

# Results and Learning Brief

## Zambia Moments That Matter® Program Evaluation, 2025



**173**

communities reached



**25,085**

caregivers reached



**43,975**

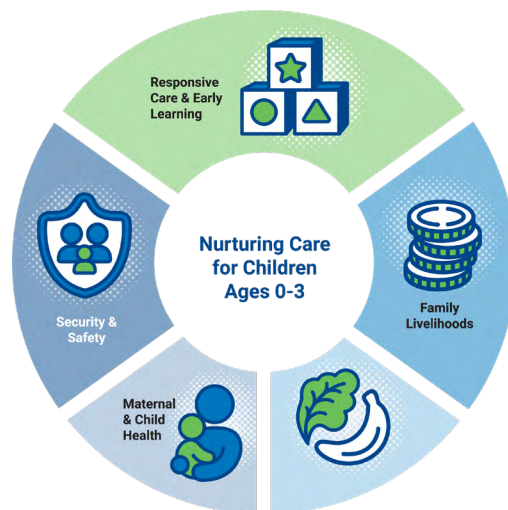
children 0-5 years reached

### Moments That Matter® in Zambia

**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 Zambia, strengthening early childhood development (ECD) is recognized as a critical investment in building an educated, healthy and productive population, while ensuring that every child has the opportunity to reach their full potential. Since 2012, the Zambia Anglican Council Outreach Programmes (ZACOP), a *Moments That Matter®* partner implementing organization, has carried out MTM across five dioceses, reaching 173 communities, 25,085 caregivers and 43,975 children 0-5 years to date.






#### Framework for Moments That Matter®



### MTM 18-month Program Model Evaluation

In 2024, an external evaluation was carried out in Luapula and Central Provinces to assess MTM's impact and effectiveness, as well as to determine the efficacy of shortening the program model from 24 months/48 doses to 18 months/36 doses. The evaluation compared results from the 24-month model (2021 data) with findings from the 18-month model (2024 data) and focused on assessing parenting practices of primary caregivers and fathers, including child stimulation activities, discipline approaches, knowledge of child safety and protection, as well as the knowledge levels of Early Childhood Development (ECD) promoters regarding parenting and child protection practices. The study also explored the benefits of joining a Savings & Loan (S&L) group where members can save, access microloans and gain knowledge about savings and financial management.

The evaluation examined the shortened 18-month program model, focusing on five key outcomes. It also assessed the effectiveness of ECD committees in supporting the program’s implementation.

-  **Early Learning and Responsive Caregiving:** Enhancing children's cognitive, social and emotional development through parenting practices.
-  **Child Safety and Security:** Ensuring children grow up in safe and protective environments.
-  **Caregivers’ Well-Being:** Supporting the mental, emotional and physical health of caregivers.
-  **Father Engagement in Caregiving:** Increasing fathers’ active involvement in children’s care and development.
-  **Economic Empowerment of Caregivers:** Strengthening caregivers’ financial stability and access to economic opportunities.



96%

of caregivers on average now regularly engage in child stimulation activities

## Outcome 1: Increased Early Learning and Responsive Caregiving

Overall, caregivers increased the frequency and variety of stimulating (early learning) activities with their children over the course of the program. At baseline, less than half of caregivers—43% on average—engaged in activities that stimulate their children’s learning once per week. Many children spent their days without books, play materials or intentional interactions. By endline, this picture had transformed. Ninety-six percent of caregivers on average now regularly engage in child stimulation activities, an increase of 52 percentage points. The most notable improvements were seen in:

- 1 Reading books or looking at picture books with the child (+70% points)
- 2 Taking the child out of the home (+70% points)
- 3 Playing with the child (+64% points)

