

Monapo
District

Results and Learning Brief

Nampula, Mozambique *Moments That Matter®* Program Evaluation, 2025



18

communities reached



12,806

caregivers reached



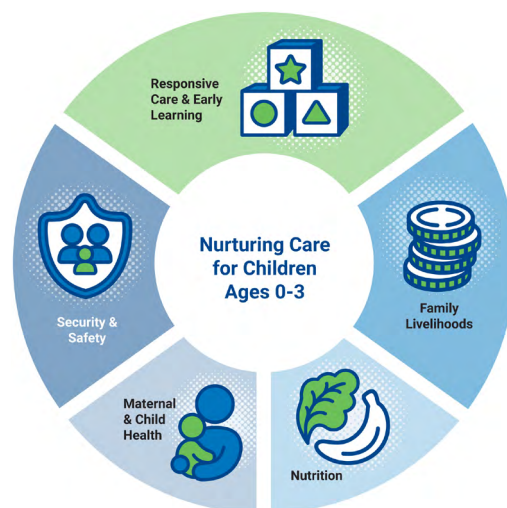
11,454

children 0-3 years reached

Moments That Matter® in Nampula, Mozambique

Moments That Matter® (MTM) is an integrated early childhood development (ECD) 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, encompassing five interconnected areas critical for brain development. The program centers the caregiver-child relationship as the cornerstone of ECD, while recognizing that this relationship is shaped by the broader ecosystem in which caregivers and children exist, including the family, household and broader community systems and structures.

Framework for *Moments That Matter®*



Since 2022, Episcopal Relief & Development has been working in partnership with the Diocese of Nampula to implement *Moments That Matter®* with support from the Conrad N. Hilton Foundation. The partnership strengthens the Diocese's operational and technical capacity for scaling and community ownership, fosters peer learning and interfaith coalition building, and provides trainings and materials to increase change agents' knowledge and skills in early childhood development. The Diocese works with community volunteers and local church partners to support caregivers in creating a nurturing environment. Since its inception, the Diocese of Nampula has reached 18 communities, 12,806 caregivers and 11,454 children 0-3 years to date in the Monapo District.

Key Results



MTM demonstrated clear success in promoting positive behavior changes among caregivers in early learning and stimulation practices, including increased use of play and learning materials.



Caregivers and fathers reported decreased use on physical punishment and greater reliance on positive discipline.



Parenting confidence increased and levels of parenting-related stress decreased.



Father engagement showed mixed results, though primary caregivers reported that fathers are spending more intentional time with their children.



ECD promoters, faith leaders and ECD committees played a central role in driving behavior change among caregivers and fathers.

MTM 18-month Program Model Evaluation

The 18-month program evaluation was intentionally designed based on the success of the 24-month model. It assessed whether the same developmental benefits could be achieved within a shorter duration, with the dosage and schedule carefully structured to support this goal. External evaluators conducted the assessment in four communities within Monapo District. In addition to measuring ECD-related outcomes, the evaluators examined how community structures and key change agents motivate and influence behavior change among caregivers, fathers and the broader community.



Outcome 1: Increased Early Learning and Responsive Caregiving

The evaluation found notable improvements in several key stimulation practices between caregivers and young children. Three activities showed substantial increases over the course of the program: (caregivers naming or counting objects with their children) rose by **31 percentage points**, (praising children) increased by **30 percentage points**, and (encouraging children to crawl, run, or jump) increased by **23 percentage points**.

