



## Fact Sheet | Integrated Early Childhood Development

### The first 1,000 days of life |

**The first 1,000 days of life are crucial for laying the foundation for future learning, behavior and health.** During this time, the brain develops rapidly, forming approximately one million new neural connections every second.<sup>i</sup> As such, this is a period of tremendous potential and, at the same time, one of significant vulnerability. Numerous studies have shown that nurturing care that fosters good health and nutrition, early learning and play, and “serve and return” interactions—the focused, back and forth, two-way interaction between an infant and an adult when both the infant and adult are trying to communicate, are critical in the life of the young child. These actions, combined with positive environmental factors such as protection and economic stability, establish the building blocks for a child’s full development—including educational achievement, economic productivity, health, strong communities and successful parenting in the future. Conversely, adverse childhood experiences and interactions (e.g., abuse or neglect) can result in deficits in brain function and physical, cognitive and socio-emotional growth that can have lasting consequences.<sup>ii</sup> **Investing in young children and their caregivers during this critical stage yields lifelong benefits.**

### Moments That Matter® |

Episcopal Relief & Development’s flagship integrated early childhood development (ECD) program partnership, *Moments That Matter®* (MTM), is a direct response to the nurturing care imperative, particularly in rural, underserved communities, where access to information about nurturing care and resources are limited. **MTM provides long-term (18-24 months) holistic parenting empowerment and targeted wraparound supports to families** so that children (ages 0-3) have the start to life they need to develop to their full potential.

**MTM strengthens developmental protective factors while reducing risk factors.** Early childhood development is influenced by a variety of factors that either protect or pose risks to a child’s growth and well-being. *Moments That Matter®* is based on the [Nurturing Care Framework for Early Childhood Development](#) and draws upon behavioral science and proven social and behavior change communications tools (e.g., FAMA cards)<sup>iii</sup> to strengthen key protective factors, including responsive caregiving, access to health care and nutrition and stimulation through early learning and play opportunities. At the same time, MTM works to mitigate or reduce factors that can inhibit optimal child development, such as poverty and malnutrition—through its savings & loan group model (Savings with Education)<sup>iv</sup>—and exposure to violence.

Figure 1: MTM Countries



## Supporting caregivers and young children |

In light of the opportunity that caregivers have during the first 1,000 days to shape their child’s potential and support their long-term well-being, **Moments That Matter® focuses on families with children ages zero to three**—in particular, families whose children are at the highest risk of underdevelopment due to poverty and other risk factors. MTM targets and provides extensive supports to Primary Caregivers, including responsive parenting training and resources, coupled with ongoing mentorship and championing (see Figure 2). Moreover, MTM underscores the importance of, and promotes father-secondary caregiver engagement by addressing social norms, stigma and economic structures that can act as barriers and discourage men from engaging in caregiving and household responsibilities. Research shows that children benefit from having multiple nurturing caregivers, and evidence suggest that fathers’ or male-caregivers’ participation—when it is loving, equitable and non-violent—contributes to improved outcomes for women and children as well as themselves.<sup>v</sup> **Since 2012, MTM has reached more than 35,000 Primary Caregivers and over 15,000 father-secondary caregivers across six Sub-Saharan Africa countries (Figure 1). As a result, more than 70,000 young children have benefited and experienced a more nurturing relationship with their caregiver.**

