

Integrated Early Childhood Development in Zambia

**FIVE-YEAR
SUMMARY REPORT**
2012-2016

Moments That Matter: Strengthening Families So Young Children Thrive



PROGRAM VISION AND GOALS

Moments That Matter: Strengthening Families So Young Children Thrive is a five-year report on the Integrated Early Childhood Development (ECD) Program of the Zambia Anglican Council and Episcopal Relief & Development. The program has sparked transformation in how families and communities care for vulnerable children in rural Zambia. This summary synthesizes highlights from the full 60-page report, available at Episcopal Relief & Development's website: www.episcopalrelief.org.

Amid the challenges and stresses of poverty exacerbated by HIV/AIDS, 53 communities have organized around the shared goal of helping their youngest children thrive. They spend countless hours volunteering their time, energy and talents to help the most vulnerable families – bringing visible changes and a new spirit of hope as people experience closer relationships with their children and see them begin to flourish.

Between birth and age five is a critical, high-impact period for children's healthy growth and development. Investing in children and their primary caregivers during this time can result in lifelong benefits. Capitalizing on this opportunity, Episcopal Relief & Development and the Zambia Anglican Council Outreach Programmes (ZACOP) launched the ECD Program in 2012.¹ The program empowers primary caregivers to strengthen nurturing care and early stimulation with their young children.² It uses a community-led, holistic approach to address the interrelated needs of families: parenting, health, nutrition, food security and livelihoods. An external evaluation was conducted in 2016 documenting the results and assessing key factors in the program's success.³

The ECD Program's three overall goals target caregiving environments, primary caregivers and children themselves. The program aims to foster change at each level.

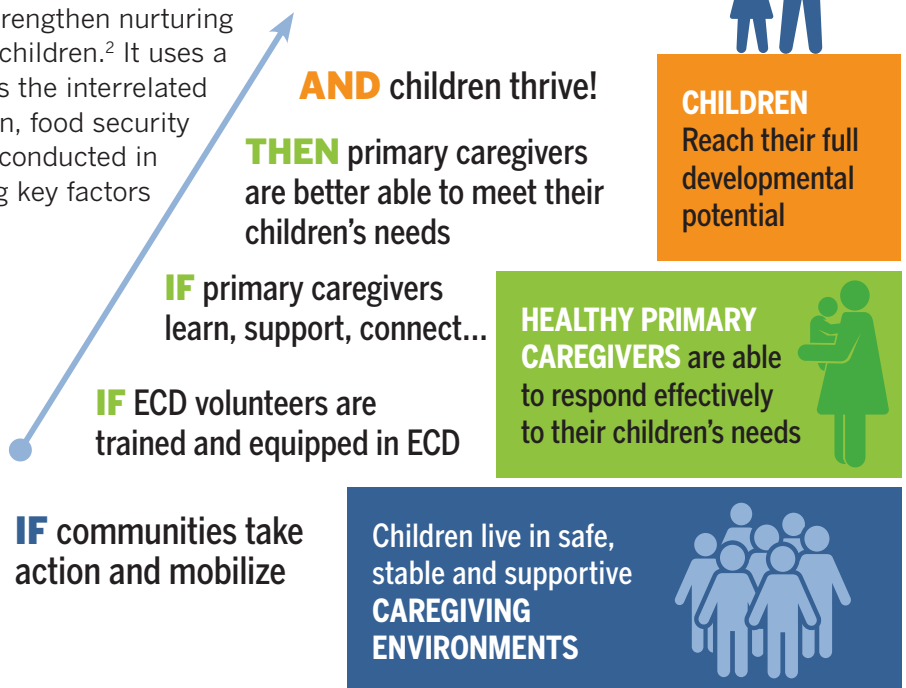
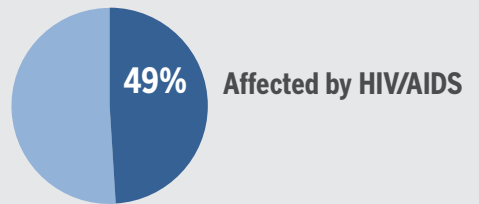


Figure 1.

Reaching Vulnerable Families



6,228 Primary Caregivers

9,936 Children Under 5

67% Children 0-3

742 ECD Volunteers

53 Rural Communities in 7 Provinces

Figure 2.