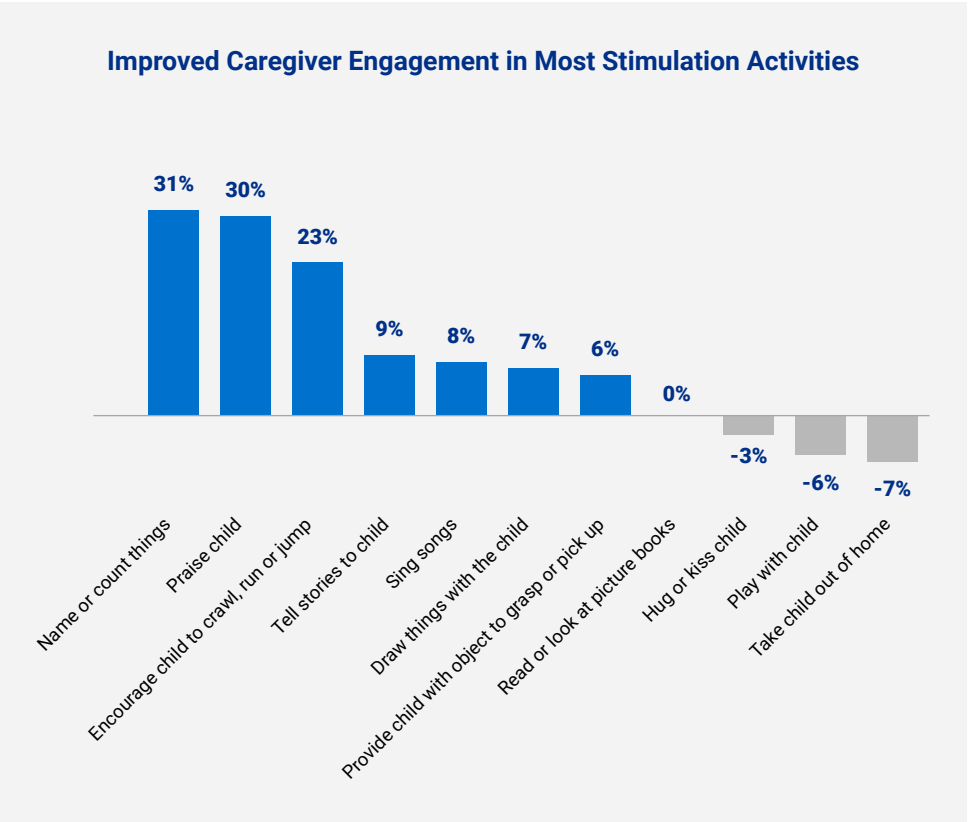


Figure 1: Caregivers practicing stimulation once per week – percentage point difference from baseline to endline.



ECD promoter using a FAMA card to reinforce key stimulation activities during a monthly home visit.

Although two activities “taking the child out of the home” and “playing with the child” showed slight decreases of 7 percentage points and 6 percentage points respectively, quantitative and qualitative findings indicate that engagement in these activities remained relatively high at both baseline and endline.

