

Moments That Matter®

Strengthening Families So Young Children Thrive

—
IMPACT REPORT 2018 - 2021



An Integrated Early Childhood Development Program Partnership in Africa



**Moments
That Matter.**



Zambia Anglican Council
Outreach Programmes



"...Feed my lambs" John 21 : 15

Acknowledgements

Report written by Dawn Murdock, Director of Strategic Learning, Episcopal Relief & Development. Special thanks to George Nyamor, Monitoring and Evaluation Manager, Anglican Church of Kenya Development Services Nyanza, Kelvin Munsongo, Head of Programmes, Zambia Anglican Council Outreach Programmes, and the African Population and Health Research Center team.

Episcopal Relief & Development

Headquarters: New York City, USA; Africa Regional Office: Accra, Ghana

Episcopal Relief & Development works together with supporters and partners for lasting change around the world. Each year, the organization facilitates healthier, more fulfilling lives for almost 3 million people struggling with poverty, hunger, disaster and disease. Episcopal Relief & Development works with Anglican partners and others to create long-term development strategies focused on generating results in three signature program areas: women, children and climate. An independent 501(c)(3) organization, Episcopal Relief & Development collaborated with Zambia Anglican Council Outreach Programmes starting in 2012 and the Anglican Church of Kenya Development Services Nyanza in 2017 to develop and strengthen the *Moments That Matter*® (MTM) Early Childhood Development Program Partnership.

Anglican Church of Kenya Development Services Nyanza (ADS Nyanza)

Kisumu, Kenya

ADS-Nyanza is the development wing of the five Anglican dioceses in Nyanza region. The organization's aim is to enable the dioceses and communities to achieve fullness of life and the integrity of creation through sustainable community development programs for the Glory of God. The organization supports integrated programs with early childhood development, health, water, sanitation and hygiene, economic empowerment, food security and advocacy. ADS-Nyanza began its *Moments That Matter*® Program in 2017, impacting 4,000 families by 2021.

Zambia Anglican Council Outreach Programmes (ZACOP)

Lusaka, Zambia

ZACOP is the development arm of the Anglican Church in Zambia. Since 2004, ZACOP has been working to improve the health and socioeconomic conditions of vulnerable families and communities, collaborating with the Zambian government and other stakeholders. The organization's program areas are integrated in early childhood development, gender and development and maternal-child health. A co-founder of the *Moments That Matter*® Program in 2012, in ten years ZACOP has trained over 2,600 volunteers who have empowered 22,685 families with some 44,000 children under 3.

African Population and Health Research Center (APHRC)

Nairobi, Kenya

APHRC generates an Africa-led and Africa-owned body of evidence to inform decision-making for an effective and sustainable response to the most critical challenges facing the continent. APHRC is committed to transforming lives through research to improve the health and well-being of African people. Dr. Patricia Kitsao-Wekulo served as principal investigator for the *Moments That Matter*® Implementation Research Study, with team members/co-authors: Kenneth Okelo, Hermann Donfouet, Silas Onyango, Bonventure Mwangi, Patrick Illboudo, Milka Wanjohi, Elizabeth Kimani-Murage, and consultant Matthias Zingel in Zambia.

Additional MTM Implementing Partners, with their MTM Program Start-Up Year

Ghana, 2018	Anglican Diocesan Development and Relief Organization
Malawi, 2018	Anglican Council in Malawi
Mozambique, 2019	Anglican Diocese of Niassa
Mozambique, 2021	Anglican Diocese of Lebombo
Namibia, 2021	Namibia Anglican Community Development Organization



Mother and son, Kenya

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Executive Summary

More than 59,000 young children have experienced a more nurturing relationship with their Primary Caregiver¹ through *Moments That Matter*® (MTM), an early childhood development program partnership of Episcopal Relief & Development. Since 2012, the MTM Program has been mobilizing communities and empowering caregivers in Africa so that vulnerable children reach their full developmental potential.

The African Population and Health Research Center (APHRC) conducted [implementation research](#)² on the Kenya and Zambia MTM Programs from 2018 to 2021. This research assessed what changed due to the MTM Program and the program strategies and quality standards that led to those changes, as depicted in the Pathways of Change diagram below. It concluded that MTM had achieved its objectives to: improve Primary Caregivers’ responsive care and early learning with their children aged 0 to three; increase their use of positive discipline; improve their well-being; and strengthen family livelihoods. The study found the MTM Program model of community-led social and behavior change effectively expanded nurturing care within families and communities. APHRC also made some recommendations for the program’s improvement. MTM Kenya and Zambia attained key outcomes at a level significantly better than the control sites, including:

Primary Caregivers increased both time spent and quality of interactions with children

- Increased children’s responsive care and early learning, and playtime with other children.
- Increased activities that strengthen children’s cognitive, language, motor skills, social and emotional development.

Primary Caregivers increased their knowledge of child rights and protection

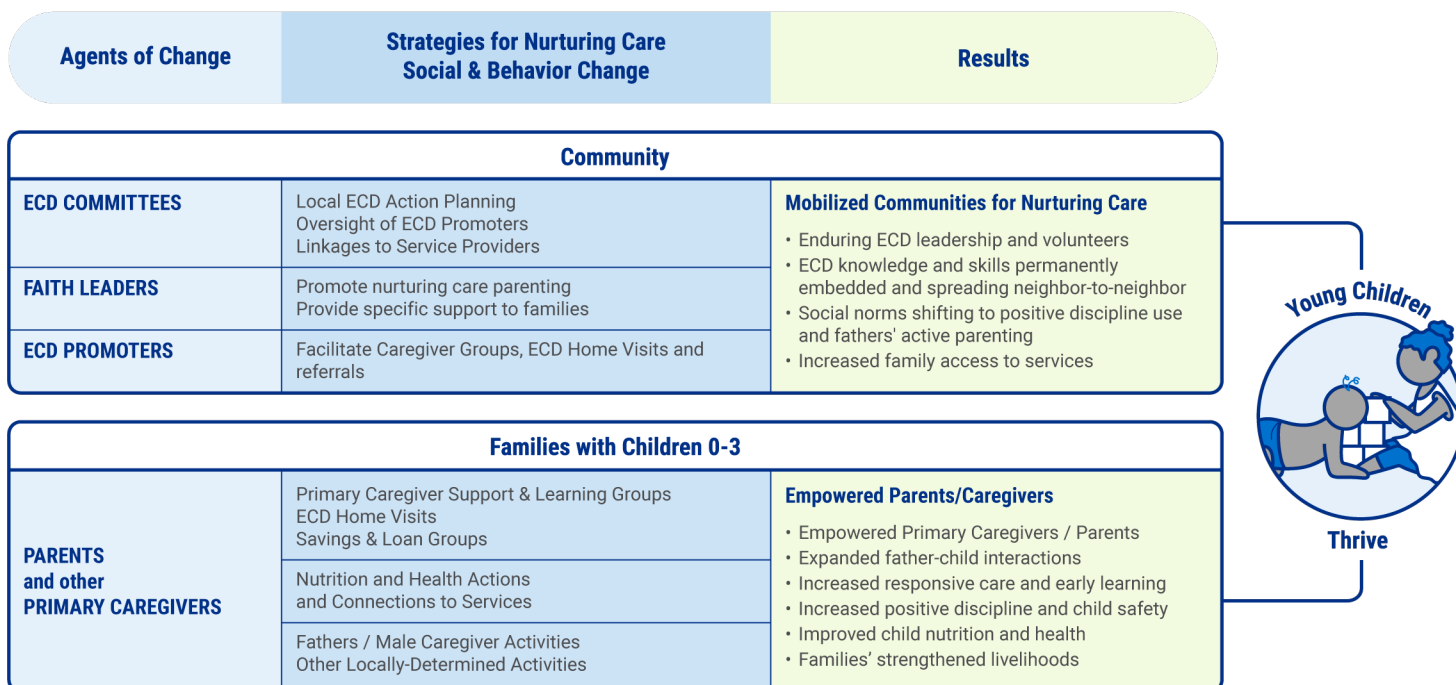
- Demonstrated understanding of three key ways to protect children from harm and abuse.

