from the Home-based Education Programme (learned anything new/changed any of their behaviours, thoughts or feelings)? If yes, what is that change? Do you consider that change important? If so, why?
3. How do you know these changes have happened? What evidence can you provide?

4. Do you think your children would have experienced these changes if there was no Home-based Education Programme? Why or why not?
5. What would be different for your children if there was no Home-based Education Programme in Mfuwe?
6. Other Stakeholders: You have talked about some ways in which your children have changed / seen change because of the HBEP. Who else experiences or could experience change because of HBEP? This can be positive or negative. Evidence to support thinking.
7. Are all of those stakeholders the same? Within that [group identified], do you think some people may have experienced change differently to others in the group? Why or why not? Do you think this difference was important? To whom was it important and why?

16.1.7.3 Discussion Guide: Families of HBE Graduates Sponsored to a School for the Deaf and Blind

1. Please describe what your life was like / what you were like before the Home-based Education Programme came to Mfuwe.
2. Have you noticed any changes in yourself since your children been assisted by the Home-based Education Programme (learned anything new/changed any of your behaviours, thoughts or feelings)? If yes, what is that change? Do you consider that change important? If so, why?
3. How do you know these changes have happened? What evidence can you provide?
4. Do you think you personally would have experienced these changes if there was no Home-based Education Programme? Why or why not?
5. What would be different for you if there was no Home-based Education Programme in Mfuwe?
6. Other Stakeholders: You have talked about some ways in which you have changed / seen change because of the HBEP. Who else experiences or could experience change because of HBEP? This can be positive or negative. Evidence to support thinking.
7. Are all of those stakeholders the same? Within that [group identified], do you think some people may have experienced change differently to others in the group? Why or why not? Do you think this difference was important? To whom was it important and why?

16.1.7.4 Discussion Guide: HBE Primary Donor

1. Can you start by telling me about your involvement with and/or observations of the Home-based Education Programme in Mfuwe? What have you observed the programme to be doing?
2. What is your specific role in this programme?
3. Have you observed any people to have changed as a result of this programme? If yes, who has changed? Why do you think this change has happened?
4. What evidence do you have that this change has happened?
5. Do you think anyone has experienced negative change as a result of this programme? If so, why do you think this has happened?

6. Have you – personally or professionally – experienced any change (learned anything new/changed any of your behaviours) as a result of this programme? If yes, what is that change? Do you consider that change important? If so, why?
7. Do you think you could have learned this without being involved in the Home-based Education Programme in Mfuwe? If yes, how much do you think you would have learned? If not, what makes you so certain? (deadweight)
8. What other factors or organisations (outside the HBE programme) contributed to the changes you have described in 3 and 6? To what extent did they contribute to the changes?
9. How long will each change last? (Imagine 2,5 or 10 years from now do you think you will still be experiencing these changes)
10. What do you think would be different if there was no Home-based Education Programme in Mfuwe?
11. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.7.5 Discussion Guide: Rural Health Clinics (District Health Director and nurses as proxies)

1. Have you noticed any change in how often children with special needs are seen by the Department of Health? If there has been a change, do you have any idea why this change has happened? Evidence to support thinking.
2. If yes to the above: What has this changed meant for the department? What has this changed meant to children with special needs in this area? Evidence to support thinking.
3. Does this change have a broader impact? If so, what is that?
4. Do you think families of children with special needs have felt this change? If so, what evidence do you have to support your thinking?
5. Other Stakeholders – same as for guardians (see above section 15.3.3.2).

16.1.8 Discussion Guides for Exploring Value and Discounting Factors

Following the focus groups and interviews to establish change and outcomes, second focus groups and interviews (either as part of the first engagement or a separate engagement) were held with each stakeholder group to accomplish the following:

- validate the outcomes
- validate theory of change
- review indicators
- quantify amount of change experienced
- establish the relative value of outcomes
- participate in a valuation exercise (stated preference; avoided costs)
- explore discounting factors

While some of the outcomes-discussions included questions to give the practitioner an idea of discounting factors, discrete discounting discussions were facilitated. The process and questions used for the second engagement were standardized across each stakeholder group, with the below structure. For questions relating to ‘how much’ change occurred or ‘how

much' others' contributed, the practitioner gave the respondents options of replying 'a little bit,' 'medium' or 'a lot'. This was determined to be the most accessible way of considering how much change happened across all stakeholder groups.

