Moments That Matter®

Creating Nurturing Ecosystems for Children to Thrive

Kenya Impact Report

August 2025

A Summary of the Research Study 2023-2025

Research Team:

EMORY UNIVERSITY

B&M CONSULT
Development, Measurement and Learning

***Moments That Matter®* Program Partnership in Kenya:**

Episcopal Relief & Development

Moments That Matter®

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Acknowledgements

Research Team

This impact report was prepared by Episcopal Relief & Development with approval from Dr. Joshua Jeong and his team at Emory University. It summarizes the evaluation of ***Moments That Matter®*** **(MTM)**, an early childhood development program partnership of Episcopal Relief & Development and its partner implementing organization the Anglican Development Service in Nyanza, Kenya and its sub-grantee the Anglican Development Service in Western Kenya.

The research was designed and led by Dr. Joshua Jeong, Assistant Professor, Global Health, at Emory University, **Rollins School of Public Health**, Atlanta, GA. Dr. Jeong and his research team collaborated with Mr. Michael Ochieng and his team at B&M Consult in Kenya, who coordinated the fieldwork and conducted the data collection. The research was made possible through financial support from the Conrad N. Hilton Foundation and other donors to Episcopal Relief & Development.

MTM Implementing Organizations

Moments That Matter® is an integrated early childhood development (ECD) program partnership of Episcopal Relief & Development with partner organizations currently in six African countries--serving vulnerable, rural communities. First launched in Zambia in 2012, MTM has reached a total of 116,238 children under three with 78,237 primary caregivers and families through December 2024.

Anglican Church of Kenya Development Services Nyanza (ADS-Nyanza), Kisumu, Kenya
ADS-Nyanza is the development wing of the six 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, climate resilience and advocacy. ADS-Nyanza began implementing *Moments That Matter®* in 2017, impacting 11,930 families with children under three since its inception. In the 2023-2024 program cycle with the research study, ADS-Nyanza sub-granted to ADS-Western to implement in Vihiga County, providing staff training and oversight.

Episcopal Relief & Development, New York City, USA; Africa Regional Office – Accra, Ghana
For over 80 years, Episcopal Relief & Development has worked with an extensive network of faith and community partners to advance lasting change in communities affected by injustice, poverty, disaster and climate change. Inspired by our faith, we reach over three million people each year by focusing on four interconnected priorities: nurturing the potential of caregivers and young children, reducing violence against women and girls, strengthening communities' resilience to climate change and facilitating humanitarian response to disasters. Together with our partners, we leverage what's working well to drive impact, learning and sustainability. Together, we create lasting change.

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Executive Summary

"Let me say for my young child that we have right now, I spend time with the child...I enjoy spending time with the child, and I am seeing it's good."

Male caregiver, Nyamira

Mothers, fathers and other caregivers in western Kenya have newfound joy spending time with their young children, through the *Moments That Matter®* (MTM) program. MTM engages caregivers to learn about and strengthen their nurturing care activities, with a holistic family and community approach. Almost 5,000 families with 5,505 children under three participated in MTM in Nyamira and Vihiga Counties. Episcopal Relief & Development with its partner the Anglican Church of Kenya Development Services-Nyanza commissioned a research study to evaluate a shorter variation on its successful *Moments That Matter®* (MTM) program model in western Kenya. The main purpose was to assess the program's results on caregiving and children's development, while informing how to expand MTM's reach and impact. There were two key evaluation questions:

1. What is the effectiveness of the program for improving caregivers' nurturing care and their young children's development?
2. How was the program implemented and what factors influenced its quality and effectiveness?

This summary report highlights key results from the impact evaluation, the endline process evaluation and the six-month post-project evaluation that assessed evidence of sustained outcomes.

Key Results

Increased Caregiver Nurturing Care Practices and Well-Being

The impact evaluation revealed a wide range of positive outcomes for the MTM families compared with the control group. It showed significant improvements in the nurturing care of children by both primary caregivers and fathers and in overall primary caregiver well-being. These improvements were sustained six months after they completed the program. The greatest impacts were achieved in child discipline, early learning, fathers' involvement with children and family and primary caregiver well-being. There was also an unexpectedly significant reduction in intimate partner violence in MTM families.

- **Increased stimulation for early learning:** Primary caregivers and fathers engaged in play and learning activities and provided play/learning materials in the home.
- **Increased child safety and security:** Reduced use of harsh physical violence and verbal punishment.
- **Improved child nutrition:** Increased variety of foods and nutrients in children's diets.
- **Improved primary caregiver well-being:** Reduced parental stress and fewer depressive symptoms, along with increased social support and community connectedness.
- **Healthier caregiver relationships and family dynamics:** Primary caregivers experienced less intimate partner violence; fathers increased their involvement with child care and household chores.

Early Childhood Development Outcomes

In the two-county study sample, MTM led to small improvements in ECD outcomes, with statistically significant gains specifically in child socioemotional development. Notably, there were variations in effects by county. In Nyamira, MTM had large, positive and statistically significant impacts in the other developmental domains – cognitive, language and motor skills. In Vihiga, there were no statistically observable impacts. This difference appears to be driven by a combination of implementation-related and contextual factors. For instance, Vihiga households were more socioeconomically disadvantaged than Nyamira. Vihiga caregivers were more dissatisfied with the lack of financial incentives (compared with Nyamira). The implementing partner in Vihiga was new to MTM, whereas in Nyamira, ADS-Nyanza had five years of prior MTM experience.

Implementation Quality

The study found that overall MTM was delivered with high fidelity and was well-received by caregivers. ECD promoters, ECD committees and the MTM-trained faith leaders were effective in their respective roles and developed stronger working relationships over the project period. It reaffirmed other MTM studies with findings that the combination of caregiver groups and home visits and the social and behavior change techniques are keys to the program's success. The Savings & Loan Group component was also widely praised by caregivers for increasing their savings, accessing loans, improving their financial security and reducing their financial worries.

Considerations for Future Programming and Conclusions

The 2023-2025 study evaluated a shorter variation of the MTM model with an 18-month program of 36 total sessions with primary caregivers (i.e. 'doses'), using a cluster-randomized controlled trial. There were 18 monthly Caregiver Support & Learning Group meetings combined with 18 monthly home visits. MTM primary caregivers and children were compared with control site counterparts in two counties in western Kenya, Nyamira and Vihiga. Based on the results, the research team recommended that MTM adopt the 18-month, 36 dose project cycle as the standard, due to the positive impact achieved and the areas for program strengthening was effectively accomplished within a shorter duration.

The research team identified considerations for future programming in two areas:

1. **Strengthening Early Learning and Responsive Care Practices** through multiple channels across the implementation spectrum, including staff, volunteer change agents and caregivers.

2. **Strengthening Program Implementation Practices** related to new implementing partners, assessment of contextual differences at outset for possible adaptations and maximizing the potential of ECD committee and faith leaders in their communities.