Primary Caregivers started saving and accessed microloans through Savings & Loan Groups

- Strengthened family livelihoods and capacity to meet basic and emergency needs.

MTM’s unique blend of evidence-based strategies, community ownership and local adaptations have ensured its successful scaling with quality in six African countries. This MTM Impact Report highlights cumulative results from MTM Programs in six countries in Section 1 and APHRC research findings in Kenya and Zambia in Sections 2-5.

MTM Pathways of Change



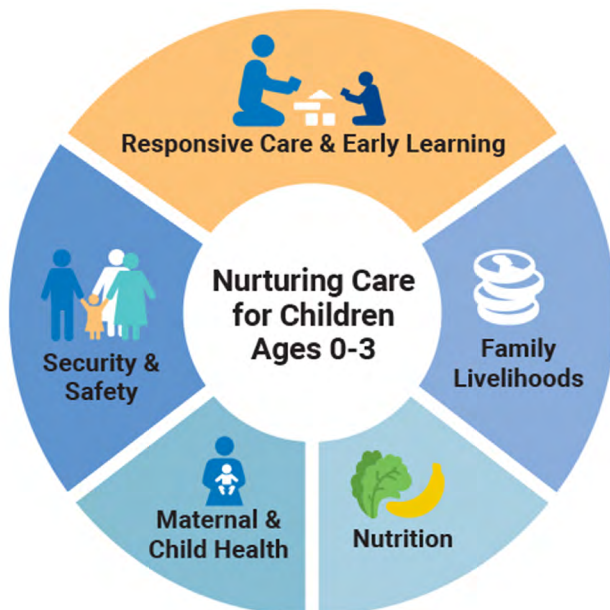
Moments That Matter® A Proven Approach

The *Moments That Matter*® Early Childhood Development Program Partnership (MTM) galvanizes rural communities and families around their shared goal of young children thriving. From conception to age 3, children’s brains almost fully develop; therefore, children’s daily care and interactions during this critical window have a lifelong impact. MTM provides intensive parenting empowerment for the most vulnerable families, so that young children develop to their full potential.

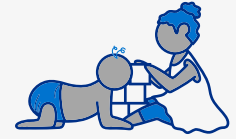
MTM engages Primary Caregivers, families and communities through volunteer Early Childhood Development (ECD) Promoters, community and faith leaders. The program has developed based on the evolving ECD sector³ and MTM evidence and learning, while it has expanded to five other African countries with Anglican implementing partners.

MTM fosters parenting responsive care, early learning, security and safety through monthly Primary Caregiver Support & Learning Groups and ECD home visits. MTM caregivers strengthen their livelihoods with Savings & Loan Groups. MTM coordinates with government health and nutrition providers to increase families’ use of their services. MTM’s holistic approach is reflected in the global [Nurturing Care Framework for Early Childhood Development](#)⁴, with the addition of MTM’s family livelihoods component, which is critical for helping families meet children’s basic needs.

Moments That Matter® Program



2012-2021



59,148
Children



35,466
Primary Caregivers

83% Women
17% Men



13,811
Father-secondary Caregivers



2,214
Primary Caregiver Support & Learning Groups



Primary Caregivers with children, Kenya

MTM Program Countries 2021



MTM Program partnerships are built and scaled through the extensive faith-based networks within African civil society. These partnerships unite local faith and secular society leadership with government ECD service providers. As MTM expanded over the past ten years, the model's proven core components have been combined with local adaptations to produce strong results.

The MTM Program uniquely blends evidence-based social and behavior change strategies with a sustainable, community-led model for parenting empowerment and nurturing care:

Leverages and invests in community and faith-based assets:

Local leaders and structures have a permanent presence in marginalized rural communities.

Forms and equips ECD Committees to manage the program:

They increase their leadership over the first two program cycles until the MTM is community-owned.

Trains a cadre of volunteers dedicated to ECD parenting:⁵

ECD Promoters engage high-need families to strengthen their responsive care, early learning interactions and children's security and safety.

Mobilizes faith leaders to champion nurturing care:

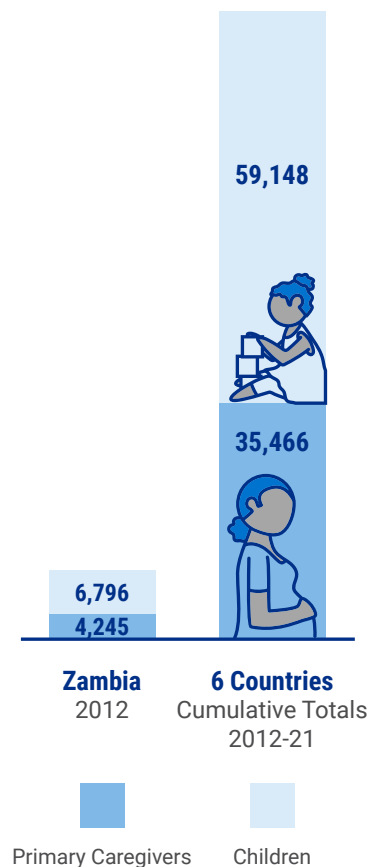
Equipped with MTM Sermon Guides and Scripture Studies, faith leaders drive change with caregivers and their communities.

Empowers Primary Caregivers through three reinforcing channels:

ECD Promoters facilitate monthly Primary Caregiver Support & Learning Groups and ECD home visits for 24 months; then, caregivers graduate.⁶ Caregivers form and run their own Savings & Loan Groups.