1. When possible, show visual representation of theory of change or talk through each stage of the benefit pathway
2. Confirm with stakeholders the theory of change and outcomes were as they intended/described in the first session
3. For each well-defined outcome, the following questions were asked:
 - a. What is the proof that this change has happened for you?
 - b. How much change has occurred? (a little bit, medium or a lot)
 - c. Would this change or part of this change have happened without HBEP? Why or why not?
 - d. Who else contributed to this change happening? For each stakeholder group/factor mentioned, how much did this person contribute? (a little bit, medium or a lot)
 - e. How much did HBEP contribute to the change? (a little bit, medium or a lot)
 - f. How long do you think this change will last? Why do you think it will last that long?
4. Once stakeholders were finished with these questions, the practitioner tried to establish how stakeholders value the change by asking them questions about what it has meant to them and an effort to gauge relative worth within their contexts. The nature and extent of this discussion varied widely by stakeholder group based on educational background, socio-economic background and language

17 Appendix D: Quantifying Outcomes

Approach to Determining Outcome Incidence

To determine the extent to which outcomes occur, the practitioner firstly consulted stakeholder groups in the discounting discussion and asked for their perspective on how much change had happened (a little bit, medium or a lot – see above section). Thereafter, each outcome was considered against the indicators described by stakeholders and the objective metrics the practitioner could source.

For several stakeholder groups, the HBEP does not collect routine data on change. In order to assess the extent of the change experienced, the portion of the stakeholder group participating in the valuation discussion was asked to establish a baseline metric by ranking the degree to which they felt the indicators had existed before involvement with the HBEP out of a score of 10 compared to a current score out of 10. The difference between the current score and the baseline score / 10 was used to determine the outcome incidence, and then (when appropriate) extrapolated to the full stakeholder group. This approach was taken with the following stakeholder groups: caregivers, facilitators, HBE management, Director at Hanada orphanage, BSR practitioners, children receiving support from the BSR Foundation in South Africa, physiotherapists, and the CFO for the HBE primary donor.

Outcome Incidence for Children with Developmental Differences

Given the routine data collection for HBEP, there is robust, objective data for child development and enrolment in school. This data was easily accessible to the practitioner. When children join the HBEP, both they and their parents' consent to the collection of numeric and photographic data as a means for the TTF to analyze and communicate change in the children.

The outcomes of improved ability to meet developmental milestones had one objective metric based on HBEP data on developmental progression, and the reduced exclusion outcome had two objective indicators based on enrolment in school and parents' willingness to leave their children in the care of others (a question posed to parents upon graduation from the programme).

The outcome incidence was calculated by averaging the indicator results, with all indicator results weighted evenly. The practitioner considered differently weighting the indicators but decided there was too much risk for subjectivity. The indicator results were calculated by the percent change from baseline to current (distance travelled) and number of respondents who indicated certain feelings and behaviors.

For example:

Children with developmental differences

Outcome: Reduced exclusion

Indicators:

- 1) % change in number of 2022 children enrolled in school at baseline vs. current
 - a. 30 children enrolled at baseline vs. 48 currently: $(48-30)/30 = 60\%$ change in school enrolment
- 2) Number of parents (via exit questionnaires) who indicated they would be comfortable leaving their children in the care of others
 - a. Result: $23/26 = 88\%$

The results were then extrapolated to the full stakeholder group with the below calculation:

Overall outcome incidence: average of 60% and 88% = 74% outcome incidence

Total in stakeholder group = 132 children * 74% achieved outcome = 98 children in this stakeholder group modelled to have achieved this outcome.

Outcome Incidence for Primary Guardians of Children with Developmental Differences

The intrinsic and extrinsic outcomes for guardians each had two indicators, based on routine data collected through the HBEP on guardians' anxiety around their children and willingness to leave children in the care of others as well as verbal data collected in the focus group on how many guardians now receive regular visits from family members. The measure for these indicators was how many guardians reported the change, weighted equally and averaged for the overall outcome incidence.