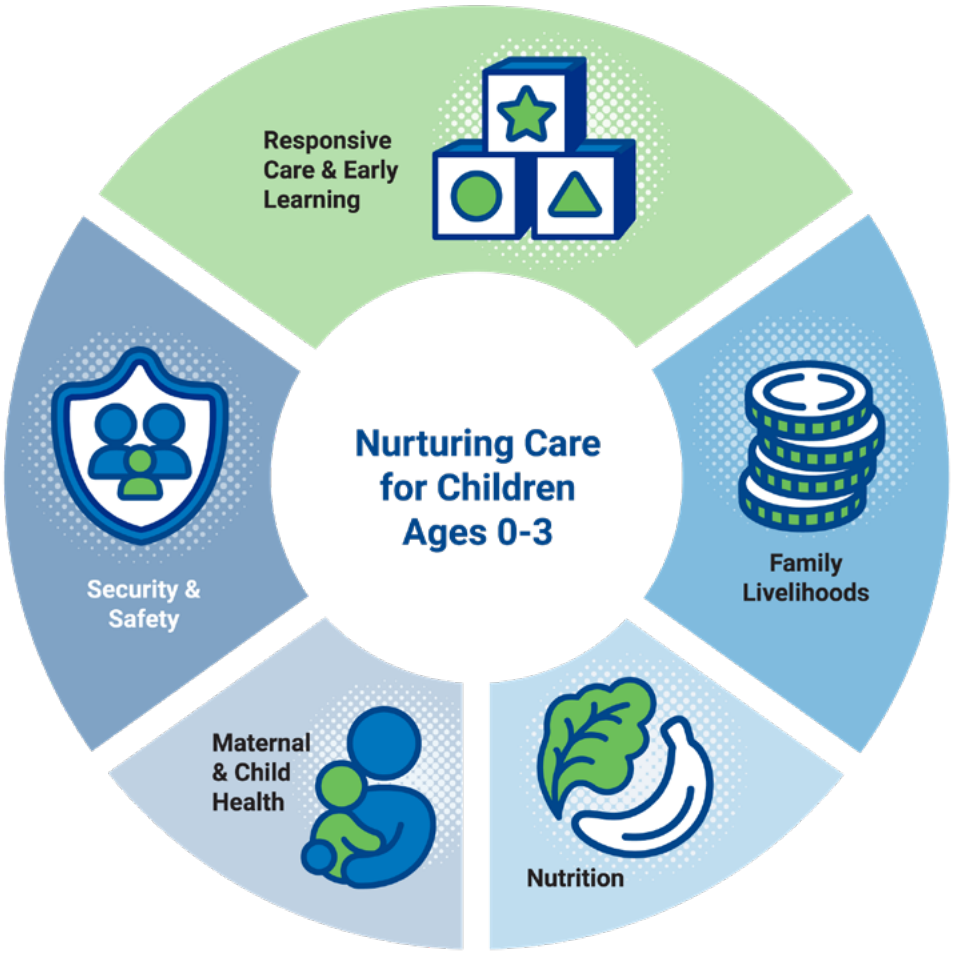
MTM strengthened nurturing care for children 0-3 years old, with notable success in fathers' engagement and strengthening both primary caregiver and family well-being. The sustained changes six months after the end of MTM affirm the value of its focus on the holistic well-being of caregivers and families. Strengthening the early learning and responsive caregiving components could help MTM better realize its full potential on early childhood development. The insights from this research offer a roadmap for refining and scaling the program, not only in Kenya but also in other sub-Saharan African settings.

1

Moments That Matter® Program Model

Moments That Matter® (MTM) is an integrated early childhood development program partnership of Episcopal Relief & Development with its partner implementing organizations. The program focuses on the critical 0-to-3 year period, strengthening the caregiver-child relationship and the child's cognitive, language, motor skills and social and emotional development while promoting healthy family dynamics and parenting. MTM builds on the Nurturing Care Framework and encompasses five interconnected areas critical for brain development in early childhood, as depicted below.

Framework for *Moments That Matter®*



Creating a learning and support network for caregivers and families

Trained ECD promoters facilitate monthly **Caregiver Support & Learning Groups**. These groups provide safe spaces for building nurturing care parenting skills, peer learning and problem-solving, critical reflection and dialogue and peer support.

The groups are complemented with monthly **home visits**, where ECD promoters connect individually with caregivers and families to provide tailored support, address specific issues, monitor children per developmental milestones and make referrals as needed.

MTM family.

MTM's Community-led Model

Moments That Matter® is an 18-month, community-led model that uniquely blends evidence-based social and behavior change strategies with a sustainable, community-led model for parenting empowerment and nurturing care.

The program mobilizes and equips volunteer ECD promoters, ECD committees, faith leaders and other stakeholders to meet children's basic needs and champions nurturing care, who supports caregivers of young children to better fulfill roles as their child's first teacher and protector.

MTM uses multiple integrated channels to achieve impact (see Pathways of Change diagram below). These combined efforts strengthen caregivers' knowledge, skills, confidence and resources while building supportive community environments—all contributing factors so that young children thrive.

MTM Pathways of Change			
Agents of Change	**Strategies for Nurturing Care Social & Behavior Change**	**Results**	
Community			
ECD Committees	• Local ECD Action Planning & Sustainability • Oversight of ECD Promoters • Develop & Strengthen Linkages to Service Providers	**Mobilized Communities for Nurturing Care** • Enduring ECD Leadership & Volunteers • ECD Knowledge & Skills Permanently Embedded & Spreading Neighbor-to-Neighbor • Transformed Social Norms That Promote ECD and Nurturing Care • Families Accessing Vital Services	**Young Children Thrive**
Faith Leaders	• Promote Nurturing Care Parenting • Encourage Social Norm Change • Provide Specific Support to Families		
ECD Promoters	• Facilitate Caregiver Groups, ECD Home Visits, and Referrals		
Families with Children 0-3			
Parents & Caregivers	• Caregiver Support & Learning Groups • Home Visits • Savings with Education Groups	**Empowered Parents/Caregivers** • Empowered Parents and Caregivers • Strengthened Father-Child Engagement • Increased Responsive Care & Early Learning • Increased Child Safety and Reduced Use of Harsh Punishment • Improved Child Nutrition & Health • Strengthened Family Livelihoods	
	• Nutrition Activities and Health Actions • Connection to Services		

Primary caregiver during endline evaluation.

2

Research Objectives

Episcopal Relief & Development commissioned a research study to assess the effectiveness of a variation on its successful *Moments That Matter®* (MTM) program model for strengthening caregivers' nurturing care and improving early childhood development outcomes. The overall purpose was to inform how the organization could expand MTM's reach and impact.

Led by Dr. Joshua Jeong, principal investigator, this research study was designed to measure the effectiveness of an 18-month, 36 dose variation of MTM in Kenya. ***Moments That Matter®*** was first launched in Zambia in 2012, developing into a 24-month program with a combined total of 48 monthly Caregiver Support & Learning Groups and monthly home visits. Evaluations in multiple countries found MTM to be effective. However, findings from a prior implementation research study[1] and other ECD parenting interventions indicated sufficient impact may be achieved with a shorter duration and dosage. This 2023-2025 study evaluated the 18-month program of 36 sessions with primary caregivers (i.e. 'doses'), using a cluster-randomized controlled trial. There were 18 monthly Caregiver Support & Learning Group meetings combined with 18 monthly home visits, compared with control site communities in two counties in western Kenya, Nyamira and Vihiga, over the period 2023-2024. The research was guided by two key questions:

1. What is the effectiveness of the program for improving early child development and caregiving outcomes?
2. How was the program implemented, and what factors influenced its quality and effectiveness?

There were four components, with the main focus on the impact evaluation:

1. **Early implementation qualitative process evaluation:** Examined initial program rollout (three months after the start of the program's caregiver activities) to identify successes and challenges and inform improvements in implementation. The evaluation conducted interviews and focus group discussions with caregivers, ECD promoters, faith leaders and program staff.

2. **Quantitative impact evaluation:** A cluster-randomized controlled trial using baseline and endline data. A total of 595 primary caregiver–child dyads across 46 villages in Nyamira and Vihiga counties were enrolled. Twenty-four villages participated in MTM (intervention group), while 22 villages served as controls, receiving only the standard-of-care services. Primary caregivers of children under 18 months at program start were included. The study also assessed ECD using an additional measurement tool at endline.

3. **Endline qualitative process evaluation:** Examined how MTM was experienced and what factors helped or hindered its success to inform future program phases. Interviews with caregivers, ECD promoters and faith leaders and focus group discussions with ECD committees.

4. **Six-month post-project quantitative evaluation:** Follow-up of the cluster-randomized controlled trial where 486 primary caregivers-child dyads from the original trial cohort were revisited and reassessed to determine whether the program's effects – i.e. caregiver parenting practices, well-being and child development outcomes – were sustained after project completion. The findings from this follow-up are presented at the end of each outcomes section.

The research team collected data from the primary caregivers of the children. A primary caregiver is the person who is directly responsible for the child at home, who cares for and spends the most time with them on a daily basis. In the research sample, 98% of the primary caregivers were women – 91% mothers, 7% grandmothers – with 1% fathers and 1% other caregivers (the full program had a slightly large percentage of fathers who were primary caregivers). In families with female primary caregivers and fathers, the primary caregivers were asked to report on the father's parenting and household responsibilities; fathers were not interviewed directly.

This summary report presents findings from the impact evaluation, endline process evaluation and six-month post-project evaluation.