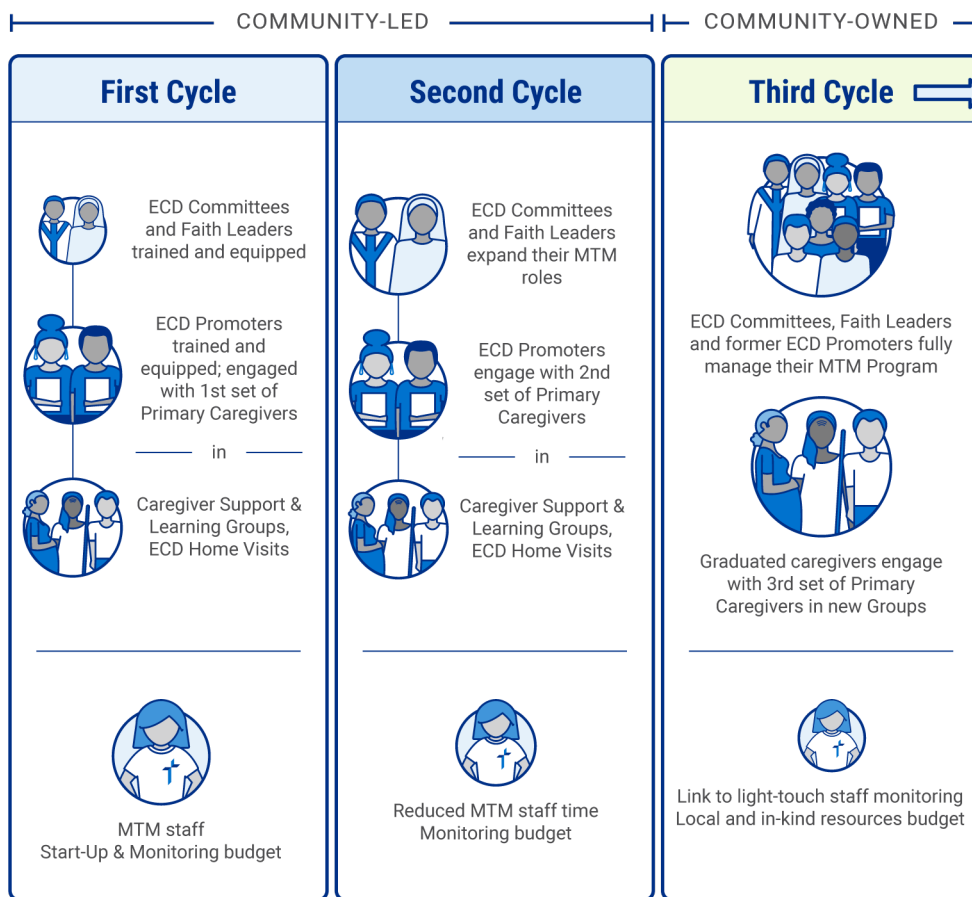
Figure 1





Monitoring meeting with ECD Promoters, health volunteers, and faith leadership, Malawi

MTM is designed in cycles; each cycle engages a new set of vulnerable Primary Caregivers with children aged 0-3. During the first two cycles, MTM community leadership takes on greater responsibility, with diminishing program staff and budget support. By the third cycle and beyond, MTM is community-owned and supported by local resources.



In the following Sections 2-4, all results cited are from the Kenyan and Zambian MTM Program communities in the APHRC Implementation Research Study 2018-2021. In cases where findings were similar in both country programs, some figures may only depict one country's data. The endline evaluation was conducted at the MTM communities' first cycle completion, when Primary Caregivers graduated after 24 months. Data is cited for the MTM participant caregivers only; see the [APHRC research report](#) for data on the "Control Group" in other communities that did not have the MTM Program.

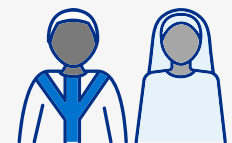


2012-2021



237

ECD Committees



868

MTM Faith Leaders

38% Women
62% Men



3,933

ECD Promoters

50% Women
50% Men



Mother takes advantage of the MTM picture cards to stimulate her child during a home visit, Ghana

2

Impact on Children: Stronger Early Development

2.1 Transformed Caregiving Relationships

Rural families face many challenges trying to care for their children, which have been exacerbated by the COVID-19 pandemic. MTM reaches families whose children are at greatest risk due to poverty and other factors, such as malnutrition, exposure to HIV or neglect. Caregivers also need to improve their own well-being to better meet their children's needs. MTM encompasses both.

MTM focuses on "essential parenting actions" depicted in the *Moments That Matter®* Picture Cards.⁷ These are easy-to-do activities that bring joy to children and caregivers while fueling children's development. The research found almost all Kenyan and Zambian Primary Caregivers strengthened their parenting in multiple ways, benefiting themselves as well as their children.

Primary Caregivers strengthened their bonding with children in two ways:

- Increased time spent talking, singing and responding to their child while doing routine household chores.
- Increased dedicated playtime during the week.

Father-secondary caregivers also increased the time they played with their children:

- Increased number of days per week they made time to play.
- Fathers who didn't play at all with children before MTM were playing regularly with them by endline.



Single parent

Grandparent or adolescent primary caregiver

Parent or child with disability

Affected by HIV/AIDS or other chronic diseases

Serious nutrition and health problems (e.g. stunting)

"When I knock off from the field, I usually rest. So now that's the time when I play with my child after the child has been well-fed. My child feels really happy."

Primary Caregiver, Zambia



Father Primary Caregiver with daughter, Kenya

2.2 Children’s Strengthened Cognitive, Language, Motor Skills, Social and Emotional Development

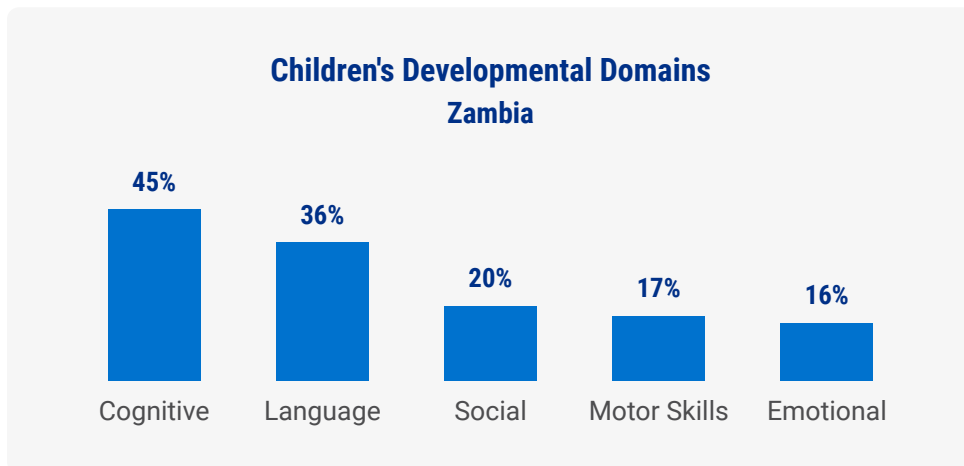
Caregivers tend to think of children’s development as mainly physical, focused on health and nutrition. Through MTM, they gain a fuller understanding of child development. The research found that Primary Caregivers:

- Learned how different activities benefited children’s development during infant and toddler phases.
- Increased positive parenting actions they were already doing.
- Tried out new activities.
- Saw positive responses in their children, which motivated them to continue the responsive care and learning activities.

Primary Caregivers increased activities with children in all five domains

Primary Caregivers increased interactions that contributed to children's cognitive and language development the most—a critical achievement since these two domains were the lowest at program start.

