

Endline study Cohort-1: 24 months Moments that Matter Projects Monapo District



Episcopal
Relief & Development
Working Together for Lasting Change

Endline Report

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Executive summary

The study utilized a mixed-methods approach, combining quantitative surveys and qualitative interviews with primary caregivers involved in the Moments That Matter® MTM program's early childhood development (ECD) interventions. A quantitative analysis compared caregiver behavior at baseline (November 2024) and midline (September 2023) for Cohort 1 (24-month cohort). Of the original 160 primary caregivers, 83.1% (n=133) participated in both surveys. Additionally, qualitative interviews with 20 primary caregivers provided deeper insights. The longitudinal analysis allowed for tracking individual primary caregiver progress over time. The findings highlight the program's success in driving behavioral changes, particularly in stimulation practices, use of play and learning materials, disciplinary methods, and fostering community connectedness.

Key findings

Early learning and responsive caregiving

- Significant increase in the frequency and variety of stimulating activities, access to play materials, and children's books.
- Percentage of households with at least one children's book increased
- Decrease in the number of days per week the child was left in the care of another child for more than one hour.

Child safety and security

- Substantial decrease in the use of physical and psychological punishment.
- Increase in the use of positive disciplinary practices.
- Heightened awareness of child well-being and adoption of safer home environments.

Psychosocial well-being of primary caregiver

- Increase in primary caregiver confidence and reduction in parental stress.
- Improved community connectedness and support among primary caregivers.

Gender-equitable roles in parenting

- Increase in father's involvement in childcare (63.7%) since the participation in the MTM program
- Positive shifts in household dynamics, including improved communication and shared decision-making.

Economic empowerment of primary caregiver

- Significant increase in primary caregiver participation in loan/savings groups
- Modest improvements in using loans/savings for household items and income-generating activities.
- Challenges in translating financial inclusion into substantial business growth.

Table 1 below presents the endline findings for key indicators compared with midline results, providing evidence for the key trends identified in the analysis. The results highlight significant improvements in

parenting confidence, reductions in stress and physical punishment, and positive shifts in parenting practices. However, there were mixed trends in peer support, father engagement, and economic indicators. Key findings include:

- Parenting confidence: A substantial increase, with caregivers reporting "any confidence" rising from 12.5% to 61.0% (+48.5%) and "full confidence" increasing from 2.5% to 26.4% (+23.9%).
- Parental stress: A notable reduction, as "any stress" declined from 97.5% to 73.0% (-24.5%) and "full stress" from 87.5% to 39.0% (-48.5%).
- Physical punishment: A sharp decline, with the percentage of primary caregivers using physical punishment dropping from 100% to 36.5% (-63.5%), and the average number of punishments decreasing by 3.25 instances.
- Parenting practices: Overall improvement, with the total score increasing from 5.21 to 6.69 (+1.48). Sub-scores improved for responsive care (+0.33), early learning (+1.54), and child safety & security (+2.57).
- Peer support: A slight increase in primary caregivers feeling connected to peers, from 90.6% to 93.7% (+3.1%).
- Father engagement: A decrease in fathers intentionally interacting with children in the last seven days (indicator 6), from 74.4% to 64.8% (-9.6%). Despite the overall decrease, 67.3% of female primary caregivers reported that, since participating in the MTM program, the father has been spending more intentional time interacting or playing with their child(ren) aged 0 to 3 years.
- Economic indicators: Fewer savings group members started or expanded businesses (16.7% to 2.6%, -14.1%), but more households purchased assets with loans (8.3% to 18.1%, +9.8%).

These findings underscore meaningful progress in primary caregiver confidence, stress reduction, and parenting practices, while economic and father engagement indicators show areas for further exploration.

Table 1: Overview of key indicators for Cohort 1: Endline (n=159) vs. Midline (n=160), Endline-Midline difference, and Longitudinal difference (n=133)

# ¹	Key indicators	Midline (n=160)	Endline (n=159)	Difference Endline – Midline)	longitudinal difference (n=133)
1a*	Percent of primary caregivers who report <u>any</u> confidence in handling parenting responsibilities successfully	12.5%	61.0%	48.5%	56.4%
1b*	Percent of primary caregivers who report <u>full</u> confidence in handling parenting responsibilities successfully	2.5%	26.4%	23.9%	23.3%
2a*	Percent of primary caregivers who report <u>any</u> parental stress	97.5%	73.0%	-24.5%	-56.4%