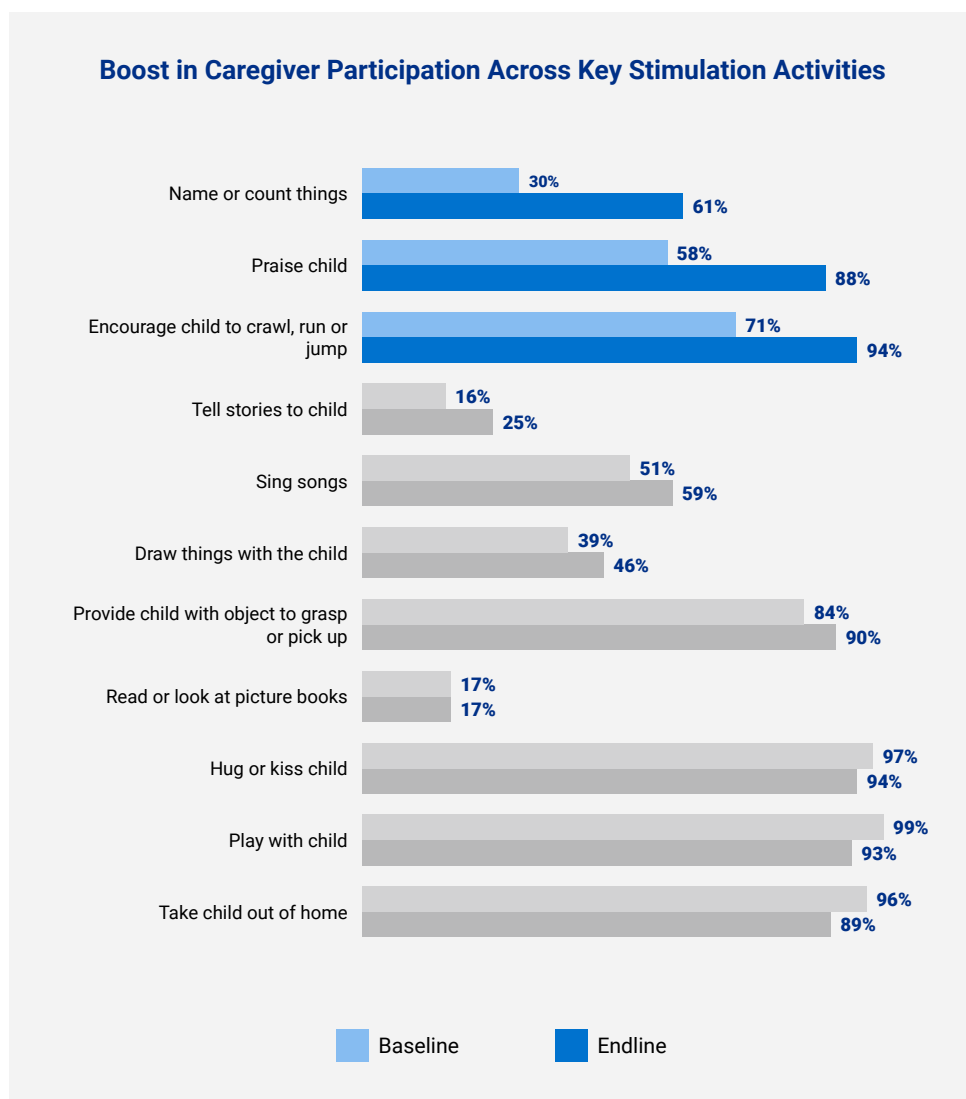


Figure 2: Percentage of caregivers practicing child stimulation activities once per week.



Top activities between caregivers and children that showed substantial increases

31%-point
increase in naming or counting objects with their children

30%-point
increase in praising children

23%-point
increase in encouraging children to crawl, run, or jump

“I also learned that when we make toys, we stimulate our children to develop various abilities about their development.”

Caregiver

"...when the promoter talked about children's development, the faith leader also advised us, saying that we have to let the child play freely because when they play, they develop many capabilities, and that we should look for toys for our children to use."

Caregiver



Toddler playing with a toy made by her parent using locally found objects.

Qualitative data further suggest that caregivers gained a stronger appreciation for the importance of setting aside time for play, reflecting an overall improvement in awareness and intentionality around early stimulation, specifically in three areas:

- 1 Enhanced understanding of play's developmental importance:** Caregivers recognized that "when we make toys, we stimulate our children to develop various abilities." This perspective was reinforced by community leaders, who emphasized that during play, children "develop many capabilities."
- 2 Active engagement in toy-making:** Caregivers reported creating toys such as "cars made from flipflop wheels, dolls, balls," alongside a notable shift in gender roles, with "men no longer leaving everything to women."
- 3 Improved awareness of time dedicated to play:** Despite quantitative decreases in "taking the child out of the home" and "playing with the child" qualitative data suggest that caregivers now value play more, noting, "Before, I didn't see the need to play with my children, but now I know it's important to play with them and take them for walks."



Outcome 2: Increased Child Safety and Security

The endline survey assessed fourteen discipline practices across three categories: **physical punishment, psychological aggression and positive discipline practices**.

At baseline, all primary caregivers reported using physical punishment to discipline children under three years of age. By endline, this proportion had dropped dramatically to 8%. The most common method was hitting or slapping the child on the hand, arm or leg (3%).