Figure 2. Primary Caregivers' Increased Interaction in All Domains*



* Measured by activities Primary Caregivers did with children in the last week

"We sing to the babies. And clapping, you will see they will be repeating what you are doing. That will help them develop."

Primary Caregiver, Zambia

"I learned to carry the baby and cuddle her to stop her from crying. I can give her toys or play her some music."

Father-secondary caregiver, Zambia

"You can point out things while naming them out loud. With time, the child will be able to name those things. . . and as they are playing with toys it helps their brain develop."

Father-secondary caregiver, Zambia



Playing during Caregiver Group meeting, Kenya

Children's Learning Amplified Through Play

Two other pivotal knowledge points for caregivers were that children's learning begins at birth and that play is the way children learn. Caregivers also realized toys did not have to be bought from a store. They increased both the quantity and variety of play materials for their children, stimulating their children's development in different ways:

- **Caregivers provided everyday objects as play materials**, such as pots for banging and sticks for drawing on the ground.
- **Caregivers made toys from local materials**, such as soccer balls made from bags and trucks from bottles.

Children's playtime with others also increased:

- **Primary Caregivers arranged playtime** with other children.
- **Primary Caregivers had their children participate in MTM playgroups** during Caregiver Group meetings, making it possible for caregivers to enjoy their own meetings undistracted.

2.3 Children's Increased Security and Safety

Harsh verbal and physical punishment is typically the norm for misbehaving children in MTM communities. This was how people had been raised themselves. In focus groups and interviews, caregivers shared what they learned from MTM activities and faith leaders about positive discipline, explaining how that process led them to change their traditional ways.

Increased Use of Positive Discipline

- **Primary Caregivers increased use of different positive discipline practices.**
- **Caregivers saw improvements in children's behavior and learning**, and in their relationships with their children.
- **Caregivers increased the "Tell 'no' and briefly explain why" practice** the most; by 46% in Kenya and 33% in Zambia.
- **Caregivers reduced harsh punishment to some extent**, though more needs to be done.

"We have changed [as parents] and now the children are even free with us. Because we talk to them and we do not beat them, they are free to tell us things."

Primary Caregiver, Zambia

"Previously, some mothers used to leave young children at home unattended as they went to work. After the training... they ensured their children were taken care of by their fathers or older siblings."

ECD Promoter, Kenya



Parents shared they were glad to learn about positive discipline before their twins became toddlers, Kenya

Expanded Knowledge of Child Rights and Protection

Caregivers learn more about children’s basic rights as part of the program, including the right to education for both girls and boys. The research found similar results in Kenya and Zambia, with Primary Caregivers sharing examples of how they improved children’s safety. Specific results in Zambia, for instance:

- 78% of Primary Caregivers identified three or more child rights.
- 82% of Primary Caregivers in the country knew at least three key ways to protect and keep children safe.

Increased Birth Registration – A Key Children’s Right

Primary Caregivers do not always realize the importance of birth registration for their children to access health, education and other services. Distance to government offices and the bureaucracy are also deterrents, resulting in low levels of birth registration in rural areas. MTM successfully raised awareness of this child right:

- More Primary Caregivers in both countries registered their children’s births.

2.4 | Children’s Improved Health and Nutrition

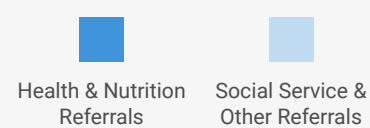
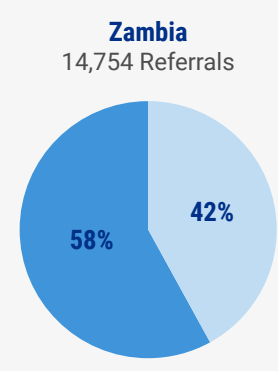
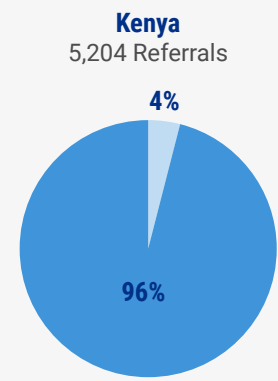
MTM coordinates with government health services to increase caregivers’ use, such as child immunizations. ECD Promoters liaise directly with their families’ Community Health Workers. MTM also works to reduce stigma on disabilities and HIV/AIDS, so that more families receive needed services and increase their social ties.

Increased Referrals and Connections to Services

Caregivers get help and referrals for specific issues through confidential ECD home visits. For example, ECD Promoters monitor children according to development milestones and make referrals if potential signs of delay or other difficulties arise.



Figure 3
2018-2021





Handwashing stations to be distributed as part of Covid prevention, Zambia

Increased Disease Prevention and Treatment

Primary Caregivers took action to prevent diarrhea and malaria, common causes of child illnesses and death. By endline, more young children and pregnant women were sleeping under insecticide-treated nets and more children were fully immunized by nine months. More families set up hand-washing stations, with a 21% increase in Kenya and 44% in Zambia.

COVID-19 Response

MTM provided COVID-19 prevention education and personal protective equipment and hygiene supplies, in collaboration with the Ministries of Health. Episcopal Relief & Development secured emergency funds to support this work. Severe economic hardships in Zambia led to an increase in children's malnutrition in 60 communities, so MTM set up a food bank for affected families. Since 2020, MTM has continued with COVID-19-adjusted activities, or temporarily suspended them, to adhere to each country's social distancing and other protocols.

Improved Child Nutrition

Child malnutrition is a serious problem but many families cannot afford the diverse diet children need. MTM provided training and seeds for home vegetable gardens and cooking classes, which teach how to make more nutritious meals with locally available ingredients. By graduation, there were positive results including:

- **Increased breastfeeding knowledge:** more Primary Caregivers knew that breast milk is the best nutrition for infants under 6 months; 88% caregivers in Kenya, 99% in Zambia.
- **More children had a nutritious diet:** high quality, diverse and age-appropriate; 66% of children in Kenya, 59% in Zambia.

Unfortunately, the goal of improving maternal nutrition was not achieved and it even declined slightly in Kenya. This was likely due to the COVID-19 pandemic, which worsened poverty and food insecurity. Due to preexisting gender norms, women were more heavily affected.⁸

"The MTM Program has given me hope for my child. She was malnourished when I joined. At the cooking classes, I learned to prepare a variety of healthy food for my child. She is now healthy and likes to play around with her older siblings."

Primary Caregiver, Zambia



Mother and ECD Promoter home visit dialogue, with MTM Picture Card, Kenya

3

Empowered Parents and Caregivers

3.1 Primary Caregivers' Improved Well-Being and Capabilities

Increased Support and Learning through Valued Connections

The research found caregivers appreciated the trusted relationships with ECD Promoters and the benefits of both the groups and the home visits:

- **Primary Caregiver Support & Learning Groups:** caregivers learned more about child development and parenting from the ECD Promoter and each other shared challenges and solutions as they tried new practices; and developed strong friendships.
- **ECD home visits:** caregivers received confidential help for their specific parenting issues; sometimes, husbands also joined so they learned and improved their parenting together.
- **Active Learning:** MTM parenting curriculum uses participatory and experiential learning activities—such as parenting actions picture cards and the Facts, Association, Meaning, Action (FAMA) reflection-learning-action dialogue approach²—so that caregivers actively engage and become owners of strengthening their parenting.
- **Increased confidence in handling parental responsibilities:** increased from 82% to 94% in Kenya; 68% to 92% in Zambia.