MTM Program Reach Nyamira & Vihiga Counties 2023-2024

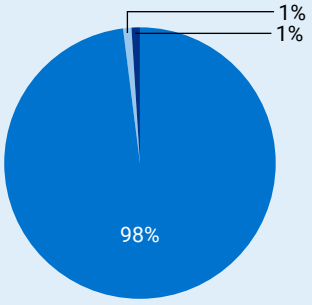
4,938
Primary Caregivers

5,505
Children 0-3

519
Other Secondary Caregivers

2,995
Father Secondary Caregivers

Endline Evaluation Sample:



98%
of the primary caregivers were women

1%
of the primary caregivers were fathers

1%
of the primary caregivers were other caregivers

3

Impact Evaluation Results

Moments That Matter® achieved significant positive impact in multiple areas to support children's healthy development. These specific indicators are depicted below, demonstrating improvements in primary caregivers' nurturing care and well-being, male caregivers' nurturing care and children's social emotional development (see Appendix B, p. 30 for the effects of all indicators measured).

Figure 1: Significant improvements across all outcomes

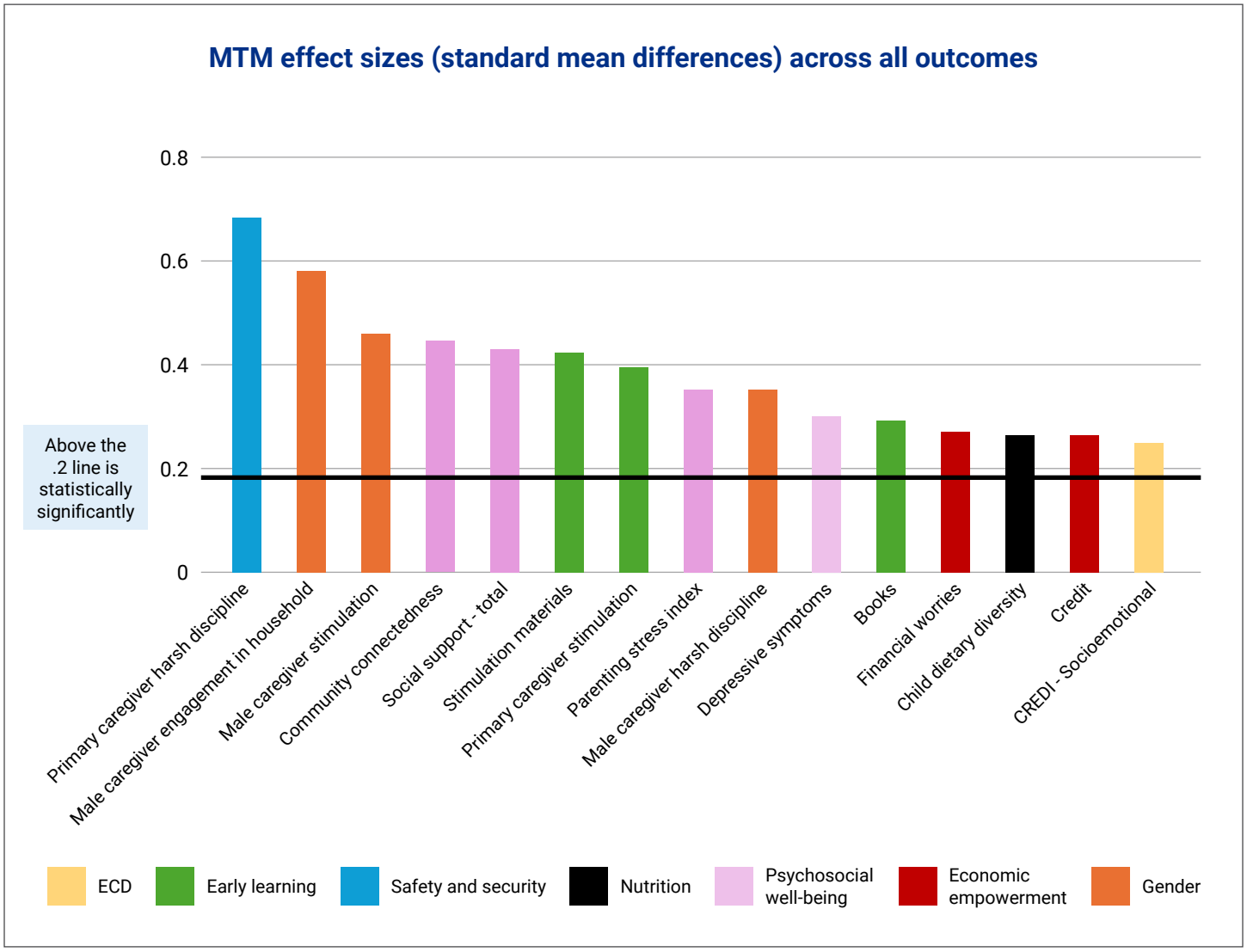
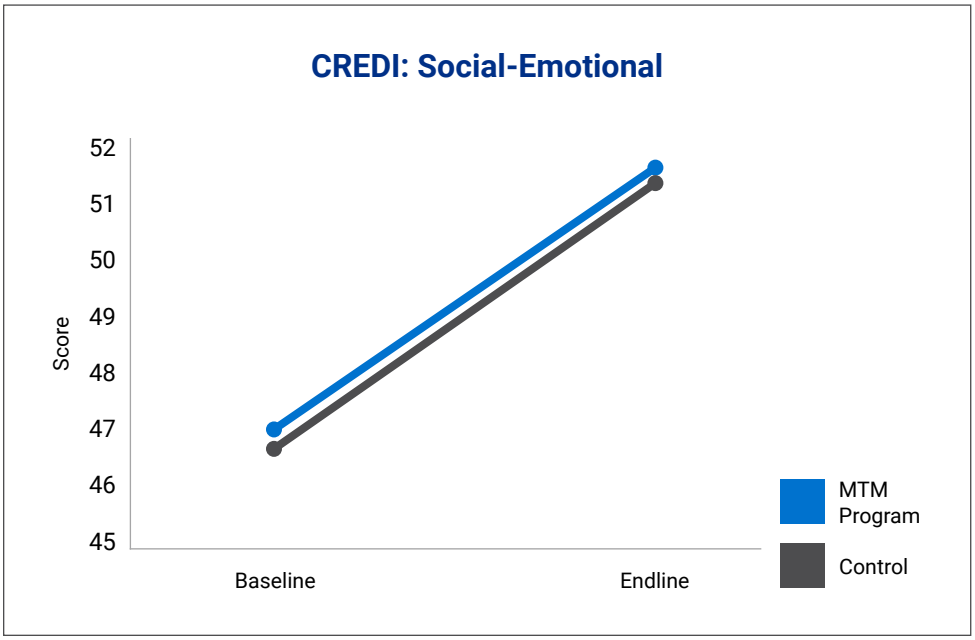


Photo of children playing with toys.

1. Early Childhood Development Outcomes

These outcomes were measured with the Caregiver Reported Early Development Instruments (CREDI), a caregiver-reported assessment of their child's milestones and skills in four domains. The evaluation found that for both counties combined MTM produced statistically significant improvement in children's social-emotional development, modest improvements overall and in the cognitive and language domains and no impact in motor skills.

Figure 2: Children's Improved Social-Emotional Development



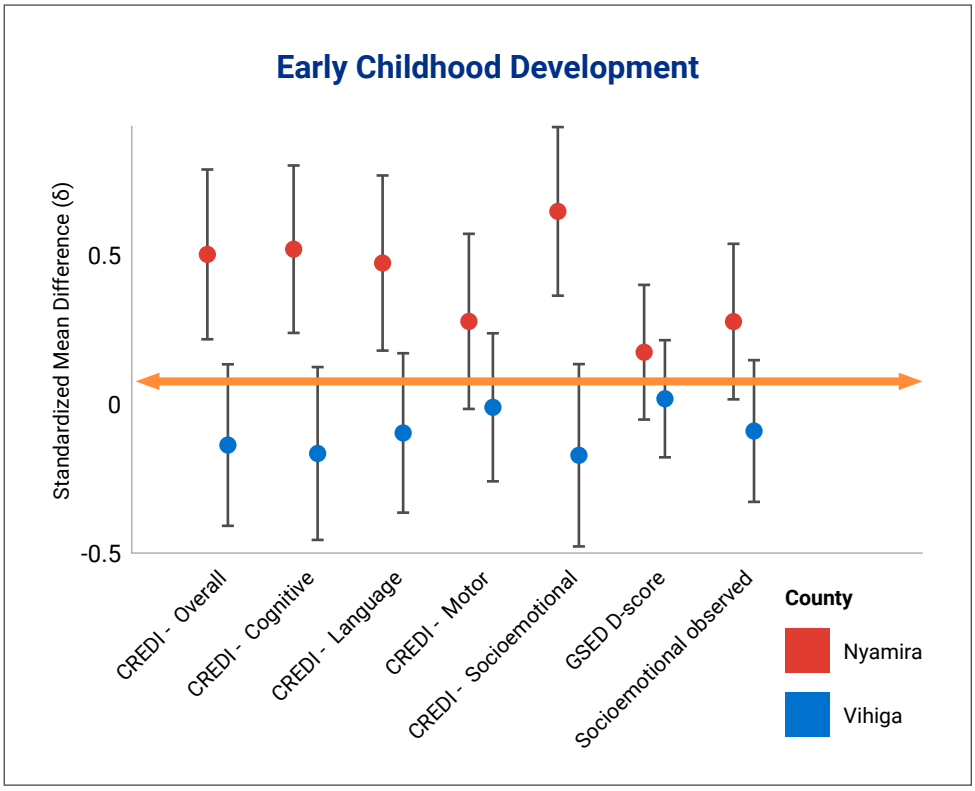
"In terms of behavior, there are some children who would beat others when they are playing, but they have now changed, they can interact well, share play materials and they are now doing well."