ECD Program Goals



CHILDREN Reach their full developmental potential

HEALTHY PRIMARY CAREGIVERS are able to respond effectively to their children's needs



Children live in safe, stable and supportive **CAREGIVING ENVIRONMENTS**



¹ The ECD Program is supported by the Conrad N. Hilton Foundation, with matches by the Margaret A. Cargill Foundation and other donors.

² Primary caregiver is the term used throughout the report for the person who is responsible for the parenting role of the child. The primary caregiver could be a grandparent, other relative, sibling or unrelated adult ("foster" parent).

³ A summary of the external evaluation is available at www.episcopalrelief.org

PROGRAM STRATEGIES

The ECD Program Employs Five Key Strategies

- Local Community Ownership and Management
- Trained ECD Volunteers as Facilitators
- Learning-Action Dialogues with Picture Cards
- Caregiver Support & Learning Groups Combined with Home Visits
- Networking and Linking Families to Services, Resources and Training



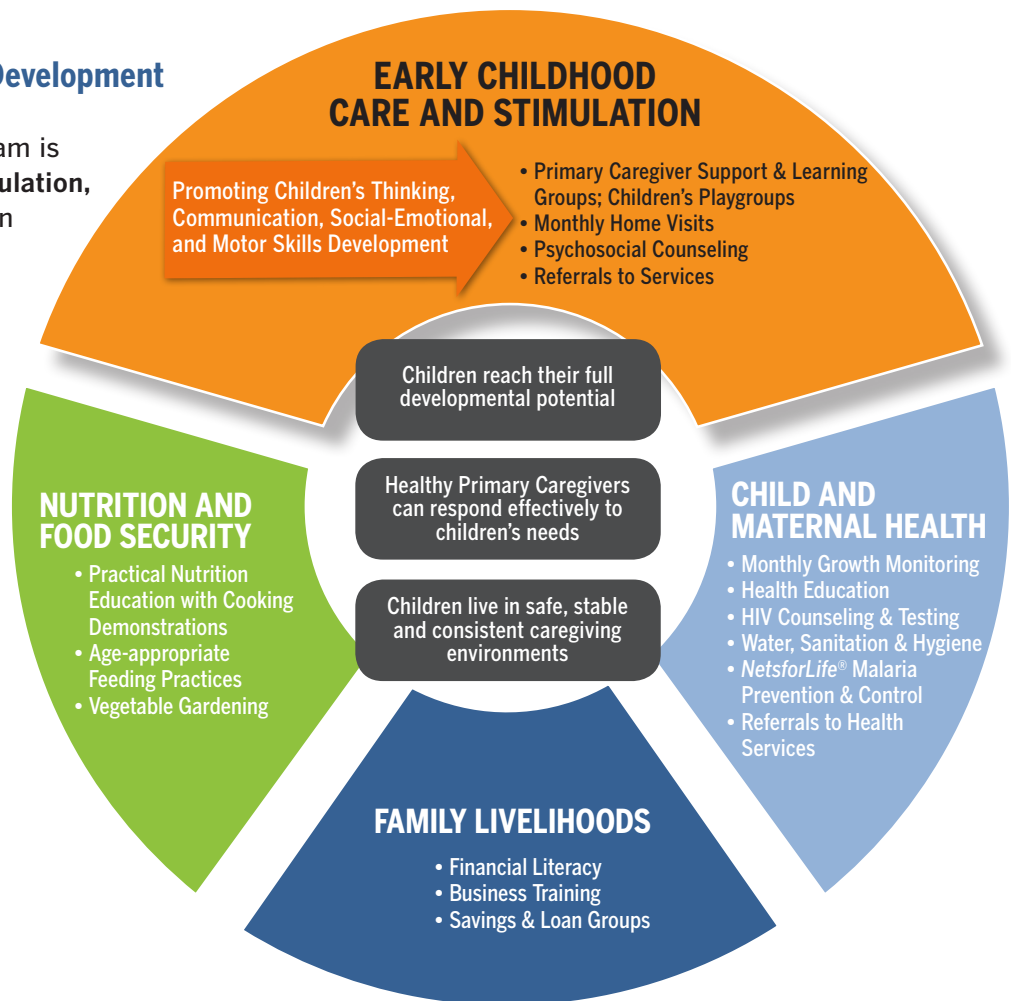
Mothers and children at an ECD Center

Figure 3.

Integrated Early Childhood Development

The primary focus of the program is **Early Childhood Care and Stimulation**, while also supporting families in meeting their needs in health, nutrition and livelihoods.