The improved food security indicators were: a) change in monthly income (TTF routine data collection) and b) the developmental change indicator for children (TTF routine data collection), weighted equally and extrapolated to the full stakeholder group.

All outcome incidence were extrapolated to the full stakeholder group.

Outcome Incidence for Caregivers and Employed Caregivers

The outcomes identified for the caregivers did not match the routine data collection on caregivers, and so the practitioner held a survey during the valuation focus group to understand scale of change. Caregivers rated their feeling of respect in their communities before and after their involvement with the HBEP and shared the number of networks to which they formally belonged before and after their involvement with the HBEP. The distance travelled (percent change from current to baseline) was used as the basis for the outcome incidence.

For employed caregivers, routine data collected through the HBEP on the change in their income from baseline to current was used as the indicator for "improved food security".

Outcomes were weighted equally, and the outcome incidence was extrapolated to the full stakeholder group and sub-group.

Outcome Incidence for Facilitators

The practitioner surveyed the facilitators directly on their level of professional fulfillment pre and post their involvement with the HBEP (using a Likert scale out of 10), and the percent change was used as a basis for the outcome incidence. The full stakeholder group was consulted and therefore no need to extrapolate.

Outcome Incidence for HBE Management

The practitioner surveyed the HBE managers directly on their level of professional fulfillment (using a Likert scale out of 10) and number of income generation opportunities they have had pre and post their involvement with the HBEP, and the percent change was used as a basis for the outcome incidence. The full stakeholder group was consulted and therefore no need to extrapolate.

Outcome Incidence for Teachers at Integrated Schools

During data collection, the teachers were asked if they felt comfortable managing integrated classrooms, following the benefit pathway on their theory of change. The number of teachers who indicated they were comfortable managing these classrooms was divided by total teachers surveyed and extrapolated to the full stakeholder group.

Outcome Incidence for Students at Integrated Schools

Given the multitude of stakeholders in this group, the outcome had three indicators:

1. Survey of the students who joined the focus group, specifically the number who indicated they enjoyed playing with their peers with special needs
2. Survey of the teachers who partook in the focus groups and interviews for their own stakeholder group and as proxies for the students, specifically how many of them have observed students without special needs sharing food or eating lunch alongside their peers with special needs
3. Observations from the HBE management team on what percent of the student body at each school they believe to have conspicuously demonstrated reduced fear of their peers with special needs

These three indicators were equally weighted, averaged and extrapolated to the full stakeholder group.

Outcome Incidence for Children Resident at Hanada Orphanage

The Director of the orphanage served as a proxy for the resident children and shared the number of reliable meals the children received pre and post the involvement of HBEP. The percent change was used as the measure of the indicator and extrapolated to this full stakeholder group.

Outcome Incidence for Director at Hanada Orphanage

The practitioner surveyed the Director on her level of stress and food security pre and post their involvement with the HBEP (using a Likert scale out of 10), and the percent change was used as a basis for the outcome incidence. The full stakeholder group was consulted and therefore no need to extrapolate.

Outcome Incidence for the Department of Social Welfare

A significant intermediate outcome on the benefit pathway for the Department of Social Welfare was the number of children with special needs enrolled on the SCT scheme. The practitioner relied on the data from social welfare on the number of individuals in this category enrolled before the HBEP compared to enrollment in 2022. The percent change was used as the measure of outcome incidence.

Outcome Incidence for Body-stress Release Foundation Practitioners

The practitioner surveyed the BSR practitioners directly on their feeling of professional fulfillment pre and post involvement with children with special needs (using a Likert scale out of 10) and the percent change was used as a basis for that outcome incidence. In a focus group, the percent of practitioners who indicated increased self-awareness was used as the measure for that outcome incidence. The results were extrapolated to the full stakeholder group.