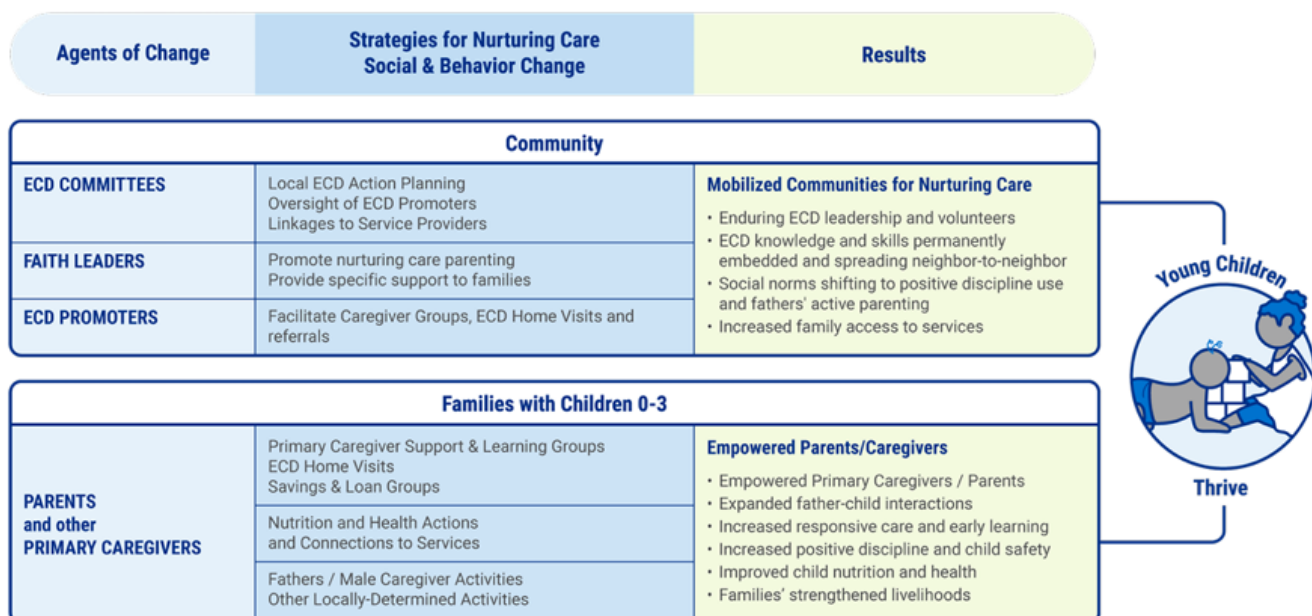
### A community-led approach |

*Moments That Matter®* uniquely blends evidence-based social and behavior change strategies with a sustainable, community-led model for parenting empowerment and nurturing care. The model centers on mobilizing and equipping faith leaders, volunteer ECD Promoters and other community stakeholders as champions of nurturing care, while empowering caregivers of young children with responsive parenting knowledge and skills, resilience and self-care strategies, and a robust network of support (see right) so that caregivers can meet their basic needs and better fulfill their roles as a child’s first teacher and protector. MTM’s community-led model complements often overburdened health systems and that are less effective in reaching the most marginalized households by mobilizing a network of trained volunteers. In all countries, MTM coordinates with government health providers and community health workers to increase families’ uptake of their services (e.g., nutrient supplements and immunizations).

#### Creating a support network for caregivers

Trained ECD Promoters facilitate monthly **Primary Caregiver Support & Learning Groups**. These groups provide safe spaces for building responsive care skills, mutual learning, critical reflection and dialogue and peer support. Primary Caregiver Support & Learning Groups are complemented with **ECD home visits** (2 visits per month), where ECD Promoters observe family interactions and monitor children, in accordance to developmental milestones and make referrals if potential signs of delay or other issues arise.

Figure 2: MTM Community-led Model



*Moments That Matter*® has been proven effective through multiple external evaluations. [An impact evaluation](#) (2018-2021) of the MTM programs in Zambia and Kenya—the two largest and longest running programs, launched in 2012 and 2014, respectively—conducted by the African Population and Health Research Center (APHRC) concluded that **MTM improved Primary Caregivers’ responsive care and early learning with their children**, increased their use of positive discipline, improved their own well-being and strengthened family livelihoods. Further, the study determined that MTM’s community-led, social and behavior change model was effective in expanding nurturing care at the individual, family and community levels. Below are select findings from the study.

**a. Improved responsive caregiving & child bonding:**

- Caregivers reported significant increased confidence in handling parental responsibilities: 94% at endline, compared to 82% at baseline in Kenya; 92% compared to 68% in Zambia
- Primary Caregivers increased time spent talking, singing and responding to their child, while doing routine household chores; Primary Caregivers increased dedicated playtime with their child during the week.
- Father-secondary caregivers increased the number of days per week they made time to play; fathers who reported not playing with their children before MTM reported playing regularly with their children by endline.

**b. Improved cognitive, language, social, motor skills and emotional development:**

- Primary Caregivers increased interactions that contributed to children’s cognitive, language, social, motor skills and emotional development: In Zambia, Primary Caregivers increased interactions across all five domains by an average of 27%.
- Caregivers reported using everyday objects as play materials (e.g., pots for banging and sticks for drawing on the ground; Additionally, caregivers increased children’s playtime with other children.

**c. Improved security and safety:**

- Primary Caregivers increased their use of different positive discipline practices—e.g., Caregivers increased “Tell ‘no’ and briefly explain why” practice by 46% in Kenya and 33% in Zambia; Caregivers reported seeing improvements in children’s behavior and learning and in their relationships with their children, as a result.

**d. Improved child nutrition:**

- Primary Caregivers increased breastfeeding knowledge; 88% of caregivers in Kenya and 99% in Zambia understood that breast milk is the best nutrition for infants under 6 months.
- At endline, more children had a nutritious diet due to MTM’s training on home vegetable gardens, cooking classes and seed inputs; 66% (Kenya) and 59% (Zambia) had high quality, diverse, age appropriate diets.

**e. Reduced parental stress for Primary Caregivers**

- At endline, 39% (Kenya) and 49% (Zambia) of Primary Caregivers reported experiencing reduced parental stress in the month prior, compared to just 15% and 21% respectively at baseline. 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.