Major activities in each area are depicted in the graphic. Activities take place at 53 ECD Centers based at local churches and schools.



EARLY CHILDHOOD CARE AND STIMULATION

Community Ownership

Local ownership is key to the ECD Program's success and sustainability, a joint effort of community leaders, 12 different types of volunteers and primary caregivers in 53 communities. The program engages faith and other local leaders, together with stakeholders, to play a key role from the outset. They organize and coordinate program activities through ECD Center Management Committees and Steering Committees.

The ECD Center Management Committees have taken on a variety of initiatives to extend impact, including:

- **Toy-making sessions** with local materials
- **Pre-school sessions** for ages 3-6 with trained facilitators
- **Engaging grandparents** to provide weekly storytimes for children to share traditional stories and songs
- **Construction** of ECD Center buildings
- **Demonstration gardens** to provide vegetable seeds to families and generate income for Center expenses.

Local faith leaders and networks also convey and reinforce ECD messages and parenting practices. They are an integral part of the social change process needed for healthy early childhood development at the community level.

RESULTS: Local leaders and community volunteers are driving the development, management and sustainability of the program, using innovation and local assets.

Trained ECD Volunteers as Facilitators

The ECD Program's success is primarily a result of the commitment and effectiveness of ECD volunteers as change agents. These volunteers are trained and assessed on ECD knowledge, facilitation skills, and Social and Behavior Change Communication.

ECD volunteers facilitate learning-action dialogue with primary caregivers, using picture cards to illustrate essential parenting actions. The cards, from *The Essential Package Visual Guides and Parenting Skills Visual Guide*,⁴ depict pictures of positive actions as well as examples of what not to do. The cards provide questions for volunteers to use in dialogues with caregivers. The pictures and questions are easy for community volunteers at any level of education to use. They also are effective tools with primary caregivers in rural communities, where literacy levels are low.

⁴ Episcopal Relief & Development created tailored parenting skills resources to complement [The Essential Package: A Package for Holistically Addressing the Needs of Young Children Affected by HIV/AIDS](#), drawing from Save the Children and UNICEF, among others.



Kasenga Drama Group performs a skit about why parents and their children should participate in early learning activities

“ Our expectations [as volunteers] have been met mainly due to the changes we have observed in caregivers and how these positive behaviors have improved the caregivers' and their children's lives. ”

—ECD Volunteer



Figure 4.
Thinking and Communication Key Actions for Children Ages 12-24 Months

- Sing and tell stories
- Provide materials to play with
- Ask children questions about their actions
- Talk to the child; explain what you are doing

EARLY CHILDHOOD CARE AND STIMULATION

Since the program's inception, ECD volunteers have developed trusted relationships with caregivers, resulting in many benefits and positive changes. Caregivers feel comfortable sharing sensitive issues with volunteers, and volunteers provide specific problem-solving support and connect them to services when needed.

RESULTS: ECD Volunteers demonstrated they are effective agents of change, equipped with the knowledge and skills to facilitate primary caregivers' practice of nurturing care and early stimulation with their children.

Increased Practice of Care and Early Stimulation

In rural communities, most families rely on labor and time-intensive subsistence farming. Young children are often at home with no stimulation. Families affected by HIV/AIDS are further strained and caregivers' poor health and discouragement can lead to unresponsive parenting and child neglect.

In this context, the program seeks to empower and equip primary caregivers with parenting knowledge, skills and practical actions. It provides caregivers with support and linkages to services through four avenues:

- **Caregiver Support & Learning Groups:** caregivers develop relationships generating peer learning, and support, through sharing experiences, ideas and solutions to common parenting challenges
- **Home Visits:** caregivers can confidentially discuss and receive support from ECD volunteers to address their specific needs and challenges
- **Toddler and preschool playgroups:** are held during Caregiver Support Group meetings, fostering social development and early learning
- **Psychosocial counseling:** is provided when caregivers need it by trained counseling volunteers

The 2016 evaluation showed that primary caregivers strengthened their relationship with their children and changed the way they parented as a result of participation, including increased interaction with their children.

1. Increased Interaction: Traditionally, babies are carried on mother's backs to the fields and market. The program explained and promoted the need for specific and intentional interactions. As a result, primary caregivers increased the amount of time they spend with their children. The evaluation found that program participants spent 50% more time interacting with their children each day than parents in the control group.