Outcome Incidence for Children Reached by the BSR Foundation

The head of the care facility in South Africa ranked the children's ability to self-regulate (using a Likert scale out of 10) before and after they started receiving regular BSR treatments. The practitioner approached the BSR practitioners to ask for supplementary data to validate the records of the care facility, and they explained that their data is also collected through the head of the care facility and therefore would be no different to what she had already shared. This one indicator was used as the measure for the outcome and extrapolated to the full stakeholder group.

Outcome Incidence for Residents in Villages with HBE-enrolled Children

Given the multitude of stakeholders in this group, the outcome had three indicators:

1. Data from a randomized community survey conducted by TTF in 2022 on residents' perceptions of children with disabilities
2. Exit data collected from guardians with children who graduated from the programme on their perception of change in attitudes towards people with disabilities in their communities
3. Observations from the HBE management team on what percent of the residents in the same villages as HBE enrolled children conspicuously demonstrate reduced fear during community meetings and monitoring activities

These three indicators were equally weighted, averaged and extrapolated to the full stakeholder group.

Outcome Incidence for Physiotherapists at Kamoto Hospital

The practitioner surveyed the Senior Physiotherapist on his level of professional fulfillment pre and post their involvement with the HBEP (using a Likert scale out of 10), and the percent change was used as a basis for the outcome incidence, which was then extrapolated to the full stakeholder group.

Outcome Incidence for the CFO to the HBE Primary Donor

The practitioner surveyed the CFO to the HBE Primary Donor on her perception of change for all three of the identified outcomes (using a Likert scale out of 10). The percent change for each outcome was the measure for the outcome incidence.

Outcome Incidence for HBE Graduates Sponsored to a School for the Deaf and Blind

The guardians for the HBE graduates at a special school indicated their observations of their children reading and writing for fun at home, evidence of improved interest in learning, and their excitement to return to school, evidence of increased sense of belonging. The number of guardians who cited observing these behaviours was used as the basis for the outcome incidence for each outcome.

Outcome Incidence for Families of HBE Graduates Sponsored to a School for the Deaf and Blind

The guardians for the HBE graduates at a special school indicated their observations of their children actively assisting in household chores, an indicator of improved family relationships. The number of guardians who cited observing this behaviour was used as the basis for the outcome incidence.

Figure 34: Indicators, Indicator Results and Outcome Incidence Framework

STAKEHOLDER	INDICATOR FRAMEWORK - OUTCOME INCIDENCE					
	Outcome	Indicator	Measure - current participants	Source	Indicator results	Outcome incidence
Children with developmental differences	Reduced Exclusion	Enrolment in school	% change in child school enrolment baseline vs current	School enrolment	60%	
		Parents willingness to leave child in others' care	% of parents in exit questionnaire who said they are comfortable leaving children in care of others	TTF data	88%	74%
	Improved ability to achieve developmental milestones	Developmental data: baseline dev average vs current	% change in developmental average	TTF data	56%	56%
Primary guardians of children with developmental differences	Reduced stress and anxiety	No of parents who worry less about their child	% of parents in exit questionnaire who said they worry less about their child	TTF data	88%	
		No of parents who indicated improved health	% of parents in exit questionnaire who said their mental or physical health has improved	TTF data	93%	91%
	Reduced isolation	Parents willingness to leave child in others' care	% of parents in exit questionnaire who said they are comfortable leaving children in care of others	TTF data	88%	
Parents who indicated they have more help now to take care of their children		# of parents who indicated they have help now to care for their child whereas before they had no help	Focus group	100%	94%	
Improved food security	Change in income over time		% change in monthly income from baseline to current		112%	
		Developmental data: baseline dev average vs current	% change in developmental average	TTF data	56%	84%
Caregivers	More respected in the community	Change in feeling of respect by community over time	% change in how respected caregivers feel	Likert scale	100%	100%
	Expanded social networks	Change in social networks over time	% change in social networks joined	Likert scale	50%	50%
Employed caregivers	More respected in the community	Change in feeling of respect by community over time	% change in how respected caregivers feel	Likert scale	125%	100%
	Expanded social networks	Change in social networks over time	# of social networks before vs current	Likert scale	100%	100%
	Improved food security	Change in income	% change in baseline vs current monthly income / distance travelled	TTF data	140%	100%
Facilitators	Increased professional fulfilment	Change in professional fulfilment over time	% change in baseline vs current feeling of professional fulfilment / distance travelled	Likert scale	125%	125%
	Increased professional fulfilment	Change in professional fulfilment over time	% change in baseline vs current feeling of fulfilment / distance travelled	Likert scale	57%	57%
HBE Management	Expanded professional opportunities	Change in professional opportunities	% change baseline vs. current income generating opportunities	Likert scale	89%	89%
Teachers at integrated schools	Increased professional fulfilment	Ability to manage integrated classroom	No. of teachers who indicated they are comfortable managing an integrated classroom	Teacher self-report	67%	67%
	Reduced fear of differences	Enjoyment in playing with their peers with special needs	No. of students who said they enjoy playing with their peers with special needs	Focus group	100%	
Teachers' observations of students sharing food with their peers with special needs		No. of teachers who have observed students sharing food with their peers with special needs	Teacher observation	50%		
Observations from TTF team on engagement between students		% of students at integrated schools TTF regularly observes interacting with children with special needs	TTF team perception	50%	67%	
Children at orphanage	Improved nutrient intake	Change in consistent meals	% change in baseline vs current meal consistency	Director report	50%	50%