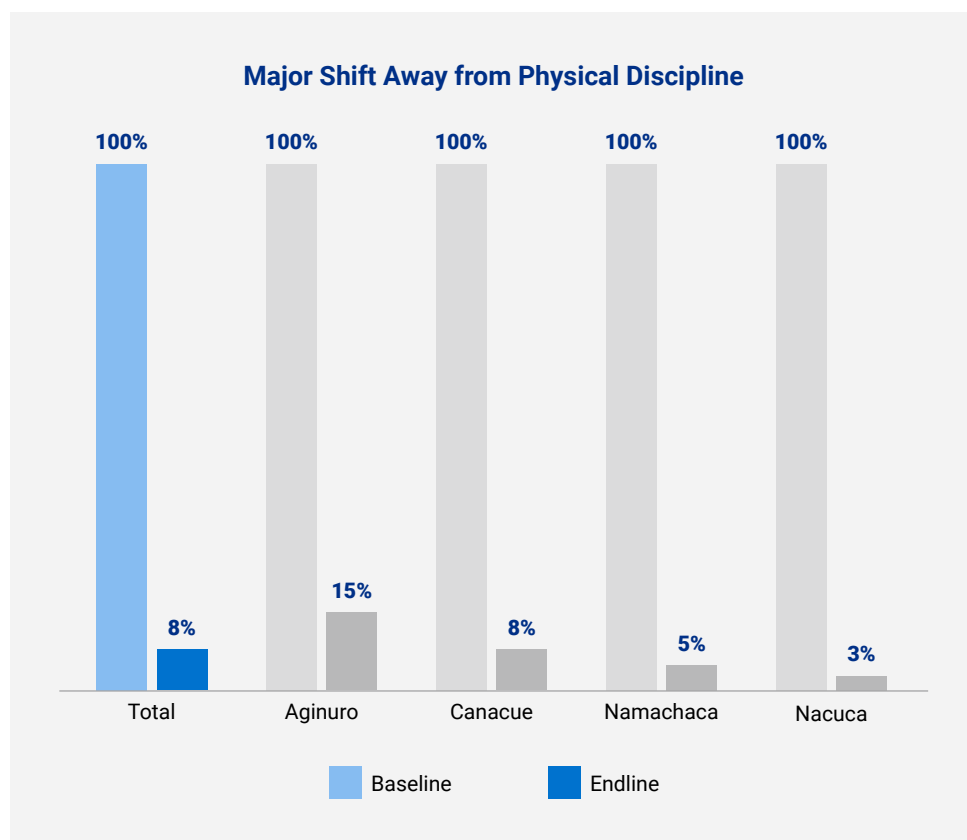


Figure 3: Percentage of primary caregivers who use any physical punishment with any of their children 0-3 years.

In contrast, positive discipline practices were widely adopted, with 84% of caregivers reporting the use of approaches such as explaining why a behavior was wrong, giving the child an alternative activity, or applying non-violent consequences.

Caregivers themselves reported significant changes since participating in the ECD program. At endline, a large majority (80%) reported **increased use of positive discipline practices**, while nearly all reported reduced use of:

1 psychological aggression (95% ↓)

2 physical punishment (93% ↓)



100%

of primary caregivers reported using physical punishment to discipline children under three years at baseline

•

8%

reported using physical punishment to discipline children under three years at endline

.....



80%

of caregivers reported increased use of positive discipline practices at endline

"I learned that children need patience and understanding. When they misbehave, we should check what is wrong instead of just punishing them."

Caregiver

*"Before, when I would speak to the children and they wouldn't listen, I would hit them, and this made them start to be afraid of me, but today, having learned to talk to them and call their attention without hitting, **they aren't afraid of me and have more affection for me;** when they see me coming from somewhere, they come running and hug me."*

Caregiver



Isaac with his baby during a home visit.

The top three positive discipline strategies were:

- 1 explaining to child why the behavior was bad (76%)
- 2 praising good behavior (46%)
- 3 sending child away for time out (23%)

These findings demonstrate a significant shift toward non-violent discipline practices, suggesting increased caregiver awareness and adoption of alternative strategies. Early engagement appears to have fostered meaningful behavioral change, though sustaining these practices as children grow may require periodic reinforcement or ongoing community support.