Caregivers discussing parenting practices with ECD Promoter during a monthly home visit

“ Before, my child was just there with me, but I didn't pay attention to her. When she cried, I let her cry... Now, I interact differently with my child. Look in her eyes and make faces and sounds, my baby smiles at me. ”

—Primary Caregiver



Mother playing with her daughter at the ECD Center playground

“ We have learnt that talking to our children is important. In the past, we just used to leave children to play on their own. We now tell stories to our children, we sing to them and we play with them because we understand that before the child goes to grade one they are supposed to learn. ”

—Primary Caregiver

EARLY CHILDHOOD CARE AND STIMULATION

2. Improved Interaction in Developmental Areas: The program had the biggest impact in the areas of activities promoting cognitive, language and motor skills development.⁵ Evaluation findings indicate that these increased from less than 50% at the program start to 80% after two-year participation, while caregivers in the control group saw no improvement. Social-emotional development activities also increased.

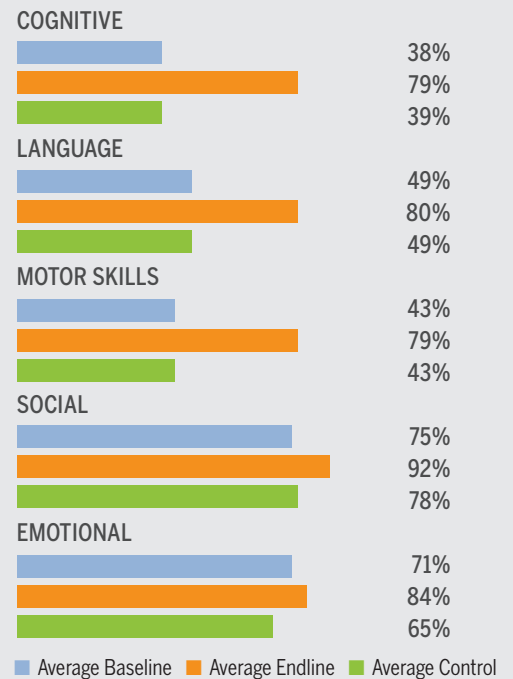
Through the program, caregivers learned and began practicing new activities, such as providing play materials, playing counting games and praising children for good behavior. They also began promoting fine motor skill development by providing small objects for children to pick up and sticks for drawing in the dirt.

Primary caregivers demonstrated some improvement in using positive discipline practices, such as talking calmly to children when misbehaving. However, use of corporal punishment is still high and requires further attention.

Overall, caregivers in the program understood the effect of nurturing care and early stimulation on a child's development. Some traditional activities such as singing and storytelling were easy for caregivers to do once they realized what an impact it would have. By seeing the concrete changes in their children's behavior and development, caregivers felt more motivated to maintain new practices.

RESULTS: Primary caregivers strengthened their nurturing care and increased activities with children to develop their cognitive, language, social-emotional and motor skills development.

Figure 5.
Children and Caregivers Engaging in Activities by Developmental Areas



CHILD AND MATERNAL HEALTH

Primary caregivers and children participate in monthly health sessions with Community Health Workers. These include health education, growth monitoring and other services. Consequently, families have increased their use of health services and improved healthy practices in the areas of water, sanitation and hygiene, disease prevention and treatment (specifically in malaria, diarrhea and pneumonia), growth monitoring and pre-natal care. For example, the number of children receiving immunization increased from 58% to 96%, and the number of children sleeping under insecticide-treated nets increased from 56% to 86%.

As a result of trusted relationships developed through the program, there was a gradual and steady increase in HIV/AIDS health-seeking behavior. The program's combination of Caregiver Support Group and confidential home visits were effective in de-stigmatizing HIV/AIDS and bringing more adults and children to get tested and treated.



Caregiver getting tested for HIV/AIDS at ECD Center

“ Since joining the program, now a woman expecting a child goes with the husband to be tested so that they know about their status. In the past, fathers were reluctant to go for HIV testing. ”

—Primary Caregiver

⁵ The program materials and communication with primary caregivers use less technical language: thinking (for cognitive), communication (for language) and physical (for motor skills).

NUTRITION AND FOOD SECURITY

Through the promotion of key nutrition actions and practical cooking demonstrations, caregivers learned about the importance of exclusive breastfeeding for infants up to 6 months and how to feed infants and toddlers. They practiced selecting nutritious food and preparing well-balance meals for their children with locally available ingredients. The program linked with the Ministry of Agriculture which provided seeds and training for primary caregivers to start vegetable gardens.