	Improved food security	% ability to meet daily needs	% change baseline vs. current ability to meet daily food needs	Likert scale	350%	350%
Director at Hanada Orphanage	Reduced stress	Stress at baseline vs. current	% change baseline vs. current stress level	Likert scale	700%	700%
Dept of Social Welfare	Improved operational efficiency	No. of children with special needs enrolled in SCT	% change in baseline vs current enrolment in SCT	Social Welfare data	150%	150%
	Increased self-awareness	Practitioners who report greater self-awareness	No of practitioners who indicated feeling more self aware	Focus group	100%	100%
Body-Stress Release Foundation Practitioners	Increased professional fulfilment	Change in professional fulfilment over time	% change baseline vs current feeling of professional fulfilment / distance travelled	Likert scale	36%	36%
Children reached by BSR Foundation in South Africa	Improved ability to self-regulate	Change in ability of children to focus in a lesson	% change baseline vs current ability to focus in a lesson	Likert scale	89%	89%
Residents in Kakumbi and Mnkhanya Villages with HBE-enrolled children	Reduced fear of differences	Perception of reduced stigmas from parents of children who've graduated from HBE	No. of parents who indicated they believe stigmas about disabilities in their communities have reduced	TTF data	80%	
		Comfort in the presence of people with disabilities	No. of residents who said they were not uncomfortable in the presence of people with disabilities	TTF community survey data	92%	
		Residents in villages who attend meetings or performances on disabilities	% of residents in villages who attend outreach and demonstrate willingness to learn about disabilities	TTF team perception	30%	67%
Physiotherapists at Kamoto Hospital	Increased professional fulfilment	Change in professional fulfilment over time	% change baseline vs current feeling of professional fulfilment / distance travelled	Likert scale	60%	60%
	Increased professional fulfilment and security	Change in feeling of professional fulfilment and security	% change in feeling of professional fulfilment and security over time	Likert scale	167%	167%
CFO of HBE primary donor	Expanded personal and professional community					
		Change in sense of community	% change in countries with significant sense of community	Self-report	100%	100%
	Increased self-awareness	Change in self-awareness	% change in perception of baseline vs. current level of self-awareness	Likert scale	225%	225%
	Improved interest in learning	Children reading and writing in their free time at home	No. of parents who observed their children reading and writing for fun	Focus group	67%	67%
HBE graduates sponsored to school for the deaf and blind Families of HBE graduates sponsored to school for the deaf and blind	Increased sense of belonging	Children desire to return to school	No of parents who have heard their children ask to return to school during term breaks	Focus group	100%	83%
	Improved family relationships	Children proactively assisting with household needs	No of parents who reported children being more helpful at home	Focus group	100%	100%

18 Appendix E: Selection of Financial Proxies

Financial proxies were selected by:

1. **Desktop research and TTF records:** for costs associated with education and healthcare (cost of courses, transport costs to/from schools, appointments with specialists), the practitioner relied on records of expenditures relating to these costs as recorded in the organisation's management accounts or budgeted amounts. For the travel costs proxy, the practitioner used the 2022 TTF budget to determine the appropriate amounts. For costs of courses in Zambia and holidays, the practitioner researched conservative estimates online.
2. **Primary data collection through stakeholders** (outcomes discussions): through these discussions, some financial proxies were discovered through stated preference and/or avoided costs and the practitioner learned specific amounts for proxies directly from stakeholders with local knowledge (e.g., cost of social worker consultation and starting salary of local housekeeper).
3. **Opportunity costs:** these were applied to the inputs section and income volunteer caregivers could have earned if they were not volunteering.
4. **Avoided costs:** these applied to healthcare appointments and what guardians would have had to pay to receive similar services as those provided through the HBEP. The amounts of these avoided costs were determined through TTF records, desktop research and stakeholder engagement.

Given the care and consideration of the weighting exercise by all stakeholders, the practitioner identified **one financial proxy per stakeholder group and used the anchoring method as per the relative value of the outcomes expressed by the stakeholders**. The anchoring method involves calculating the relative value between outcomes as expressed by stakeholders and then monetizing these values based on one quantified outcome. For example, if Outcome A was weighted as 50% as important as Outcome B, and Outcome B was monetized at \$100 USD, then through the anchoring approach one would know the value of Outcome A to be \$50 USD. This was determined to be the most reliable approach to capturing the relative value of the outcomes per stakeholder group as well as more efficient and accurate than attempting to value each outcome individually.

Specifically in the context of collecting data in an area of high poverty, the monetary values of many high value items were not known. However, the weighting exercise in which the stakeholders participated was revealing in further understanding how the stakeholders valued the outcomes in relation to one another. The voting for the weighting exercise was done individually by participants in focus groups or individually by those being interviewed, and then collectively verified by all focus groups participants. This gave the practitioner confidence in the order and relative value of outcomes, and the approach to sourcing a financial proxy for one outcome per stakeholder group and then anchoring the other outcomes accordingly.

3	Total	0	Interest with their children when they are home from school breaks	Now that their children are learning effectively in school, they are better able to communicate and this has led to improved family relationships	Improved family relationships: The number of parents who reported their children being more helpful at home = 33 = 100% of the stakeholder group	Stakeholders involved in the valuation exercises were asked to indicate "how much" they experienced the outcome, which they did by responding "a little bit," "medium" or "a lot" in a method of understanding and communicating depth that was accessible to all stakeholder groups. The collective average response was applied to a three-point Likert scale with 1 = a little bit and 3 = a lot. The parents indicated that their relationships in the household had improved "a lot" - 3 points on the Likert scale	5	Period of activity	These parents participated as proxies for their families and each were given 10 votes for a total of 30 votes cast. 30/30 votes for improved family relationships.	Reviewed Preference Method: When questioned as to the improved family relationships, they spoke of respect, specifically their children proactively helping with chores and housework while they are home, and the ability of grandparents to be more productive now that children are at school for the rest of the year. Proxy set as monthly cost to host a housekeeper x 7 years of proxy school due to all direct help with housework and to support that all proxy family members to be more productive elsewhere. 1000 ZMW per month x 84 months = 84000 / 15.58 = 4959	4,959.00	0%	0%	30%	0%	10,413.00
1	Funding	385,467	2016 - 2022 costs. Divided total costs of 2016-2021 by number of children supported through the programme for those years to get average cost per child. I then multiplied the cost per child by the number of children in 2022 who were active in the respective years: 132 children active in 2022, all of the same 132 children active in 2021; 129 of them were active in 2020, 105 active in 2019, 15 active in 2018, 5 active in 2017, and 5 active in 2016. Total HSE costs for the SL site for the year 2022 were included.	Material outcomes experienced by other stakeholders			1	Period of activity				0%	0%	0%	0%	0.00
	Portion of administration and overhead costs of the organization	40,828	Total Admin Costs per year were divided by the number of programmes supported by site in each year to get an estimate of the admin costs related to the HSEEP in South Luangwa. Once Admin cost for HSE in the SL site was determined, the number was divided by total HSE children enrolled in each respective year, and then multiplied by the # of 2022 children who were active in each year from 2016-2021. Total Admin costs related to HSE in SL site for the year 2022 were included.	Material outcomes experienced by other stakeholders			1	Period of activity				0%	0%	0%	0%	0.00
Total		446,712.00														