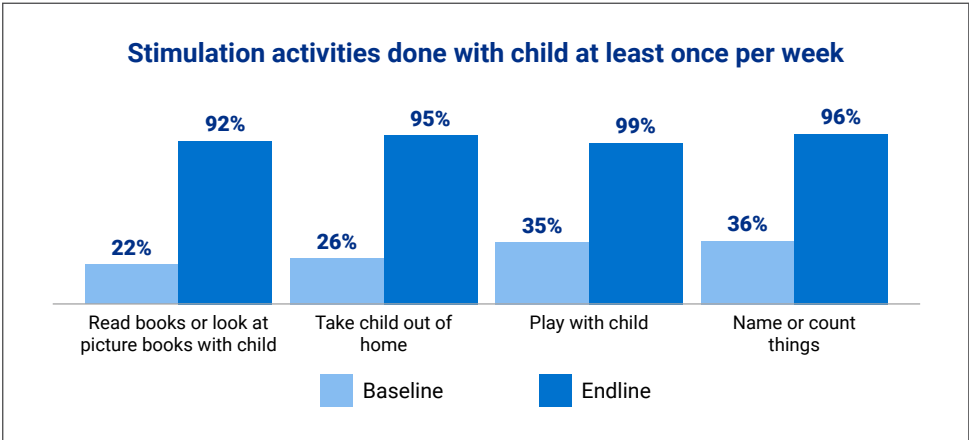


Figure 1: Stimulation activities caregivers did with their child once per week

In households without books, caregivers found creative ways to support children’s learning. They used the **MTM Caregiver Actions to Practice Passport**, an illustrated guide to support caregivers in practicing key actions, such as play and interactive learning with their children.

“When someone would ask me why I do not play with children. I would respond that why would I play with children as if I am a fool? What will people think of me? So, when they came to teach us, I have seen that playing with a child is a very good thing and children would know that ‘my parents love me’. When you have come back from somewhere and the children run to welcome you, you embrace them and lift them up. I never used to do all those things, but I have now known that doing all that is a good thing.”

Primary caregiver, Focus Group Discussion in Mumbwa



A happy child with her mother demonstrating that the ring of protection of family is strong.

## Outcome 2: Increased Child Safety and Security

Over the course of the program, caregivers made significant progress in creating safer and more nurturing home environments for their children. Primary caregivers and fathers reported a significant reduction in their use of physical discipline. At baseline, the use of physical punishment was common among caregivers at 67%. By endline, this practice had decreased by 46 percentage points, with 21% of caregivers still reporting its use. At the same time, the adoption of positive discipline methods rose sharply to 98% at endline, representing a 34 percentage-point increase. For fathers, the proportion of fathers who use positive discipline on children increased from 55% at baseline to 99% at endline.

The study also found a 32 percentage-point increase in birth registration, with 80% of children now formally recognized and able to access to basic rights and services .

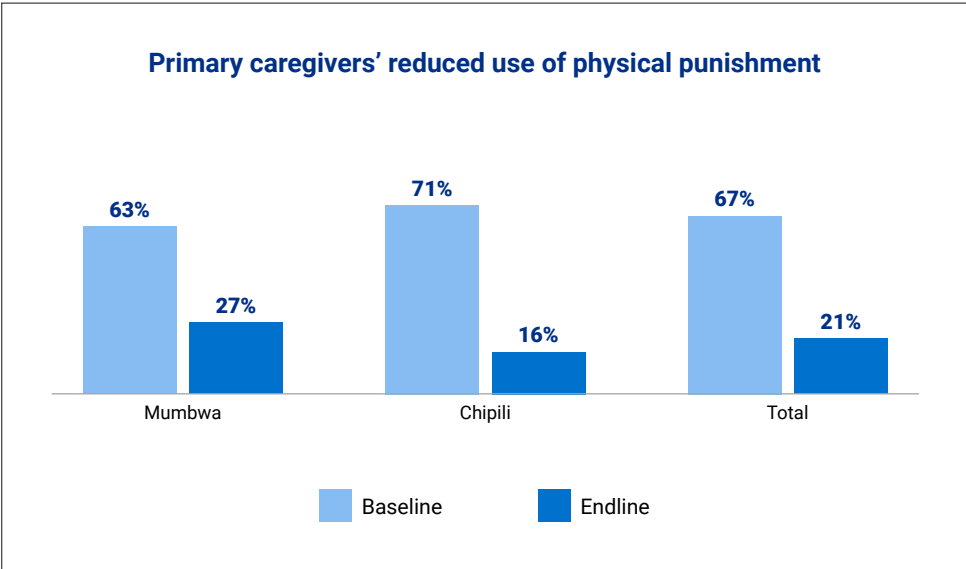


Figure 2: Caregivers use of physical punishment



98%

of caregivers now use positive discipline methods with their children

99%

of fathers now use positive discipline with their children

*"Before this program came, I used to have a bad temper even toward my children even when they just make a small mistake I would just grab them and beat them or even encourage other parents to also beat their children but after this program came along even our husbands are part of this program they've also realized and learned that it is not good to deny our children food as punishment. So, I'm a changed person due to this program and no longer deny my child."*