"When we see a picture, we do not forget, and also we follow the things that we see on the parenting action cards."

Primary Caregiver, Kenya

"I love the lessons that I got from the [ECD] Promoters. I enjoy learning from the [ECD] Promoter at my home... And in the group meetings, we learn a lot from each other as caregivers. There are many experiences that we come to share...and new ideas and information to learn."

Father-secondary caregiver, Kenya

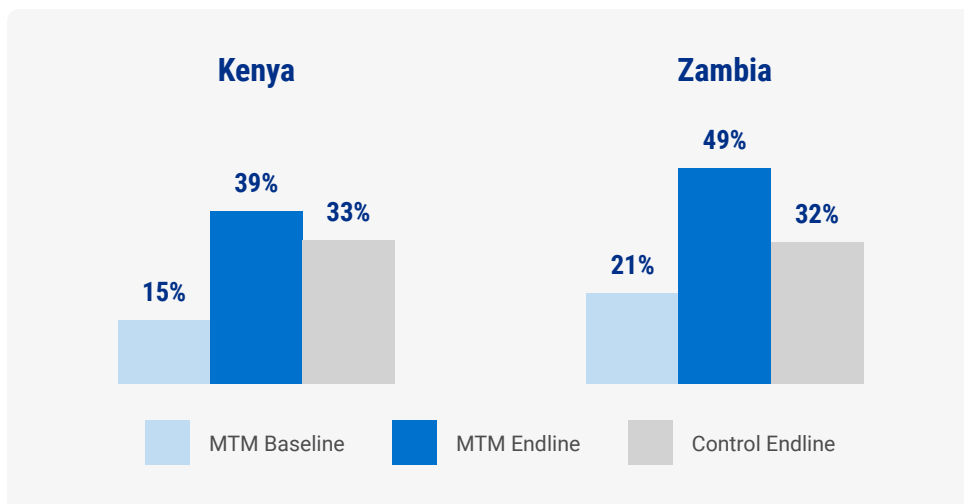


Caregiver Group Meeting, Zambia

Reduced Parental Stress

While there are many causes of stress, especially exacerbated by the COVID-19 pandemic, participating in MTM contributed to lower parental stress for Primary Caregivers. Reasons cited for lower stress included children’s better behavior due to positive discipline; fathers taking on more parenting duties and helping around the house; and having savings on hand through the Savings & Loan Groups to help with basic needs and emergencies.

Figure 4. MTM Primary Caregivers Experienced Reduced Parental Stress in the Past Month



"In the past, my husband would force me to cook even when I am sick. But since [MTM] I know that even when I get sick, my husband will cook and care for my children, which he never used to do."

Primary Caregiver, Zambia

"After my wife joined the MTM Program, with our sixth child, I saw how she did things differently with this baby, and it was striking how the baby was so lively and active, compared with our other children at that age.

So, I started coming to the ECD home visits, playing with the baby and all our older children too. This has brought joy into our family. And our neighbors are copying these new parenting ideas from us."



Father playing with his daughter, using a rattle he made at an MTM session, Kenya

3.2 Father-Secondary Caregivers' Expanded Role with Children's Care and Development

Social norms at baseline dictated that child care and housework were women's responsibilities, except for children's punishment. MTM intensified efforts, such as adding special sessions for fathers to hear from male champions, which increased both participation and behavior change. For instance, by endline, the number of fathers joining ECD home visits had doubled.

Father-Secondary Caregivers' Increased Nurturing Care

Many fathers shared their learnings and how they changed their parenting:

- Increased their child care and playing with children.
- Increased use of positive discipline.
- Increased non-traditional parenting tasks, such as bathing children or carrying babies, despite some continued stigma.

"It takes both parents to raise a child."

Father-secondary caregiver,
Zambia

"Escorting the wife to the clinic when our child is sick, some men laugh at me. But these days, I just consider them as fools and ignore them because I know the benefits of helping and taking care of my child."

Father-secondary caregiver,
Zambia



Caregiver Savings & Loan Group meeting, Malawi



Kenya & Zambia
2018-2021

189

Savings & Loan Groups

US\$149,856

Total Fund Value

6,574

Loans Disbursed

US\$261,594

Total Loan Value

3.3 Families' Strengthened Livelihoods

Caregivers have the option to form member-run, sustainable Savings & Loan Groups; almost all of them choose this powerful economic driver. Savings form the loan capital, providing affordable microloans to members. Each group sets its own savings amount, loan sizes and other terms, while working with a trained Savings & Loan formation facilitator during the start-up phase.

Top Three Benefits for Families from Increased Savings and Loans

- Started or expanded a business
- Increased food for the family
- Paid for children's education expenses



Jane and Nelson live with their two young children, aged 9 months and 3 years, in rural Kenya. They used to have a lot of misunderstandings and arguments. Gradually through the MTM Program, they began working together as parents. Jane joined a Savings & Loan Group; they decided to invest their savings in a goat and two chickens. Raising animals leads to multiple benefits, including eggs for their children and manure for their newly created garden to grow vegetables to improve their children's nutrition. The whole family is enjoying seeing their little farm growing.

"The Savings & Loan Group has helped me meet some family needs... It has helped a lot, especially during emergencies, so you can take your child to the hospital. As a result, we now enjoy peace and improved communication in our family."

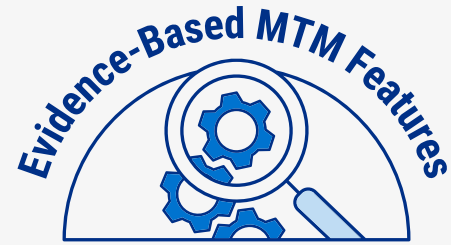
Primary Caregiver, Kenya

4

Community and Faith Leader Champions for Nurturing Care

4.1 A Family-Centered Community Ecosystem

MTM’s community-led approach is based on the social-ecological model of sustainable change, since parenting and child development take place within the family and the community. Given the interrelationships between the individual, interpersonal, community and service provider levels, MTM engages in all four simultaneously through three types of change agents. This creates an enveloping effect of ECD nurturing care throughout the community. The research found MTM’s combination of evidence-based features led to multi-level transformation.