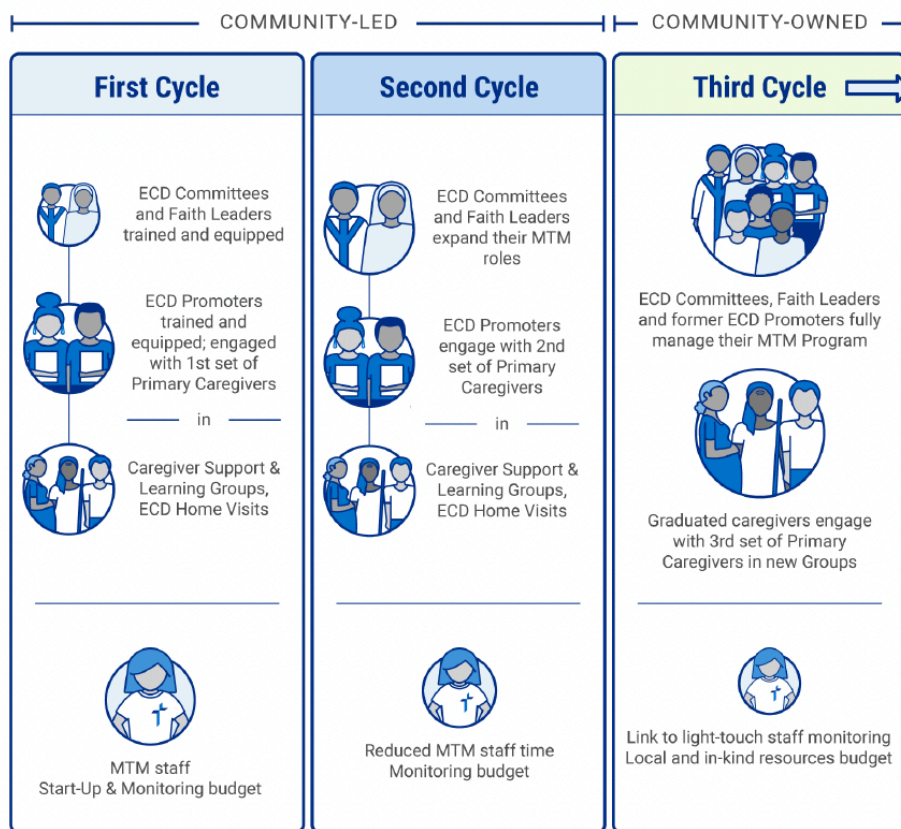
## Community-ownership & sustainability |

**Moments That Matter®** is designed in cycles that build toward **community ownership and sustainability (Figure 3)**. Each cycle engages a new set of Primary Caregivers and provides ECD Promoters opportunities to enhance their knowledge and skills. Over the course of the first two cycles, MTM community leadership (ECD Committees, ECD Promoters, and faith leaders) takes on increasing responsibility, thereby reducing, over time, the reliance on Episcopal Relief & Development and external budget support. **By the third cycle and beyond, MTM is intended to be community-owned and supported by local resources.**

### Sustained commitment

Underpinning the success and sustained engagement of ECD Promoters in the program is social cohesion and bonding that develops between Promoters and Primary Caregiver Support & Learning Groups. The 2018-2021 impact evaluation highlighted MTM's high retention of ECD Promoters, who serve the program in a volunteer capacity. Nearly all ECD Promoters (95%) from the 1<sup>st</sup> Cycle continued on to the 2<sup>nd</sup> Cycle, including 100% of ECD Promoters in Kenya.

**Figure 3: MTM Sustainability Model**



## Episcopal Relief & Development

For over 80 years, Episcopal Relief & Development has worked with partners and supporters to fight poverty, hunger, disaster and disease in marginalized communities around the world. Annually, our programs impact nearly three million people. We, by design, play a facilitative role with local partners—convening and connecting them with networks and resources and providing technical assistance and other capacity strengthening supports that enhance their ability to reach and provide services to the most marginalized. Our efforts are guided by an Asset-Based Community Development Approach that affirms the gifts and resources that local institutions and people already possess, fostering long-term solutions. Moreover, our methodologies embrace community-driven strategies that are inclusive, sustainable and empowering, such that they and communities work side-by-side to address their most pressing concerns, and promote and sustain social change.

To learn more about Episcopal Relief & Development, visit our [website](#) or contact [Emily Bloom](#), Vice President, Business Development & Innovation

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<sup>i</sup> Center on the Developing Child at Harvard University. (n.d.). [The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do](#).

<sup>ii</sup> Shonkoff, J.P., Garner, A.S., Siegel, B.S., Dobbins, M.I., Earls, M.F., McGuinn, L., & Wood, D.L. (2020). [The Lifelong Effects of Early Childhood Adversity and Toxic Stress](#). *Pediatrics*, 146(6), e2020024589.

<sup>iii</sup> FAMA (or Facts, Association, Meaning, Action) dialogue process is facilitated through a set of pictorial codes that present different practices and behaviors in context. They are used by facilitators to guide participants through a process of self-discovery, moving them from reflection to action.

<sup>iv</sup> Savings with Education (SWE) is a highly replicable savings-led, microfinance methodology that incorporates simple, relevant, high-impact training in business, finance, and health.

<sup>v</sup> World Health Organization. [Nurturing Care and Men's Engagement: A Thematic Brief](#)