ECD promoter, Vihiga

The six-month post-project evaluation showed impacts on ECD outcomes were limited, with a marginally significant effect on socioemotional development, suggesting some sustained benefit in this area but not in the other domains. The large county-level differences in ECD observed at endline had diminished, although Nyamira continued to show stronger results in a few selected outcomes.

However, the results notably differed by county. In Nyamira, children in MTM communities showed significant improvements across nearly all developmental domains, particularly cognitive, language and socioemotional, as illustrated by the red dots above the orange Significance line. These gains in Nyamira were substantially larger than those in Vihiga where there were no statistically observable impacts.

Figure 3: Children's increased cognitive, language, socioemotional, motor skills development in Nyamira County



MTM program effects on early childhood development, by county. The orange line at 0.2 indicates statistical significance. Endline Evaluation.

These differing county results may be due to a combination of implementation-related and contextual factors. For instance, Vihiga households were more socioeconomically disadvantaged than Nyamira, with lower formal education levels among caregivers and higher levels of poverty. Vihiga caregivers were more dissatisfied with the lack of financial incentives (compared with Nyamira). The implementing partner in Vihiga was new to MTM, whereas in Nyamira, ADS-Nyanza had five years of prior MTM experience. These combined factors may have constrained caregivers' ability to fully engage with and benefit from program activities. Given the divergence in results between the two counties, further investigation and learning is needed to understand how contextual challenges and implementation adaptations can be addressed.

MTM is designed to advance the empowerment of parents/caregivers by increasing their nurturing care practices strengthen their children's developmental outcomes.

Father reading with children.

2. Primary Caregiver and Fathers' Caregiving Outcomes

Increased early learning

The program had significant impact in both counties on primary caregivers and fathers engaging with their children to stimulate early learning, compared to the control groups. However, there were greater effects in Nyamira, as seen in Figure 4.

1. **Increased early learning activities with children by both primary caregivers and fathers**, with the largest gains in telling stories and drawing with children.
2. **Increased provision of play/learning materials** ("stimulation").
3. **Increased provision of books** in Nyamira.

Both the primary caregivers and fathers increased their play and other early learning stimulation with children, with the fathers starting at a lower level than the primary caregivers at baseline and showing a larger endline increase compared with the control.

"In the past we never used to spend time with the child or care where the child is playing. You could be with the child for a few minutes but now, you spend like two hours with your child to see how your baby is doing, check on what they have eaten and assess where the child is playing."

Primary caregiver, Nyamira

"Let me say for my young child that we have right now, I spend time with the child, even today as I was coming here, the child wanted to come with me here...I enjoy spending time with the child, and I am seeing it's good..."

Male caregiver, Nyamira

Figure 4: Increased caregiver early learning activities with their children

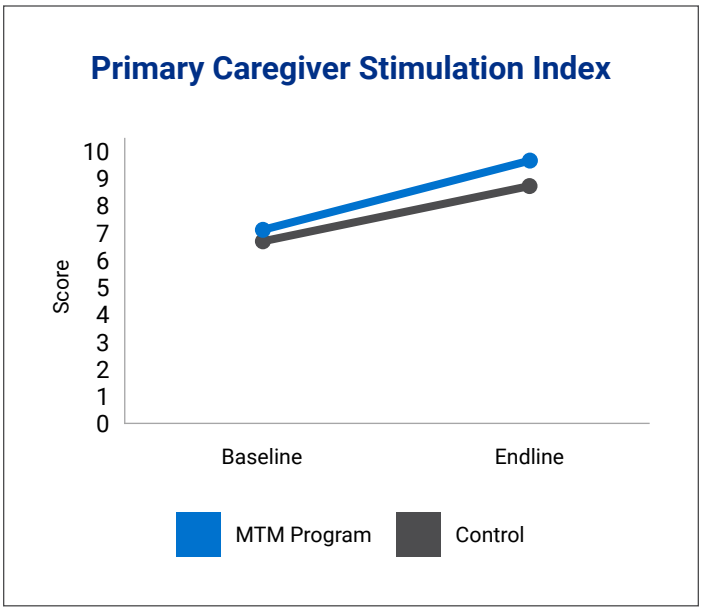
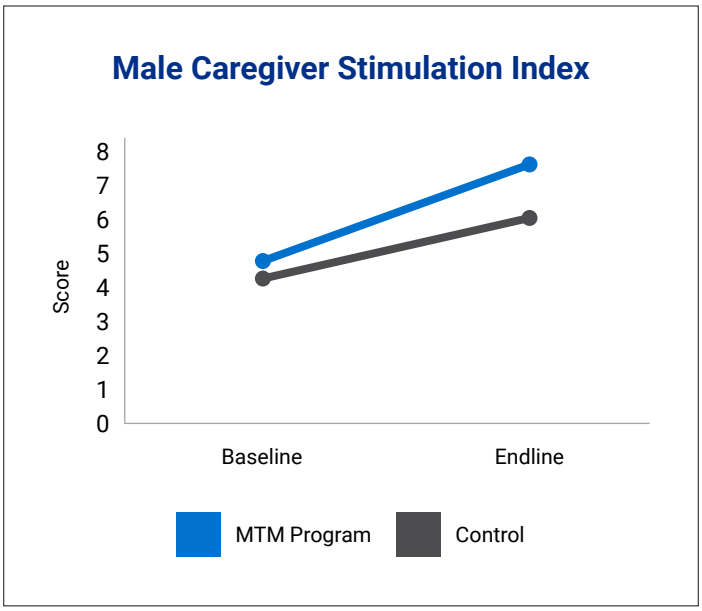


Figure 5: Increased male caregiver early learning activities with their children



Responsive Care

Responsive caregiving, i.e. caregivers' ability to notice, interpret and respond appropriately to a child's signals is widely recognized as a critical predictor of child development outcomes. Responsive care was assessed indirectly through interviews. The qualitative data showed that the concept of "responsive caregiving[2]" did not appear to be well understood by many caregivers. This could reflect limitations in translation and terminology, and/or point to gaps in ECD promoter training, MTM caregiver curriculum and/or facilitation of responsive caregiving practices. Nevertheless, some caregivers shared practical examples of how they improved their responsiveness.

Increased Child Safety and Security

Reduction in Harsh Punishment

MTM demonstrated meaningful improvements in child safety and security, including powerful effects on primary caregivers' and fathers' discipline practices reflecting major shifts in cultural norms. However, the most striking MTM impact was in reducing harsh punishment, whereas in the control group it rose sharply over time as children aged into toddler and preschool ranges when it is most common (compared with the infant phase). Caregivers in MTM also increased their use of positive discipline, but the control caregivers did as well.