Primary caregiver, Focus Group Discussion in Chipili





**32%**

decrease in parental stress



**32%**

increase in parenting  
confidence

*"We did not know a lot of things, like how to feed children, we did not know how to take care of children, maybe if a child was not feeling well, we were not able to tell. But we now know a lot of things, how to take care of children, how to feed and all this is because of the ECD program."*

Primary caregiver, Focus Group  
Discussion in Mumbwa



*Mother and daughter in MTM.*

## Outcome 3: Increased Caregivers' Well-Being

MTM also brought meaningful improvements in the psychosocial well-being of primary caregivers. As caregivers gained skills, confidence and received support from their groups and home visits, they began to experience less stress and greater satisfaction in their caregiving roles. By the endline, results showed that:

- 1 Parental stress had decreased by 32%, dropping from 48% at baseline to 16% at endline.
- 2 Parenting confidence increased by 32 percentage points. Overall, 42% of caregivers reported feeling confident in handling their parenting responsibilities, compared to just 13% at baseline.

These improvements were driven by several key factors that helped caregivers develop healthier coping strategies and emotional resilience:

- 1 Enhanced knowledge and understanding of their children’s needs.
- 2 Improved community and social cohesion built through their relationships with ECD promoters and peers in Caregiver Learning & Support Groups.
- 3 Access to mental health support, including counseling provided by faith leaders.