Trained volunteers

Faith leader agents of change

MTM Picture Cards with Facts-Association-Meaning-Action dialogue process

Participatory, experiential adult learning techniques

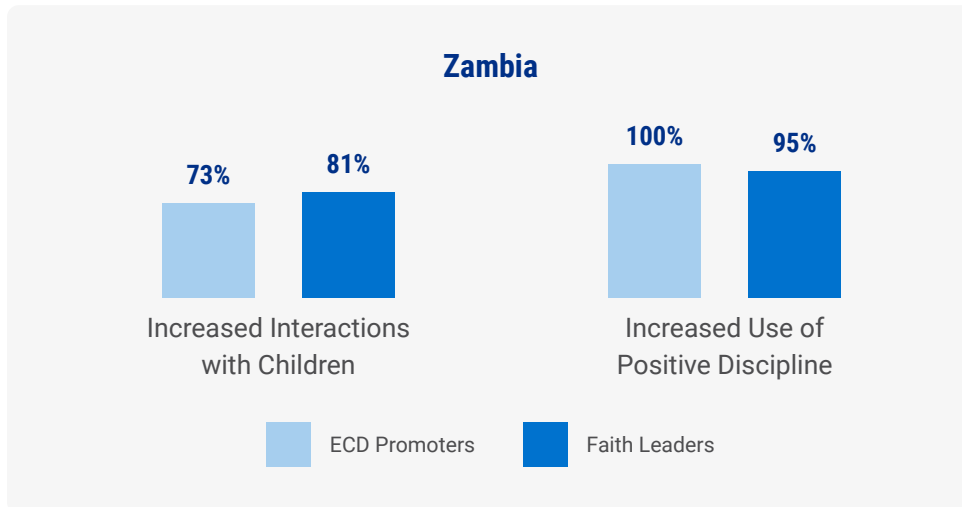
Engaging caregivers twice per month, for at least a year

Caregiver Group meetings combined with ECD home visits

MTM Sermon Guides and Scripture Studies, locally-appropriate

Through experiential learning, MTM’s training workshops encourage leaders to self-reflect and, in some cases, change their own attitudes and practices. ECD Promoters and faith leaders reported they changed their own parenting—transforming both groups into more powerful champions of nurturing care who can model best practices and speak from personal experience.

Figure 5. Change Agents who improved their own parenting



"We work hand-in-hand with the ECD Promoters to educate people in the community. We also share, and even in the community when we find a child that is being abused, we talk to the parents about how to care for the child. And we will continue MTM activities in the future, even without ZACOP staff."

ECD Committee officer,
Zambia

4.2 ECD Promoters

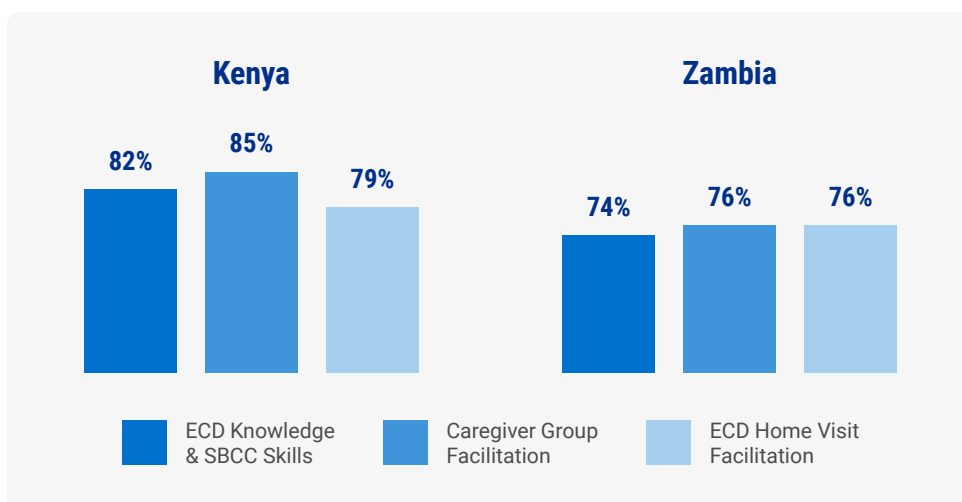
ECD Promoters developed trusted relationships with Primary Caregivers and families over the 24-month cycle. The research found ECD Promoters successfully fostered more nurturing parenting through the participatory parenting curriculum¹⁰ and MTM picture cards, with very positive feedback from caregivers.

- ECD Promoters were effectively equipped and mentored by MTM Program field staff and ECD Lead Promoters¹¹ to fulfill their leadership role, improve their work and solve challenges.
- MTM’s package of ECD Promoter training, Social & Behavior Change Communication (SBCC) resources and supportive supervision was the key to this accomplishment.

"[Faith leaders] teach us how to care for children. There are some things [ECD] Promoters will teach us and when we go to church we will find the same things, so we have seen that this is a good thing."

Father, Zambia

Figure 6. ECD Promoters Met Quality Standards in Three Critical Areas of Work





At their monthly reflection meeting, ECD Promoters practice a role play to use with caregivers, Zambia

ECD Promoters are motivated, committed volunteers who are not paid for their time. During their two implementation cycles, they receive a small stipend to help defray the costs of their volunteering (e.g., mobile phone use, transportation subsidies—if they are not given bicycles). The option to join Savings & Loan Groups with caregivers is a major incentive. The Savings & Loan Groups help mitigate time spent volunteering and provide access to loans for business development. The research found:

High ECD Promoter Retention Rates

Almost all volunteered to carry out a second cycle with a new set of Primary Caregivers:

- 100% of ECD Promoters in Kenya.
- 90% in Zambia.

After the second cycle:

- ECD Promoters' work with a stipend ends.
- They continue to serve as ECD resources in their communities, as needed.
- Some ECD Promoters continue serving on the ECD Committees.

"At our monthly Promoter meetings, we share problems we come across [in our work with families] and we together deliberate on how best we can counter them. . . the meetings are very good and productive."

ECD Promoter, Kenya



MTM Faith Leader with families, Kenya

4.3 Faith Leaders

MTM mobilizes clergy and lay leaders—both men and women from all religion and denominations present in each program site—as key influencers in their communities.¹² Faith leaders offer counseling and other specialized support, such as for families in conflict or those affected by violence against women or children. In addition, faith leaders take on an enhanced role in social and behavior change to ensure nurturing parenting and children’s healthy development. They concentrate on harder-to-change areas:

- Reducing harsh punishment/increasing positive discipline.
- Expanding fathers’ role with their children and households.

Baseline-identified barriers included misinterpretation of scripture, such as “spare the rod, spoil the child”. MTM co-developed a three-day workshop with interfaith African leaders using a set of faith-based SBCC resources. These workshops were instrumental in transitioning faith leaders into effective ECD champions.

Faith Leaders Effectively Promoted Nurturing Care

- 93% of faith leaders used MTM Sermon Guides and Scripture Studies, which changed people’s perspectives on ECD-related Bible verses.
- 94% of Primary Caregivers, 97% of father-secondary caregivers heard faith leaders speak about ECD/nurturing care parenting.

"I missed all three of my children’s births because I was too busy doing other things. I failed as a father. I now recognize the importance of the MTM Program, first and foremost as a father myself. Young children aged zero to 3 inspire me more due to their vulnerability that comes with that age... As a leader for the MTM Program, we must succeed as a team."