A father carries his baby, a rare and heartwarming sight in this community.



Outcome 3: Increased Caregivers' Well-being

By endline, primary caregivers' parental-related stress had decreased by nearly half. Many caregivers attributed this reduction to changes in household dynamics, including fathers taking a more active role in childcare, as well as the support provided by Caregiver Support & Learning Groups and ECD promoters. Qualitative data also highlight a strengthening of social connections and a growing sense of collective responsibility for early childhood development. Fathers are increasingly engaging in tasks traditionally managed by women, such as bathing children and accompanying mothers to health centers. This shift in gender norms, combined with the collaborative learning approach of ECD promoters, reflects a broader transformation in community cohesion and shared accountability for child well-being.



Caregivers report
reduced stress, paving
the way for more
responsive caregiving

38%-point
decrease in any parental stress

•
47%-point
decrease in full parental stress

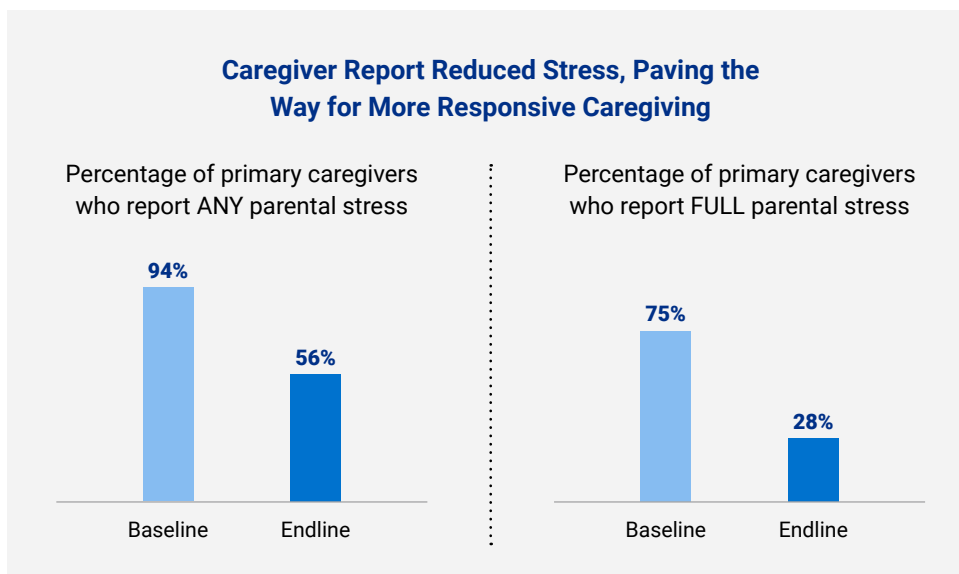


Figure 4: Percent of primary caregivers who report any or full parental stress.



Caregivers reported greater confidence in guiding and supporting their children

49%-point

increase in caregivers feeling any confidence

39%-point

increase in caregivers feeling full confidence

"The program also helped me a lot with my personal and family problems; today I am more patient and tolerant because they teach us ways of coexistence, respect for others, they teach us to have faith and put everything in God's hands and my relationship has improved a lot..."

Caregiver



A father carries his child on his back while posing with his wife. After participating in a home visit, he has become more engaged in learning about nurturing care.

By endline, primary caregivers' confidence in parenting had grown substantially. Caregivers reporting feeling 'confident' increased by **49 percentage points** and feeling 'fully confident' rose by **39 percentage points**. Caregivers reported feeling more capable, assured and proactive in guiding their children, reflecting a meaningful shift toward empowered, responsive and positive caregiving.

Primary caregivers are gaining confidence in their parenting, feeling more capable and proactive in supporting their children. While general confidence has risen substantially, targeted interventions may be needed to help more caregivers achieve full assurance in their caregiving role.