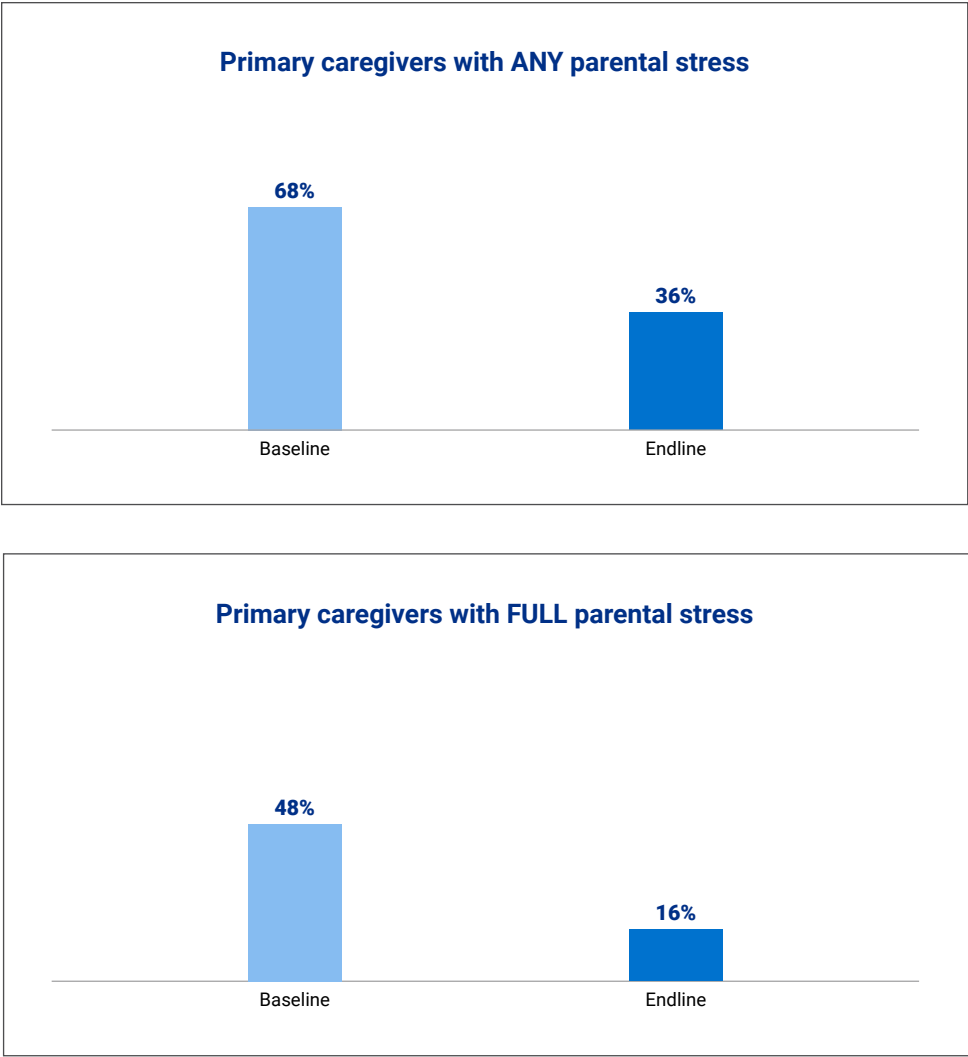


Figure 3: Caregivers reporting parental-related stress

Caregivers consistently described feeling calmer, more capable and more connected to their children, families and communities. The reduction in stress and increase in confidence not only improved caregivers’ well-being but also created more stable and loving home environments for their children.

*“I learnt how to take good care of a child, that a child has a right to life, a child needs to play with friends, if a child has taken something that does not belong to them or has fought with a friend you don’t need to shout at the child but need to talk to the child properly like, “this thing you have taken does not belong to you, it’s for someone else, “and also advising the child against fighting.”*

Primary caregiver,  
Focus Group Discussion





Father giving his daughter a bath.



**56%**

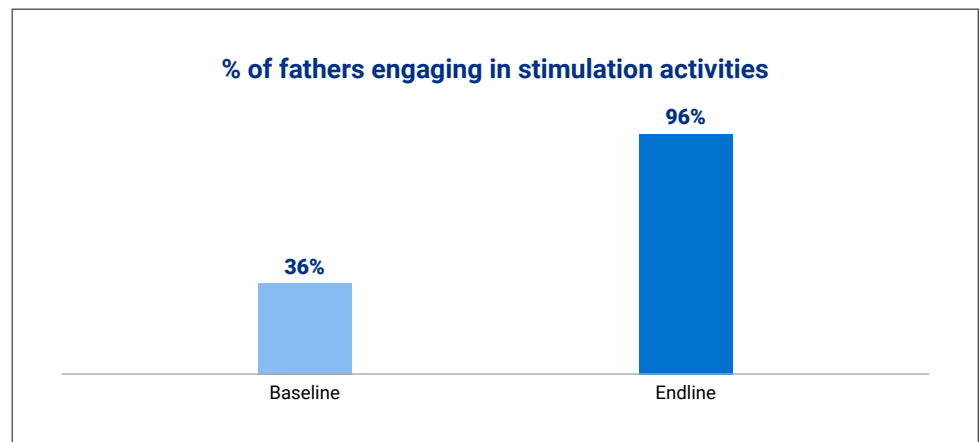
increase in active engagement  
of fathers with their children

*"I have really appreciated this program, in the past, I used to beat children whenever they did something wrong, after been taught, I have seen change. Children used to run away from me whenever I called on them but these days, they are able to listen to me when I call them and they are comfortable."*

Father, Focus Group Discussion

## Outcome 4: Increased Father Engagement in Caregiving

The program also contributed to an increase in fathers' involvement in caregiving and positive parenting practices. At baseline, only 40% of fathers reported engaging in at least one child stimulation activity per week. By endline, this proportion had risen dramatically to 96%, representing a 56 percentage-point increase in active engagement with their children.



**Figure 4:** Fathers engaging in stimulation activities with child

Similarly, fathers' use of positive discipline methods improved substantially. At the start of the program, 55% of fathers reported using positive discipline, compared to 99% at endline, reflecting a 44 percentage-point increase in nurturing and supportive approaches to guiding their children's behavior.

Primary caregivers reported that fathers had taken on caregiving responsibilities which used to be considered the mother's responsibility, such as looking after children, cooking for them and bathing them.



Monthly Savings & Loan group meeting in Kapansa.

## Outcome 5: Increased Economic Empowerment of Caregiver

The program has made strides in supporting the economic empowerment of caregivers, particularly through the Savings & Loan (S&L) Groups. These groups provide caregivers with opportunities to save, access small loans and improve household financial management, contributing to greater financial resilience. The top three areas where households utilized their savings and loans were food, education and other essential household needs.