Total	5,076,361.19
Present value of each year	
Total Present Value (PV)	
Net Present Value (PV minus the investment)	
Social Return (Value per amount invested)	

Total	5,076,361.19
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5,076,361.19	4,532,257.99	3,938,028.63	3,509,531.40	3,129,818.56	0.00
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Present value of each year	
Total Present Value (PV)	
Net Present Value (PV minus the investment)	
Social Return (Value per amount invested)	

5,076,361.19	4,158,034.85	3,314,559.91	2,710,002.17	2,217,242.38	0.00
					17,476,200.50
					16,835,488.50
					27.28

20 Appendix G: Determination of Materiality

The determination of materiality of both stakeholders and outcomes was done firstly through stakeholder engagement. For stakeholders, the assessment of materiality was aligned to who had experienced and influenced change in the context of the HBEP. In total, 27 stakeholder groups were assessed or considered and 17 determined to have experienced material change. These were:

- Children with developmental differences
- Primary Guardians of children with developmental differences
- Caregivers, with sub-group Employed Caregivers
- Facilitators
- HBE Management
- Teachers at integrated schools
- Students at integrated schools
- Children resident at Hanada Orphanage
- Director at Hanada Orphanage
- Department of Social Welfare
- Body-Stress Release Foundation Practitioners
- Children with special needs reached by the BSR Foundation
- Residents in Villages with HBE-enrolled Children
- Physiotherapists at Kamoto Hospital
- CFO to HBEP Primary Donor
- HBE graduates sponsored to school for the deaf and blind
- HBE graduates sponsored to school for the deaf and blind

The ten groups assessed or considered and not included due to insufficient data, insufficient time for data collection, immateriality, double counting, or financial complexities were:

- Traditional Healers
- Traditional Leaders
- Time + Tide tourism guides
- Churches
- Parents of students at integrated schools
- HBE primary donor
- Rural health clinics
- Female primary guardians in support groups
- HBEP graduates
- Families of children with developmental differences

Section 6.19 in the report details the nature of the stakeholder assessments and rationale for excluding these stakeholder groups.

While 17 stakeholder groups were deemed material, in the modelling stage **seven of those seventeen were found to be significant** based on the quantity of value relative to the other stakeholders and outcomes (see Appendix F for full SROI model).

Once the material stakeholders were determined, they were consulted in order to determine well-defined and material outcomes. Outcomes were considered material if they were both:

- a) Relevant: the relative importance of the outcomes to the stakeholders in their lives and/or the context, determined through stakeholder engagement and research
- b) Significance: the quantity, duration, value, and causality of the outcomes, determined through stakeholder engagement, research and professional judgement

Section 7.4 in the report details the assessment of each outcome and determination of materiality based on relevance and significance.

21 Appendix H: Verification

Throughout the process of data collection and analysis, the practitioner sought verification from the HBE management, facilitators, TTF Programmes Manager, and larger TTF team, all of whom have been involved in the HBEP and have rich knowledge of the local context. Directly with each stakeholder group, the practitioner verified outcomes, theories of change, valuation results, and discounting factors, with the stakeholders mentioned above serving as additional layers of validation and sense-checking.

In line with Principle 8: Be Responsive, the practitioner analyzed the data with the eye to recommend specific changes or considerations that would improve the overall value of the programme to stakeholders. As the Director of TTF, the organization managing HBEP, the practitioner also has a keen interest in optimizing all programme value, and the undertaking of this SROI was equally a way to deeply engage with the HBEP stakeholders – to take the pulse of the programme’s impact at the moment and strategize on how to expand the outcomes and value derived from its activities.