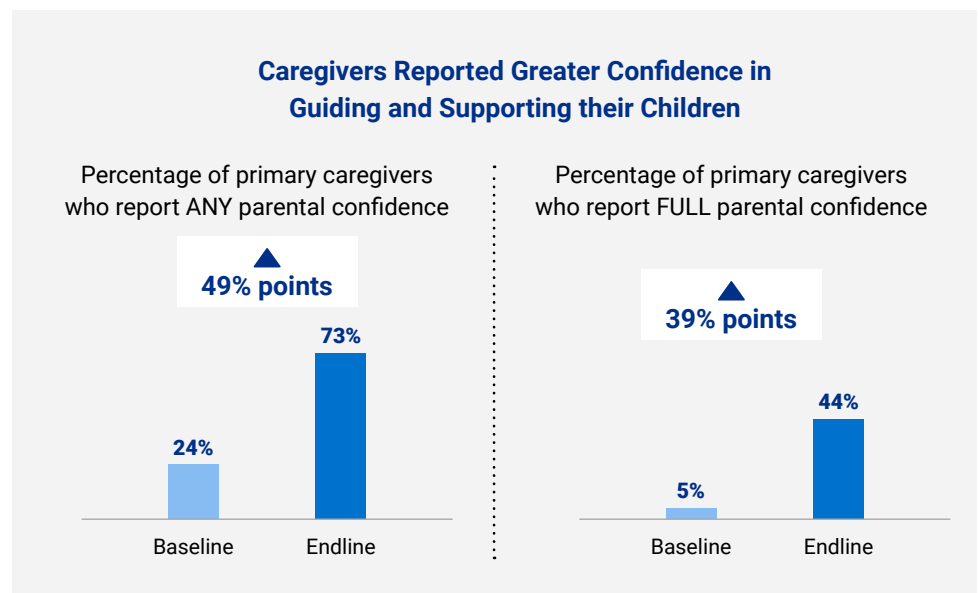


Figure 5: Percent of primary caregivers who report parental confidence.



Father playing with his child.



Outcome 4: Increased Father Engagement in Caregiving

Father engagement results were mixed. Quantitatively, the proportion of fathers intentionally interacting with their children in the past seven days decreased from 65% to 56%. This decline may be influenced by temporary external factors, such as community events, seasonal activities or shifts in fathers' availability during the measurement period, as well as the continued influence of traditional gender norms.

However, when asked about fathers' engagement generally, 83% of primary caregivers reported that since participating in MTM, fathers are spending more intentional time interacting and playing with their children. This was further demonstrated through qualitative findings. These narratives suggest a growing recognition of father involvement and a gradual shift toward more engaged and nurturing paternal roles, even if short-term quantitative measures reflect variability.

"The changing role of fathers in childcare is a significant achievement of the program."

ECD committee member

"Being part of the group makes me feel more confident in managing my finances."

Caregiver

"Through the savings group, I was able to borrow money to buy school supplies for my children."

Caregiver



A Savings & Loan member contributes to the group savings fund, handing money to the facilitator.



Outcome 5: Increased Economic Empowerment of Caregiver

Caregivers showed modest improvements in economic empowerment, with 33% participating in Savings & Loan Groups at endline. However, there was limited evidence of loans or savings being used for income-generating activities, none of the caregivers reported using these funds for such purposes at endline. Instead, many families redirected their savings and loans toward meeting basic household needs, such as health, food and education expenses, reflecting ongoing economic pressures.

Qualitative analysis provides valuable insights into the role and impact of Savings & Loan Groups among primary caregivers. These groups are recognized as important community-based initiatives that offer both financial support and opportunities to strengthen social cohesion. Caregivers reported that participation enables them to save money, access small loans and manage household expenses more effectively. This financial empowerment contributes to greater confidence and stability, allowing caregivers to invest in their children's well-being and education. In addition, Savings & Loan Groups serve as platforms for sharing experiences and building supportive networks among caregivers, further reinforcing community ties.



Members of the Provincial Interfaith Coalition with staff from the Diocese of Nampula.