As a result, the evaluation shows improved nutritional intake of children 6 to 24 months. For example, the percentage of children eating three meals per day more than doubled; the percentage of children eating protein at least once a day increased by 77%. Children were also eating more vegetables and caregivers were selling surplus from their gardens, increasing family income.



“ From the program, we learned about preparing a balanced diet, as we didn't know that we can mix groundnuts with porridge for example. That way we have improved our children's and our own health. ”

—Primary Caregiver

FAMILY LIVELIHOODS

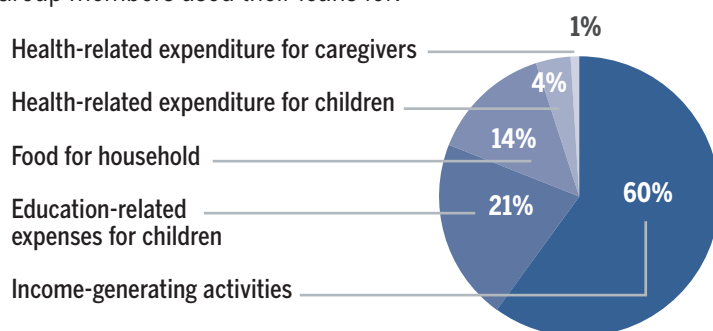
Rural families often lack access to saving in banks and typically do not meet requirements for micro-credit. The ECD Program provided caregiver groups with training in financial literacy and starting their own Savings & Loans Groups.

Through these member-run groups, communities can safely save and access loans set on terms by the group. Caregivers reported using their savings for health, nutrition, and education expenses for their children. Many used the loans to start or expand income-generating activities, such as chicken enterprises for selling eggs.

Figure 6.

Strengthening Family Livelihoods

S&L Group members used their loans for:



RESULTS: Primary Caregivers improved their children's health and nutrition, as well as their own, and increased their families' livelihoods and overall well-being.



Treasurer collecting members' money at a caregivers' Savings & Loan Group meeting

“ We thought we were too poor to save, but we learned amounts can't be too small to save. And even with a small amount we can do something to earn income. ”

—Primary Caregiver

BUILDING ON SUCCESS: SCALING UP WITH QUALITY

The external evaluation found that the ECD Program model was successful in changing primary caregivers' behavior, strengthening their nurturing care and stimulation with their children. Further it concluded that the program has wide applicability in rural communities across Africa, particularly in high HIV prevalence areas.

The program's successful experience in Zambia has already been incorporated into holistic programs in Nyanza, Kenya by Episcopal Relief & Development's implementing partner, Anglican Development Services-Nyanza. In Zambia Episcopal Relief & Development and ZACOP are planning to reach new families in current ECD Center communities and identifying marginalized areas for new ECD programs.

Across the spectrum of challenges facing vulnerable families in rural communities, the ECD Program has sparked energy, change and hope – in the daily interactions between primary caregivers and children for lifelong impact; in the tangible results volunteers and leaders are seeing from their work; and in the process of family and community transformation in which the communities' youngest children are thriving.



Vision is captured on ECD volunteers' T-shirts: Investing in the Child for the Future.

The full 5-year report

Moments that Matter: Strengthening Families So Young Children Thrive is available at www.episcopalrelief.org

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Episcopal Relief & Development is dedicated to empowering families and communities to strengthen their health, well-being and resilience, with a focus on early childhood development. Working through partnerships with Anglican Communion and ecumenical partners, the agency reaches over 3 million people in nearly 40 countries each year. Its integrated programs fight poverty, hunger and disease and respond to disasters. An independent 501(c)(3) organization, Episcopal Relief & Development's work also contributes to the achievement of the Sustainable Development Goals.

The Zambia Anglican Council Outreach Programmes (ZACOP) is the community development arm of the Anglican Church in Zambia. Established in 2004, ZACOP works to improve the health and socioeconomic conditions of vulnerable households and communities in collaboration with the Zambian government and other stakeholders. Major program areas are integrated early childhood development, gender and development, and maternal and child health.

The Episcopal Relief & Development and ZACOP Partnership

The organizations have been working together since 2004 leveraging the strengths and permanent presence of faith networks to empower local community development. The ECD Program was developed based on the partnership's successful experiences with asset-based development in rural communities.

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