Anglican Bishop of Maseno East, Kenya

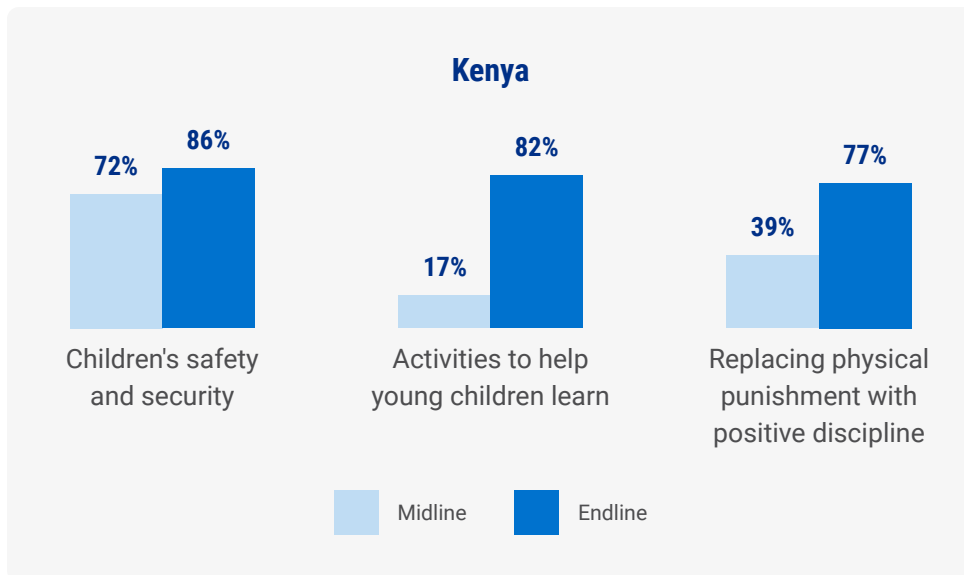
"We focus on Bible verses that talk about discipline and punishment, and how we can differentiate the two as we teach the caregivers."

Faith Leader, Zambia



MTM Faith Leaders, Kenya

Figure 7. Faith Leaders Increased Promotion of Key Parenting Actions



"I have heard the faith leaders; they were talking about how parents should talk to their children, not use anger to discipline. It has affected me so that I have stopped beating my children."

Father-secondary caregiver,
Zambia



Connecting Faith, a Father and His Child with a Disability

During a pastoral counseling session, Pastor Daniel Caleb, an MTM faith leader in Kenya, identified a caregiver that was abandoned by the husband when she went to labor because the woman gave birth to a child with the congenital abnormality spina bifida. This condition made the father rebel and refuse to go and see the child in the hospital.

Pastor Caleb reached out to the father and talked with him. With his wisdom and MTM training, the pastor used Bible passage Luke 1:57-63 and the local custom of a father choosing his baby's name to change the father's mind. After a lot of persuasion, the father visited the baby in the hospital and named him. He paid the medical bill and brought his wife and child home. Pastor Caleb made referrals for social services for the child. Through his church network, the pastor also found a donor to support the child's medical care.



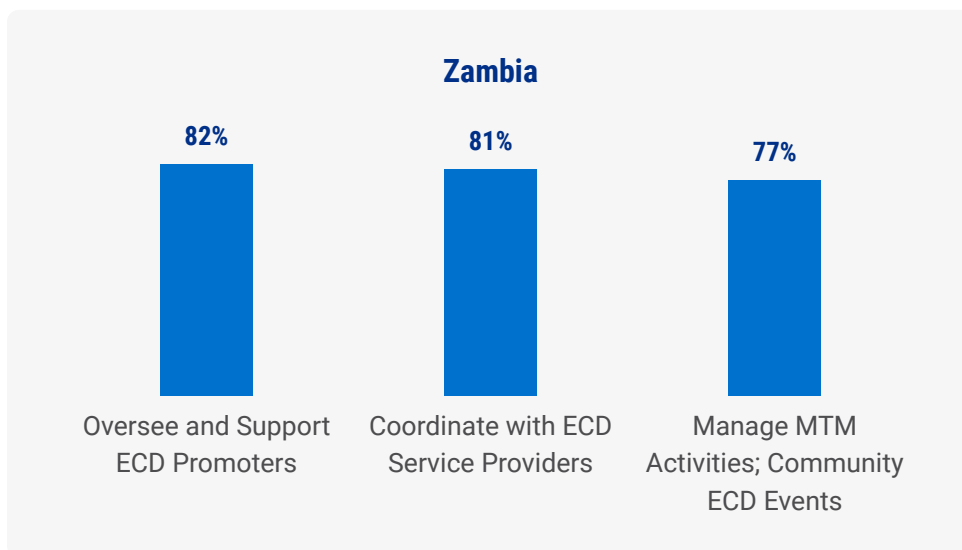
ECD Committee meeting, Zambia

4.4 ECD Committees

ECD Committees vary by location, ranging from 10 to 30 members. These are local civil society and government leaders, including health, education, faith and traditional leaders. In Kenya, the government had already organized multi-sector ECD groups. The Anglican Development Services Nyanza (ADS-Nyanza) pioneered an adaptation wherein MTM Committees are composed only of faith leaders, sending representatives to the ECD groups.

The most vulnerable families are often hard to reach. During the MTM mobilization phase, ECD Committees and faith leaders play a key role in identifying these families that are invited to participate. Once the program is underway, ECD Committees have three main functions (see graph below). The research found good progress in the first cycle, though there is room for improvement.

Figure 8. ECD Committees' Effective Management



ECD Committees also spearhead specific projects to promote nurturing care, based on local priorities, needs and gaps. In Zambia, the education system did not provide pre-primary programs in many MTM areas. The ECD Committees organized to build ECD centers and set up community-run preschools to serve the 3-5 year-old children that had “graduated” from MTM.



Zambia

As the oldest program, MTM Zambia has demonstrated successful transitions to community ownership with continued activities



81%

of ECD Committees are registered **Community-Based Organizations** or in the registration process

Once registered, they can raise funds to sustain MTM work and manage more effectively



Grandfather with granddaughter, Ghana

5

Building on Success: Scaling *Moments That Matter*[®]

Based on the research results, APHRC recommended further MTM expansion in similar marginalized rural areas for families with young children that need targeted support. In 2022, Episcopal Relief & Development and its partners are continuing to strengthen MTM while developing a 2030 growth strategy. The extensive faith network in rural Africa provides a systematic pathway for MTM scaling in civil society, with its approach ensuring effective collaboration with government stakeholders.

5.1 Deepening Reach within MTM Communities

The first two MTM cycles produce a ‘critical mass’ of nurturing care champions, motivated and capable to sustain MTM. They engage more families over time, multiplying the children who benefit.

- **MTM caregivers and volunteers share nurturing parenting practices** with their relatives and neighbors; they use applicable parenting practices with their older children as well.
- **MTM cycles leverage the initial investment** in training and equipping by doubling the number of Primary Caregiver participants through the second cycle; then, reaching additional Primary Caregivers in the third cycle and beyond.

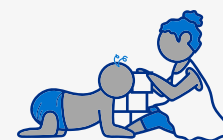


To reach and impact a total of



850,000

Primary Caregivers



1,000,000

Children aged 0-3



Toddlers at a Caregiver Group meeting, Ghana

5.2 Expansion to New Communities

As funding permits, MTM partners identify new communities for MTM start-up, prioritizing the high-need, underserved areas. Episcopal Relief & Development and its partners have scope for more MTM growth both within the current six MTM countries, as well as in other African countries.