Effectiveness of MTM Community-led Model

ECD committees provided consistent supervision and support to ECD promoters, ensuring program activities were implemented effectively. Faith leaders also played a key role by integrating nurturing care principles into sermons and religious teachings. Qualitative data from in-depth interviews revealed that faith leaders frequently assumed informal quality assurance responsibilities, contributing to oversight and supporting the program's overall quality. This emergent pattern of community-based monitoring, though unplanned, represents a potentially valuable extension of MTM's quality assurance mechanisms, reinforcing both accountability and community ownership.

"As a religious leader of the MTM program, I work to provide guidance in communities, especially in churches, on childcare issues, care that men should have for pregnant women, and ways to treat young children, connecting these issues with biblical verses."

Faith leader



82%

of caregivers reported ECD promoters were helpful in addressing parenting concerns

"Promoters meet regularly to exchange experiences and support each other in their work with families"

ECD promoter

.....

"As a religious leader of the MTM program, I work to provide guidance in communities, especially in churches, on childcare issues, care that men should have for pregnant women, and ways to treat young children, connecting these issues with biblical verses."

Faith leader



An ECD promoter leads a monthly Caregiver Support & Learning Group session with primary caregivers and fathers.

Effectiveness of ECD Promoters is a Cornerstone of MTM

ECD promoters are trusted community figures who provide practical guidance, support and encouragement to caregivers. While formal assessments showed only 27% retained critical ECD knowledge, 82% of caregivers reported ECD promoters were helpful in addressing parenting concerns. ECD promoters' strengths lie in hands-on, applied skills, reinforced through home visits and regular community interactions. Qualitative data highlight that ECD promoters are highly regarded within their communities for their dedication, knowledge and supportive approach. Collaborating closely with faith leaders and ECD committee members, they foster a cohesive, supportive environment that strengthens early childhood practices and empowers families.



A father engages in play with his child during a Caregiver Support & Learning Group session.

Conclusion

The program evaluation of MTM demonstrates substantial positive outcomes across multiple domains, with quantitative and qualitative findings showing significant improvements across all five outcome areas. Building on these results and aligned with endline findings from MTM in Kenya and Zambia, the program will transition from the standard 24-month/48-dose model to an 18-month/36-dose model in Nampula and all other MTM implementation geographies. This transition reflects growing evidence that a streamlined model can sustain strong results while improving program efficiency, cost-effectiveness and scalability.

Further Considerations

Building on successes and lessons learned, the evaluators outlined the four considerations that could strengthen future implementation and enhance program impact:



Engaging fathers

Continue to identify innovative approaches to involve fathers, including male-specific activities or implementing a male champion model.



Targeted financial support

Explore options such as capital for revolving funds, business training, material assistance, food support and transportation vouchers to strengthen household resilience.



Faith leader integration

Strengthen the involvement of faith leaders within program structures and formal coordination mechanisms.



Capacity building for ECD committees

Enhance training by providing an operational manual and improving linkages to local government and resources.



ECD lead promoters with staff from the Diocese of Nampula.

Evaluation Methodology

The evaluation used a mixed-methods approach. Quantitative data were collected through surveys administered to 160 primary caregivers and 10% were all of whom participated in the shortened 18-month program cycle. To complement these findings, qualitative data were gathered through focus group discussions (FGDs) with caregivers and fathers (n=20), ECD promoters (n=20), ECD committee members (n=16) and faith leaders (n=8) from the project implementation areas. The full methodology can be found in the full evaluation.

The detailed methodology can be found in the [full evaluation report](#).

Diocese of Nampula

Nampula, Mozambique

The Anglican Diocese of Nampula serves the provinces of Nampula and Cabo Delgado in northern Mozambique. Its mission is to address the social and developmental needs of the most vulnerable communities through programs such as the *Moments That Matter*® early childhood development, economic development, emergency response and spiritual and emotional support. The Diocese exists to serve God by serving its neighbors with love.

Episcopal Relief & Development

Headquarters: 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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815 Second Avenue, New York, NY 10017