Primary caregivers and fathers:

1. Reduced violent discipline
2. Reduced physical punishment
3. Reduced psychological aggression

Figure 6: Reduced use of violent discipline by MTM primary caregivers; Increased use by control caregivers

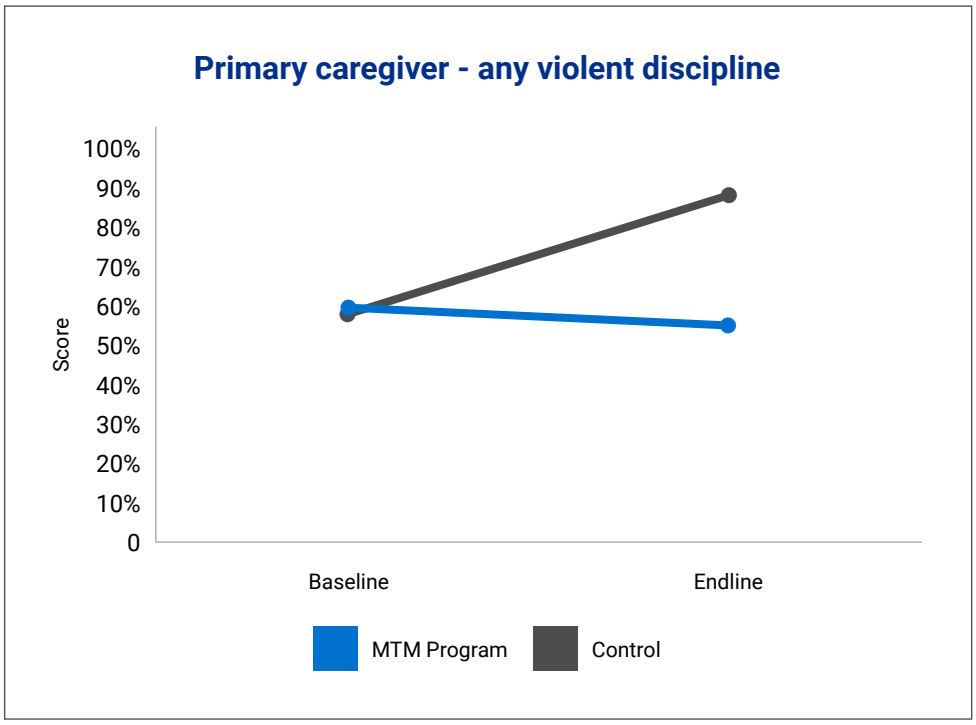
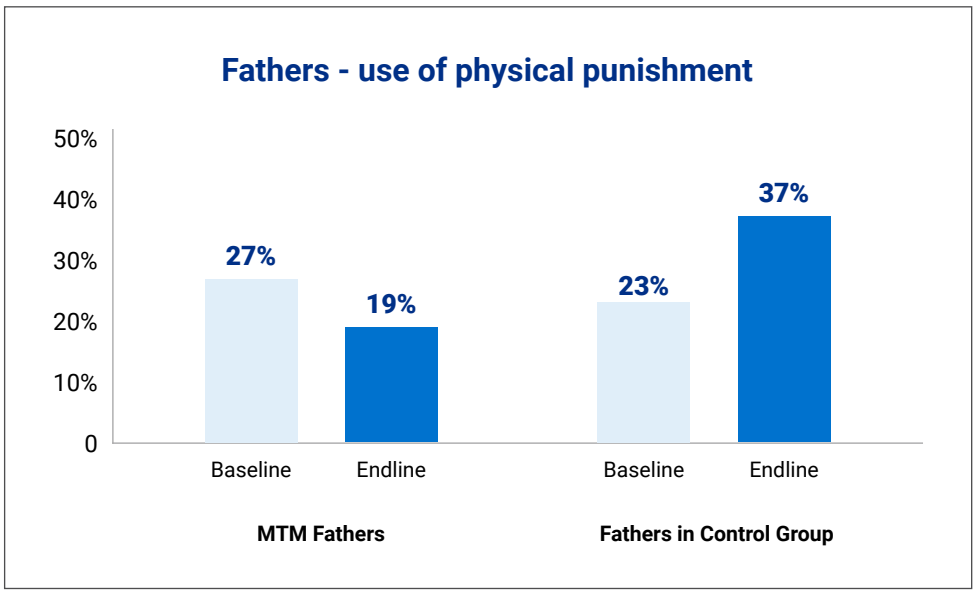


Figure 7: Reduced physical punishment by MTM fathers; Increased use by control fathers



Increased Birth Registration

Birth registration provides legal recognition and children's access to essential services, making this a significant step toward protecting children's rights. In Nyamira county, MTM children[3] were nearly three times more likely to have their births officially registered compared to children in the control group[4]. However, in Vihiga, birth registration increased over time in both the MTM and control groups; the difference was not statistically significant.

"I have also learned how to discipline my child. Before the program I thought that the only way to discipline a child is through caning them. However, through the program, I have learned that caning is not the best way to discipline a child. I learned that I should talk to the child and let them know their mistakes and ask them not to repeat."

Primary caregiver, Nyamira

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"They [MTM] are the reason I am enjoying parenting because initially, like for my older child, I was very tough in parenting. I used to cane the child with any slightest mistake, but this MTM program has now helped me."

Male caregiver, Nyamira

At six months post-project, many of the Early Learning and Child Safety and Security caregiver practice gains at endline were sustained with both primary caregivers and fathers including:

Increased early learning engagement with children

•

Reduced use of harsh punishment, both violent and verbal.

Parents and child in the MTM program.

3. Caregiver Well-Being Outcomes

Improved Primary Caregiver Psychosocial Well-Being

MTM significantly improved primary caregivers' well-being in multiple ways through their Caregiver Support & Learning Group and home visit participation, with community support including from MTM-trained faith leaders. The program strengthened both individual support networks and broader community connections, whereas in control groups the caregivers experienced decreased levels, as seen in Figure 7.

1. **Increased social support.**
2. **Increased community connectedness.**
3. **Reduced parenting stress:** MTM primary caregivers had significantly lower stress levels compared with the control.
4. **Reduced depressive symptoms:** The program contributed to a meaningful reduction in depressive symptoms suffered by MTM primary caregivers; while in fact they slightly increased in the control group caregivers.

At the six-month follow-up, MTM psychosocial benefits were sustained:

Strong social support and community connectedness

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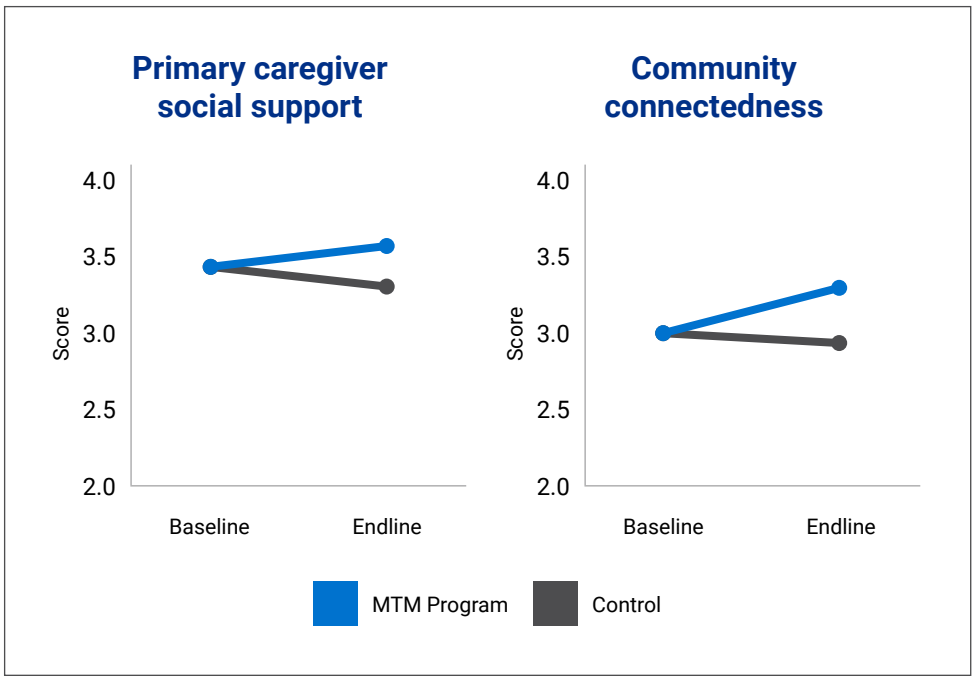
Reduced parenting stress

•

Reduced depressive symptoms

Figure 8: Primary caregiver well-being outcomes with statistically significant intervention effects



Improved Parent/Caregiver Relationships and Family Dynamics

Expanded Involvement of Fathers in the Family and Household
In addition to fathers' increased engagement with their children cited in the caregiver outcomes section, fathers took on more household chores. Qualitative data further documented a range of social and behavior changes which improved parents' relationships, fathers' relationships with their children and harmony in the home.