Economic empowerment was not measured at baseline; however, the evaluation used participation in savings group, loan access and use, changes in livelihoods/ food security and child-related expenses as a proxy. By endline, most primary caregivers in the study areas were savings group members, though membership was limited in some cases due to pre-existing community savings groups from other organizations.



The top three areas where households utilized their savings and loans:

- Food
- 
- Education
- 
- Other essential household needs

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*"It is savings, I never used to do business, through savings I started a business. Even if I credit money I will be able to return and I will be remembering that it is the savings group that made me reach this far... No it doesn't end since there are others ways to save."*

Primary caregiver,  
Focus Group Discussion





ECD promoter showing a FAMA card to a caregiver during a home visit.

## Effectiveness of ECD Promoters is a Cornerstone of MTM

ECD promoters have proven to be a cornerstone of the program, supporting caregivers and fostering positive early childhood development practices. Although formal knowledge assessments showed relatively low recall of specific child stimulation activities, this likely reflects the unfamiliarity of the “exam-style” format rather than gaps in practical knowledge. Observation and program implementation demonstrate that promoters are confident and skilled in delivering ECD content. Using tools such as FAMA (Facts, Association, Meaning, Action) cards during home visits and Caregiver Support & Learning Group (CSLG) meetings, ECD promoters effectively guide caregivers in engaging their children in stimulating activities.

The impact of ECD promoters is further reinforced by quantitative and qualitative findings. More than 90% of caregivers identified promoters as their most important source of information and guidance on ECD-related topics. This underscores ECD promoters’ vital role in ensuring caregivers have the knowledge, confidence and support necessary to nurture their children’s learning and development.

*“It’s good that they have to continue working together, just like they have been doing. When we have difficulties at home, they usually talk to us as a couple, and we manage our differences very well. The ECD promoter also does their work concerning our children, keeping them safe and maintaining the environment. A lot of things have changed as a result of the faith leader and the ECD promoter working together.”*

Primary caregiver,  
Focus Group Discussion





Baby and mother at a Caregiver Support & Learning Group meeting.

## Conclusion

The 18-month program cycle of MTM in Zambia has demonstrated a clear positive impact across multiple program areas, promoting meaningful behavioral changes among both primary caregivers and fathers. Alongside these gains, the program has contributed to a significant reduction in physical punishment, encouraged positive child-rearing practices and fostered healthier household dynamics. This has created safe and nurturing environments where children can experience emotional and psychological security and build trusting relationships with caregivers.

Overall, the results of this evaluation have shown the 18-month/36-dose program cycle is an effective and efficient model. By shortening the duration without compromising outcomes, the program can reach more children and communities with available resources, maximizing both impact and sustainability.

## Further Considerations

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



### New Strategies for Engaging Male Caregivers

Where there is interest, establishing separate male caregiver groups or father-focused activities can further promote fathers' active engagement in child stimulation, positive discipline and caregiving responsibilities.



### Strengthen Monitoring by ECD Committees through Trainings

Inviting ECD committees to participate in ECD Part 1 and Part 2 training workshops can enhance the effectiveness of their monitoring activities. This approach can help close the knowledge gap between ECD promoters and committee members.



### Economic Empowerment Incentives

Providing practical economic incentives, such as farming inputs for backyard gardens or livestock-rearing businesses, can strengthen caregivers' economic empowerment and promote the sustainability of Savings & Loan groups, while also improving household food security and livelihoods.



## Evaluation Methodology

The external evaluator used a mixed-methods approach. Quantitative data were collected through surveys administered to primary caregivers (n = 315), fathers as secondary caregivers (n = 84) and ECD promoters (n = 106), 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, fathers, ECD promoters and ECD committee members, as well as in-depth interviews (IDIs) with lead ECD promoters and program managers in both project implementation areas.

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



## **Zambia Anglican Council Outreach Programmes (ZACOP)**

**Lusaka, Zambia**

ZACOP is the development arm of the Anglican Church in Zambia. Since 2004, it has worked to improve the health and socioeconomic conditions of vulnerable families and communities, in collaboration with the Zambian government and local stakeholders. The organization's integrated early childhood development programs include financial inclusion and maternal and child health. ZACOP is also the co-founding implementing partner of *Moments That Matter®*, which began in 2018.

## **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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