5.3 MTM: A Cost-Effective Investment¹³

MTM provides an overall high-value for money with sustainability:

- **Children's stronger brain development at ages 0-3** through caregivers' increased nurturing interactions creates a lifelong impact for these children, which also carries on to the next generation.
- **Trained and equipped change agents** directly affect at least three sets of vulnerable families with children aged 0-3.
- **Influential leaders with ECD and management capacities** provide enduring benefits for families and communities.

With so many children at risk in sub-Saharan Africa, there is tremendous need for ECD parenting empowerment. Yet, there is also vast untapped potential in faith-based and community leadership and volunteerism. Episcopal Relief & Development's *Moments That Matter*® Early Childhood Development Partnership channels these forces into a powerful catalyst for nurturing care, so that vulnerable families and their young children thrive.

"I learned that I need not shy away from showing my children how much I love them because that helps them to grow happily... and so from that moment, I started showing love to my children."

Father, Zambia

Appendix A

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Appendix B

Acronyms

ADS-Nyanza	Anglican Church of Kenya Development Services
AIDS	Acquired Immune Deficiency Syndrome
APHRC	African Population and Health Research Center
CBO	Community-Based Organization
COVID-19	Coronavirus Disease 2019
CHW	Community Health Worker
ECD	Early Childhood Development
FAMA	Facts, Association, Meaning and Action
FBO	Faith-based Organization
HIV	Human Immunodeficiency Virus
IYCF	Infant and Young Child Feeding
MTM	<i>Moments That Matter</i> ® Early Childhood Development Program Partnership
MEL	Monitoring, Evaluation and Learning
NGO	Nongovernmental Organization
SBCC	Social & Behavior Change Communication
ZACOP	Zambia Anglican Council Outreach Programmes

Endnotes

- 1 The Primary Caregiver is the person directly responsible for the child at home, who cares for and spends the most time with the child/children on a daily basis. Primary Caregivers include mothers, fathers, grandparents, siblings and other people. Father-secondary caregivers refer to fathers living in the household with the Primary Caregiver, who provide in some way for children's care and development. In a few cases, the secondary caregiver may be another family member.
- 2 [An evaluation of the effectiveness of a community-based parenting empowerment program to improve nurturing care of young children in Kenya and Zambia – 2021](#) African Population and Health Research Center: Nairobi, Kenya. Dr. Patricia Kitsao-Wekulo, Principal Investigator. This research comprised an impact evaluation, process evaluation and cost-effectiveness analysis. The study employed a cluster quasi-experimental design with mixed methods. In Kenya, clusters were purposively selected; in Zambia, clusters were selected with partial randomization. The baseline was conducted prior to caregiver activities. Primary Caregivers were followed up through a midline evaluation after 12 months participation and an endline evaluation after 24 months participation when they graduated.

Preceding this research was a Zambian MTM impact evaluation: [Evaluation of the Early Childhood Development Program for Children Affected by HIV and AIDS in Rural Zambia – 2017](#). Dr. Beatrice Matafwali, Principal Investigator, with Mr. Mattias Zingel.
- 3 For example, research articles on ECD parenting interventions: [Jeong, J. et al. \(2021\). Plos Medicine](#); [Jeong, J. et al. \(2021\) BMJ Journal](#); [Tomlinson, Mark et al. \(2020\) Vulnerable Children and Youth Studies](#).
- 4 A framework for helping children SURVIVE and THRIVE to TRANSFORM health and human potential, developed by UNICEF, WHO and other partners. For website, see: <https://nurturing-care.org/> and full report: [Nurturing Care for Early Childhood Development](#).
- 5 APHRC research re-confirmed the value of ECD Promoters' targeted support, especially for very vulnerable families. Supporting responsive care, early learning, child security and safety proved beneficial compared with adding ECD to health volunteers' portfolios. Incorporating ECD into health volunteers' work and health systems helps to scale nurturing care for families with children aged under 5, which health systems already serve. However, local rural health volunteers typically have large caseloads of families, 50 cases or more, many with serious health and nutrition challenges. For high-risk families and children, ECD Promoters' targeted parenting support helps meet their greater needs.
- 6 Primary Caregivers currently participate in a 24-month program with ECD Promoters, leading monthly Caregiver Support & Learning Group meetings and ECD home visits. When they graduate, they decide whether to continue their Caregiver Groups themselves. This dosage and duration have been found effective to achieve MTM parenting and other outcomes. In 2022, Episcopal Relief & Development and partner ADS-Nyanza in Kenya will contract a researcher to test a shorter duration and dosage.
- 7 Episcopal Relief & Development combines its own picture cards of parenting actions for children's care and development with selected picture cards from the Visual Guides of the [Essential Package: Holistically Addressing the Needs of Children and Their Caregivers Affected by HIV and AIDS](#), developed by a consortium.
- 8 The MTM Program is working to address the heavy burden of women in poverty and food insecurity by strengthening livelihoods and helping families integrate a gender lens into decision-making. This is part of the *Moments That Matter*® Gender Equity and Social Inclusion Strategy.

- 9 The FAMA Reflection-Learning-Action Dialogue Process follows a sequence of key questions, based on the [ORID Framework](#) by the Institute of Cultural Affairs, Canada:
- Facts: what do you see in the parenting action picture?
 - Association: what experiences do you have that relate to it?
 - Meaning: what does it mean for you and your community?
 - Action: what might you do differently based on the discussion and learning?
- 10 Episcopal Relief & Development created a participatory parenting curriculum for the Caregiver Support & Learning Group sessions. Among other sources, it draws key content from Pact Ethiopia's [Better Parenting Manual](#) and Hope Worldwide's [Early Childhood Development Parenting Workshop Manual](#).
- 11 Lead Promoters serve as regular ECD Promoters with their assigned Primary Caregivers. In addition, they also have a volunteer supervisory role with 3 to 4 ECD Promoters. They collect monitoring data and coordinate with MTM Program field staff. Lead Promoters receive specialized training for their leadership role.
- 12 Evidence shows faith leaders' influence people by encouraging positive health behaviors. However, parenting is a newer frontier for faith leaders. As a result, MTM employed a user-centered design approach for its faith resources. There are cases in which some churches/denominations did not wish to join MTM due to differing views on ECD. In Kenya, for example, a church did not support child vaccination; in response, MTM faith leaders used faith resources to persuade church leaders to change their position.
- 13 APHRC conducted a cost-effective analysis as part of their implementation research. The analysis provided useful management data on cost drivers and timing and overall conclusions. However, specific cost-effectiveness calculations and conclusions faced unexpected limitations: 1) MTM Program was still evolving 2) the COVID-19 pandemic affected implementation and 3) there was lack of clarity on parenting outcome measurements and benchmarks in the ECD sector. Episcopal Relief & Development plans to undertake another cost-effectiveness analysis in a future implementation study.



MTM Parents with youngest child, Kenya



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Front cover: MTM Parents with child, Kenya
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