Reduced Intimate Partner Violence (IPV)[5]
The significant impact MTM had on reducing primary caregivers' experience of IPV was an unexpected outcome of the program, specifically:

1. **Reduced intimate partner violence of any kind** by 17%.
2. **Reduced emotional violence** by 15%.
3. **Reduced economic violence** by 12%.

There was only a marginally significant reduction in physical violence.

"My experience in the MTM program has been good, the lessons have been good. There have been teachers that come at home and teach us and the advice that they have given me has brought happiness in my house, there has been good relationship in my house, and we have raised the child and is a child that listens to instructions without having to use a lot of energy. By just talking, you are able to effectively communicate with the child and the wife too. So it has really been helpful to me."

Male caregiver, Nyamira

"There is great change because in the past...if you see a man going to the river, you say the wife is superior to him. But now you can go to the river together, you draw water, one takes up the hill. When one cooks the other cleans the utensils, this one plays with the kids, if you are late out you are sure he will cook for the kids, help with chores, clinics you go together, but in the past, it was not a normal thing."

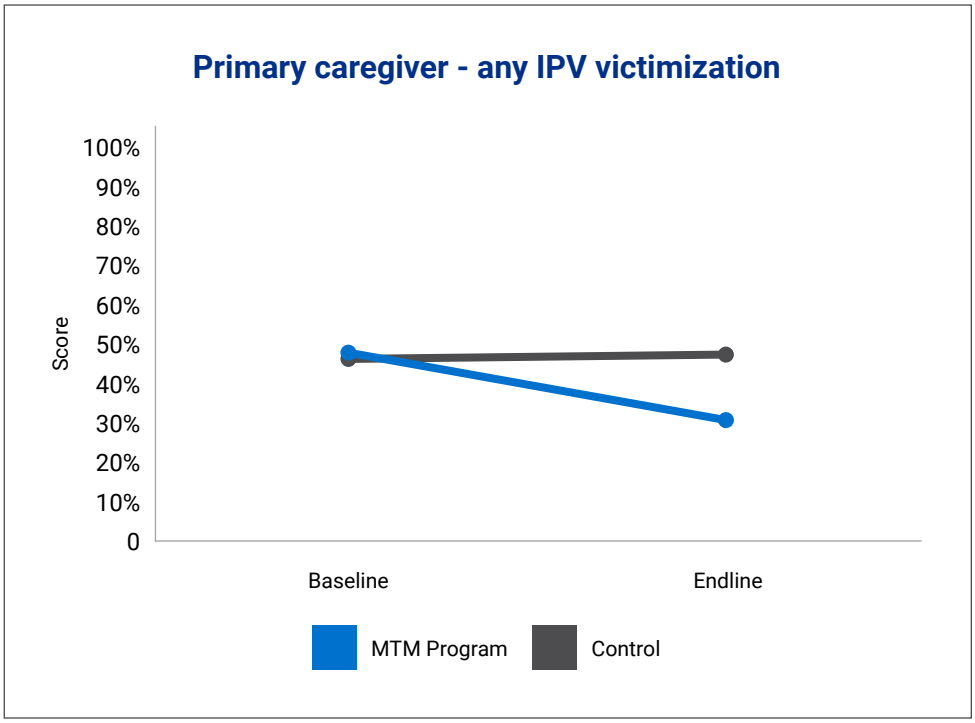
Primary caregiver, Vihiga

Father washing granddaughter's feet after play time.

At the six-month follow-up, MTM's positive effects in reducing intimate partner violence were sustained across all forms, including physical Intimate Partner Violence (IPV) (which had not shown a significant impact at endline).

Notably, improvements were even greater in Nyamira than those observed at endline.

Figure 9: Reduction in any Intimate Partner Violence - MTM primary caregivers; No change reported by control group primary caregivers



Increased Child and Family Referrals

The program seeks to connect families to a range of needed services to ensure children are safe and to reduce conflict in the home. The evaluation found a significant increase in MTM caregivers and children receiving referrals, over three times more compared with the control group. These referrals were primarily for child protection and neglect (28%) and family conflict or intimate partner violence (13%), whereas in the control group no referrals were made for these specific services.

Caregiver with her son in their garden.

4. Health and Nutrition Outcomes

MTM aims to reinforce high impact health and nutrition practices and use of available health services. However, the evaluation found no significant differences between MTM and control group caregivers in reporting child illnesses or seeking health care. Nutrition and health-related referrals were also similar for both MTM and control groups.

Improved Child Nutrition

Following practical training in vegetable gardening, nutrition and cooking, MTM caregivers applied what they learned and took key actions to improve their children's nutrition, showing significant effects compared with the control group along three dimensions:

1. **Increased MTM households with vegetable gardens** by 17%.
2. **Modestly improved MTM children's dietary diversity.**
3. **Modestly increased MTM children receiving minimum acceptable diet.**

These MTM results contrast with the control group children whose dietary diversity declined as did the proportion of children receiving a minimum acceptable diet.

At the six-month follow-up, gains in children's nutrition were sustained:

Higher proportion of households with kitchen gardens

•

Improvements in children's dietary diversity with especially strong effects observed in Nyamira

"[MTM] has changed many things for me. For instance, I used to feed my child maize in the morning and for lunch. However, I have now learnt to balance his meals by including foods rich in different vitamins such as eggs, oranges, porridge, and pineapple."

Primary caregiver, Nyamira

"From the vegetables in the kitchen garden, I get important vitamins for my child and the family at large. The eggs also provide protein for the child. The money I earn from [selling surplus] vegetables and eggs helps me cater for the child's needs like clothes."

Primary caregiver, Nyamira

"Savings with Education has really been good for us and it has brought a positive impact to many people. Because most of us can borrow money from SwE, if the child is sick I take them to hospital, I can buy food to ensure the child has a balanced diet, so you buy what you don't have, and some of us have started some small businesses that brings us income and we continue saving in the group so that we can grow. We have also bought some small chicks that we are rearing now so that we can get eggs in our diet, and we can even cook the chicken for the family."

Primary caregiver, Vihiga

.....

"[My life] has changed. This is because nowadays I don't ask him [her husband] for money. For example, if I need 50 shillings for buying something, I sort myself the way I know best."

Primary caregiver, Vihiga

Savings & Loan Group meeting.

5. Economic Strengthening Outcomes

As an optional activity, some caregivers formed member-run Savings & Loan (S&L) groups with support from trained facilitators. These groups provided a safe place to save and access to microloans. Members also gained knowledge about savings and financial management. The S&L groups contributed to women's financial empowerment and smoothing cash flow. Qualitative data highlighted meaningful financial benefits of participation. Caregivers reported increased savings and use of savings for educational goals and managing emergencies such as illness. The quantitative data did not show significant differences between MTM and control sites in increasing earnings or increasing financial security. However, MTM caregivers reported reduced financial worries at endline, compared with the control group.

ECD promoter during a home visit.

4

Effectiveness of MTM Program Strategies

The endline qualitative process evaluation found the MTM strategies to be effective, with high fidelity to program standards and clear contributions to achieving expected outcomes.

ECD Promoters

ECD promoters are the lead implementers of MTM, facilitating the Caregiver Support & Learning Group sessions and the home visits. They are trained in using social and behavior change communication tools, including FAMA cards[6], to support caregivers in adopting and increasing their nurturing care parenting practices. Caregivers widely identified their ECD promoters as trusted community members. The ECD promoters were effective in their social and behavior change communication, supporting caregivers and facilitating access to services. Caregivers mentioned learning about children's developmental milestones, the importance of play, positive discipline and gender roles among other parenting topics. As noted earlier, there is a gap in the promotion of the nuanced responsive caregiving concept and practices.

"Tools like FAMA cards were very helpful especially to caregivers who are not able to read and understand. The FAMA cards entailed pictures that helped them comprehend the lessons. They also helped the caregivers to tell the appropriate exercises for different ages of their children. Similarly, the pictures helped tell the development of a child in the cognitive and communication aspects. I would show the child a picture and the child would try and say what is in the picture."

ECD promoter, Nyamira

.....

"I was very comfortable talking with the ECD promoter. She was very kind, understanding...She always listened to me and whenever I needed her help or support, she was always ready to offer it."