The below table outlines the process of verification undertaken so far, future conversations planned to share results and proposed next steps to acting on the data.

Table 66: Verification Process by Stakeholder Group

Stakeholder Group	Nature of Verification	Changes/Insights	Forthcoming Actions
Primary guardians of children with developmental differences	Prior to valuation focus groups/interviews (as proxies for children and directly)	No changes made based on feedback	Share final outcomes for all stakeholder groups, relative value of outcomes and brainstorm methods evolving “reduced fear” to “acceptance” at a wider community scale
Caregivers and Employed caregivers	Prior to valuation focus groups	No changes made based on feedback	Share final outcomes for all stakeholder groups, relative value of outcomes and brainstorm methods evolving “reduced fear” to “acceptance” at a wider community scale
Facilitators	Prior to valuation focus groups/interviews	Took theory of change further to arrive at end point	Share final outcomes for all stakeholder groups, relative value of outcomes and brainstorm methods evolving “reduced fear” to “acceptance” at a wider community scale and implications of expanding reach
HBE Management	Prior to valuation focus groups; review first draft of model	Assisted in modification of rural health outcomes by recommending additional	Share final outcomes for all stakeholder groups, relative value of outcomes and brainstorm methods evolving “reduced fear” to “acceptance”

Stakeholder Group	Nature of Verification	Changes/Insights	Forthcoming Actions
		stakeholder consultation from clinic nurses	at a wider community scale and implications of expanding reach
Teachers at integrated schools	Prior to valuation focus groups/interviews	No changes made based on feedback	Share final outcomes for all stakeholder groups, relative value of outcomes and brainstorm methods of evolving “reduced fear” to “acceptance” at the level of the school/student body
Students at integrated schools	Prior to valuation focus groups/interviews	No changes made based on feedback	Share final outcomes their stakeholder group and brainstorm methods evolving “reduced fear” to “acceptance” at the level of the school/student body
Director at Hanada Orphanage	Prior to valuation interview – for herself and proxy for children resident at the orphanage	No changes required	Share final outcomes for all stakeholder groups and discuss dependency on financial support through HBEP on continuation of outcomes for the orphanage
Department of Social Welfare	Combined with outcomes discussion, prior to valuation portion of the interview	No changes required	Share final nil value of outcome as represented in relation to SCT and discuss options to articulate and track potential other value derived from the Dept. of Social Welfare
Body-Stress Release Foundation Practitioners	Prior to valuation focus groups/interviews; for themselves and serving as partial proxies for children reached by BSR Foundation	Articulation of second outcome of “increased self-awareness”	Share final outcomes for all stakeholder groups and discuss potential to collaborate on further driving value for children with special needs in South Africa and the practitioner community
Children with special needs reached by the BSR Foundation	Combined with outcomes discussion, prior to valuation portion of the interview	Articulation of “improved ability to self-regulate” as the end line material outcome	Together with BSR practitioners, share final outcome and potential to increase value at the level of individual child
Residents in Villages with HBE-enrolled Children	Prior to valuation focus groups/interviews for a number of proxy stakeholders (ward counsellor, caregivers, guardians)	No changes required	Hold meeting with key stakeholder community representatives to show value of reduced fear and strategize on how to expand the reach of

Stakeholder Group	Nature of Verification	Changes/Insights	Forthcoming Actions
Physiotherapists at Kamoto Hospital	Prior to valuation focus groups interview	No changes required	this value further and evolution to acceptance Share results and discuss possibility of in turn sharing with Ministry of Health, to demonstrate the value of creating opportunities for field-based care and outreach
CFO to HBEP Primary Donor	Prior to valuation focus groups interview	Increased professional fulfillment evolved to include “and stability”	Share final outcomes for all stakeholder groups and discuss implications for future programme strategy and funding
Families of HBE graduates sponsored to school for the deaf and blind	Combined with outcomes discussion, prior to valuation portion of the focus group; served as primary proxies for their children	No changes required	Share final outcomes and explore the evolution of the guardian outcomes to “improved family relationships” – the conditions under which a household level shift can occur