Primary caregiver, Nyamira

"As a nutritionist, I do use my expertise to teach my colleagues nutritional care and other areas of health care at large. I also serve as the linkage between MTM and the Ministry of Health and through that, we invite other healthcare experts to offer lessons in the program. I also ensure that the referrals given by the promoter are attended to and whenever there is any issue that has risen regarding the health department, I address it to ensure the program runs smoothly."

Ministry of Health Representative, Vihiga

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"The committee helps us as ECD promoter to reach the needs of children that we are serving in the community. For example, like I said, when I want a birth certificate, I will go to the ECD committee, there I will get the chief and the administrator that can help me."

ECD promoter, Vihiga

Meeting with faith leaders.

ECD Committees

ECD committees functioned at sub-county level. They were recognized by ECD promoters and faith leaders as key support structures for the program, though most caregivers were unaware of their existence or roles. Overall, the ECD committees fulfilled their role: effectively strengthened program oversight, facilitated referrals and connected ECD promoters and faith leaders to broader community resources. In addition, some ECD committee members occasionally attended group sessions or home visits to monitor progress.

Faith Leaders

The MTM-trained faith leaders are well-known in the program, with both caregivers and ECD promoters recognizing them as key change agents in MTM. Many caregivers highlighted the importance of faith leaders alongside ECD promoters, noting how the two complemented each other in supporting families. Faith leaders interacted with caregivers more on an as-needed basis and their level of engagement with caregivers varied substantially. In some communities, faith leaders were highly engaged, frequently making home visits or joining group sessions; in others they had minimal involvement, with caregivers recalling only one or two interactions.

ECD promoter undertaking a home visit session.

Caregiver Satisfaction, Program Barriers and Enablers for Success

Satisfaction

Caregivers expressed high levels of satisfaction with the program. They particularly valued the two types of participation—a combination of group sessions and home visits—which ensured flexibility and opportunities for peer learning as well as confidentiality. Engagement with ECD promoters was described positively, with caregivers frequently using terms such as "humble," "very willing to help," to describe their interactions. They also cited the S&L groups as empowering, not only providing financial stability but also enabling caregivers to better meet their children's needs.

Program Barriers

Despite these positive experiences, caregivers and change agents identified several barriers to participation and sustained behavior change. Competing responsibilities, such as income-generating activities outside the home, often limited caregivers' availability for group sessions or home visits, particularly for male caregivers. Financial hardships further constrained participation, especially when caregivers had to prioritize immediate household needs.

Program Enablers for Success

Multiple factors supported program effectiveness. The program's use of social and behavior change techniques, including FAMA card dialogues, group discussions and demonstrations made the sessions interactive, practical and memorable. Home visits were especially effective in reaching male caregivers and addressing sensitive issues within the household. Finally, strong collaboration between change agents, particularly ECD promoters, faith leaders, ECD committees and service providers strengthened caregiver trust and reinforced key nurturing care practices across multiple community touchpoints.

ECD promoter and caregiver engaging with FAMA card during a home visit.

5

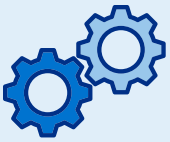
Considerations for Future Programming

Based on the research study results in outcomes and effectiveness, the research team recommended that MTM adopt the 18-month, 36 dose project cycle as the standard, due to the positive impact achieved and the fact that the areas for program strengthening can be effectively addressed within the 18-month/36 dose model. The program had significant positive effects in the areas of discipline, caregiver psychosocial well-being, violence reduction, male caregiver involvement and child nutrition. However, the overall impacts on the child development outcomes and caregiver early learning and responsive care practices were more modest than anticipated when results from the two counties are combined. Responsive caregiving and the quality of caregiver-child interactions, caregiver sensitivity to a child's cues and secure caregiver-child bond are some of the strongest predictors of ECD outcomes and highly correlated with intervention effect sizes on ECD outcomes.

Below are some considerations for future programming:

Strengthen Early Learning and Responsive Care Practices

1. Reassess the curriculum and optimize the program's content and delivery on early learning (related to all four child developmental domains) and responsive care.
2. Ensure that partner implementing staff, volunteer change agents and caregivers understand responsive caregiving concepts and application in practice.
3. Integrate nurturing care messages more explicitly into S&L Group sessions to reinforce core parenting practices.



Strengthen Program Implementation Practices

1. Provide more targeted ECD and parenting training, monitoring and ongoing support to new MTM implementing partners.
2. Strengthen ECD committees' role in community engagement to help build their visibility as a trusted resource for caregivers.
3. Increase and standardize faith leaders' involvement to better harness their influence.
4. Assess geographic (e.g. county-level) contextual differences at the outset and tailor program delivery to local needs/contexts.
5. Develop and implement strategies to address some caregivers' financial/material incentives concerns. For example, clearer communication and expectation setting during the mobilizing phase to ensure caregivers and community members understand that the program does not provide material benefits.

Meeting with Faith Leader Consortium.

6

Conclusion

Effectiveness of Program Strategies

The program's significant achievements in its intended outcome areas demonstrate the effectiveness of MTM's holistic, community-led approach with multiple, reinforcing channels of peer support. The process evaluation found MTM was delivered with high fidelity by the volunteer change agents and well-received by participants. All caregivers spoke highly about the roles and skills of the ECD promoters and faith leaders. Key drivers of effectiveness were:

1. **ECD promoters** carried out their responsibilities well and developed trusted relationships with caregivers. They consistently shared and reinforced core ECD messages and practical nurturing care behaviors for caregivers, while providing tailored support.
2. **Faith leaders** were recognized as having an important role in terms of complementing ECD promoters' work with families and providing support in special circumstances.
3. **ECD committees** were seen as functioning well. They brought together a diverse mix of people whose complementary strengths helped address the needs of families with young children.
4. **The combination of caregiver groups and home visits** was especially effective, providing both peer learning spaces and individualized support tailored to family needs. Home visits were also a key way to engage fathers, who were often less able to attend group meetings.
5. **Social and behavior change techniques** such as facilitated FAMA card dialogues and games were critical for adult learning, particularly for caregivers with limited literacy and caregivers' practice of nurturing care activities.

6 **Savings & Loan Group** component further empowered caregivers financially, reducing barriers to participation and enabling families to apply what they learned in tangible ways.

Impact on Caregivers and Children

MTM demonstrated robust and wide-ranging significant positive impacts in primary and male caregivers' nurturing care of their children, primary caregiver well-being and family well-being.

Primary and male caregivers **increased their early learning activities and provision of play/learning materials.**

Reduction of harsh punishment by both primary and male caregivers and uptake of positive discipline was the most pronounced effect. This was a major program achievement, with these improvements reinforcing the positive impact MTM had on the family and the children's home environment.

The evaluation found three key dimensions of this holistic success.

Improved primary caregivers' psychosocial well-being: MTM showed impressive effects on strong social support and cohesion and reduced parental stress and depressive symptoms. In fact, MTM achieved greater impact in reducing depressive symptoms than many programs which specifically target mental health.

Increased father/male caregivers' nurturing care: Demonstrated by their increased early learning activities, decreased harsh punishment and increased involvement in household chores, all of which contributed to strengthened relationships and healthier family dynamics. This effective focus on male caregivers, often a challenge in parenting interventions, was recognized by caregivers, change agents and program staff, marking it as a significant strength of the program.

Reduction of intimate partner violence (IPV): MTM had a significant impact on IPV, which was unexpected. Although the program does not explicitly target IPV reduction, the caregiver group curriculum does address IPV during a session on family violence. The reduction of IPV suggests that improving caregiving practices - particularly reducing harsh punishments against children, increasing male caregivers' involvement with children and household chores and engaging faith leaders - MTM has fostered improvements in family dynamics.

"The MTM topic on parenting roles at home made me happy because I told my husband the importance of helping one another with childcare, that he should not assume it's solely my responsibility . . . currently my husband helps take care of our baby."

Primary caregiver, Vihiga

Father and daughter at a Caregiver & Support Learning Group meeting.

In early childhood development outcomes, the program improved children's socioemotional development with both counties combined. MTM achieved additional significant improvements in cognitive, language and motor skills development in Nyamira County. Since overall ECD outcomes didn't materialize to the extent expected, this is a key area for refinement through intensifying the program's early learning/stimulation and responsive caregiving dimensions.

In sum, MTM strengthened nurturing care for children 0-3 years old, achieving notable success in improved discipline practices, fathers' engagement, primary caregiver psychosocial well-being, family well-being and children's nutrition – also demonstrating moderate impact in caregivers' early learning activities and overall child development. The sustained changes six months after the end of MTM affirm the value of its focus on the holistic well-being of caregivers and families. Strengthening the early learning and responsive caregiving components could help MTM better realize its full potential on early childhood development. The insights from this research offer a roadmap for refining and scaling the program, not only in Kenya but also in other sub-Saharan African settings where the program is currently being implemented or could be in the future.

Appendix A

Research Methods

This research study was designed and led by Dr. Joshua Jeong, Emory University. For the full methodology see endline evaluation report and six-month post-project report.

Impact Evaluation Design and Sampling

To evaluate the effectiveness of MTM on early childhood development and caregiving outcomes, a cluster randomized controlled trial (RCT) was conducted in two rural areas of Kenya: Borabu in Nyamira County and Luanda in Vihiga County. Within each subcounty, smaller administrative areas were randomly selected and assigned either to receive the program or continue with existing services. From these areas, 5–6 villages were chosen at random, and 13 caregivers with children under 18 months were enrolled in each village, totaling 595 families. Only adult caregivers with young children were included. This rigorous RCT design ensured comparability between intervention and control groups and allowed for a robust assessment of the program's impact on caregiver and child outcomes.

Early Childhood Development Assessment Tools

The study measured early childhood development using two tools. The Caregiver Reported Early Development Instruments (CREDI) captured caregivers' observations of milestones and skills in children aged 0–35 months, tracking overall development, four domains (cognitive, language, motor, social-emotional) and a mental health subscale. CREDI was used at baseline, endline and the six-month follow-up round for children who remained within the eligible age range. At endline, the Global Scales for Early Development (GSED)[7] was also used, with trained research assistants observing structured activities to produce an overall ECD score.

Sociodemographic Information

Most caregivers were mothers. Households averaged five members, most caregivers were partnered and ages ranged primarily from 18–34 years. Educational attainment was similar across groups. Overall, households in the study were relatively poorer than county averages, with lower access to improved sanitation, electricity and household assets (such as radios).

Endline Process Evaluation Design and Sampling

The qualitative evaluation included in-depth interviews with 54 participants: 22 female primary caregivers, 10 male caregivers, 12 ECD promoters and 10 faith leaders. On average, seven individuals participated in each FGD, representing a diverse mix of ECD lead promoters, faith leaders, government officials, teachers, caregivers and other local administrators.

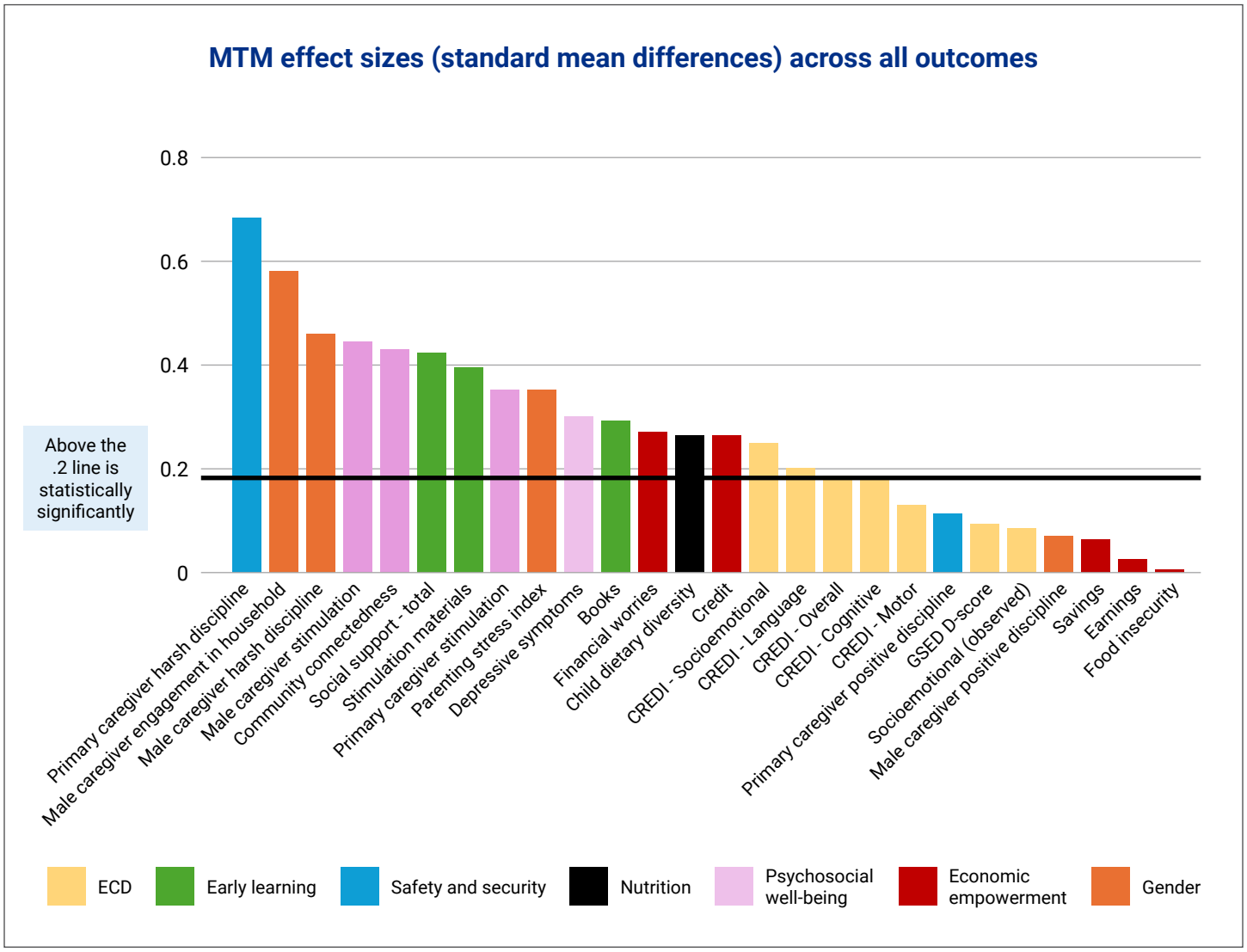
Qualitative Analysis

Data were collected in Kiswahili and translated into English transcripts. A team of trained research assistants coded and analyzed the data using Atlas.ti. Thematic content analysis guided the process, with perspectives triangulated across stakeholder groups. Similarities and differences were further explored by county to deepen contextual understanding.

Appendix B

MTM Program Effects for All Indicators

Nyamira and Vihiga Counties combined



Endnotes

[1] Kitsao-Wekulo, P., Okelo, K. O., Murdock, D., Donfouet, H. P., Onyango, S. O., Mwangi, B., Illboudo, P., Wanjohi, M. N., Nyamor, G., Munsongo, K., & Kimani-Murage, E. (2021). *An evaluation of the effectiveness of a community-based parenting empowerment program to improve nurturing care of young children in Kenya and Zambia.* The African Population and Health Research Center. https://www.episcopalrelief.org/wp-content/uploads/2022/07/2021-APHRC_MTM-KZ-Summary-Evaluation-Report.pdf

[2] Globally, there is a gap in standard practice for measuring 'responsive caregiving'. Most assessments require some level of direct observation, which can be time and resource intensive. Responsive caregiving and early learning are often discussed jointly, though they are distinct.

[3] Intervention group refers to households that participated in MTM.

[4] Control group refers to households that did not participate in MTM and therefore did not receive the intervention, but were included in the research study as a comparison to assess program effects.

[5] The MTM model includes discussing family violence and gender roles in parenting during Caregiver Support & Learning Group meetings, but do not have a direct intervention to reduce IPV. However, MTM's holistic approach may play a role in this area.

[6] FAMA picture cards are communication tools that help ECD promoters facilitate dialogue with caregivers about children's developmental milestones. The acronym FAMA stands for Facts, Association, Meaning, and Action, representing the types of questions facilitators use to guide caregivers from reflection to action. Through these picture cards, facilitators prompt discussion that moves from identifying facts, to making associations, to interpreting meaning and finally to deciding on concrete actions.

[7] Global Scales for Early Development (GSED) is a direct observational assessment of early childhood development for children aged 0-35 months.

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