¹ The indicators marked with an * have a statistically significant difference

#1	Key indicators	Midline (n=160)	Endline (n=159)	Difference Endline – Midline)	longitudinal difference (n=133)
2b*	Percent of primary caregivers who report <u>full</u> parental stress	87.5%	39.0%	-48.5%	-50.4%
3a*	Percent of primary caregivers who use of physical punishment with their children 0-3	100%	36.5%	-63.5%	-62.4%
3b	Average types of applied physical punishments (out of 6) averaged over all children 0-3	3.69	0.46	-3.25	-3.31
3c*	Percentage of primary caregivers who use violent discipline (any) with their children 0-3	59.5%	43.4%	-16.1%	-24.8%
3d	Percent of primary caregivers who use positive disciplinary practices with their children 0-3	93.7%	94.3%	0.7%	0%
4*	Primary caregivers parenting practices score	5.21	6.69	1.48	1.48
4a*	Parenting responsive care score	7.25	7.58	0.33	0.37
4b*	Parenting early learning score	5.33	6.87	1.54	1.56
4b1	Average of the number of different stimulating activities	7.96	8.56	0.60	0.68
4b2	Percentage of primary caregivers providing adequate stimulation	69.0%	69.2%	0.2%	0%
4c*	Parenting child safety & security score	3.04	5.62	2.57	2.51
4%	Percent of primary caregivers who demonstrate an improvement in parenting practices in responsive care AND early learning AND child safety & security (value at endline)				35.3%
4a%	Percent of primary caregivers who demonstrate an improvement in in responsive care (value at endline)				49.6%
4b%	Percent of primary caregivers who demonstrate an improvement in early learning (value at endline)				79.7%
4c%	Percent of primary caregivers who demonstrate an improvement in child safety & security (value at endline)				89.5%
5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group	90.6%	93.7%	3.1%	3.0%
6	Percent of fathers (as secondary caregivers) who intentionally interact/play with children 0-3	74.4%	64.8%	-9.6%	-13.5%
6%	Percent of fathers (as secondary caregivers) who increase time spent intentionally interacting/playing with children 0-3 (Value at endline)				79.7%
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	16.7%	2.6%	-14.1%	0.8%
8a	Number of purchased assets with loans received	2	28	26	3
8b	Percentage of households that purchased assets with loans received	8.3%	18.1%	9.8%	17.6%

Conclusions

Quantitative and qualitative data reveal significant improvements in early learning and responsive caregiving behaviors, with increased engagement in stimulating activities and enhanced access to play materials. Child safety and security showed marked progress through reduced physical punishment and increased adoption of positive disciplinary practices. Caregiver psychosocial well-being improved notably, evidenced by increased parenting confidence and reduced stress levels. While modest gains were observed in gender-equitable roles and economic empowerment, these areas show positive directional change despite persistent challenges. The data indicates that while overall household resilience has improved, some families continue to face resource constraints that impact their ability to fully implement learned practices.

Recommendations

The following are key recommendation areas designed to build on the program's achievements and ensure sustainable impact. These recommendations address core challenges reported by primary caregivers, while also leveraging the program's existing strengths. Each area includes specific, actionable steps that can be readily implemented by program staff and partners, see Table 2.

Table 2: Actionable recommendations

Recommendation area	Key actionable recommendations
1. Resource support mechanisms	<ul style="list-style-type: none">• Establish a dedicated emergency fund providing micro-grants of \$50-100 to families facing acute healthcare needs.• Create community resource hubs with essential childcare supplies available for borrowing.
2. Parenting education & community development	<ul style="list-style-type: none">• Launch quarterly "Community action days" combining parenting education with community improvement projects.• Establish demonstration households that model integrated approaches to child development and sustainable livelihoods.
3. Caregiver capacity & resilience	<ul style="list-style-type: none">• Implement bi-monthly peer support groups focused on caregiver stress management and emotional well-being.• Develop a "Caregiver mentor" system pairing experienced caregivers with new program participants.
4. Gender-equitable parenting roles	<ul style="list-style-type: none">• Create "Fathers' circles" with male facilitators to discuss fatherhood and childcare practices.• Launch a community-wide "celebrating involved fathers" campaign featuring success stories and role models.
5. Monitoring & evaluation Systems	<ul style="list-style-type: none">• Implement a digital data collection system to track key indicators in real-time.• Develop a child development tracking tool that follows children for 3-5 years beyond program completion.

These key recommendations offer a strategic framework for the next phase of the program. They focus on strengthening resource support, integrating parenting education with community development, enhancing caregiver capacity, promoting gender-equitable parenting, and establishing strong monitoring systems. A detailed presentation of all recommendations is available in section 5.

1

Introduction

Endline study Cohort-1

March 2025

1. Introduction

1.1 Project Background

Early Childhood Development (ECD) is important because the early years (particularly birth to three) provide the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation (Harvard University, 2023). Merz (2024)¹ found that consistent bedtime stories, regular sleep schedules, and family meals contribute to enhanced brain development, particularly in areas related to language acquisition and sensory perception. The findings reinforce the importance of stability in a child's early environment, aligning with previous research on the role of responsive caregiving in early neural growth. The Toddlers, Tech, and Talk study by Manchester Metropolitan University (2024)² explored how interactive digital tools facilitate early literacy and cognitive engagement. Contrary to concerns about screen time, the research suggests that technology can complement traditional learning approaches, particularly when parents are actively involved in digital interactions with their children.

In addition, a recent study highlighted by People News (2024)³ found that exposure to vehicle emissions (particularly nitric oxide) was associated with an increased risk of Autism Spectrum Disorder (ASD). This aligns with broader concerns regarding the impact of environmental stressors on early brain development and reinforces the need for policy interventions to minimize exposure to harmful pollutants. Last but not least, research has consistently emphasized the importance of parental engagement in shaping children's early experiences. Findings from the Journal of Early Childhood Research (2024)⁴ suggest that positive parenting practices, such as responsive care and active play, are strong predictors of a child's cognitive and social competence. Additionally, economic factors play a crucial role in child-rearing practices. The National Institute for Early Education Research (NIEER) (2024)⁵ highlights that financial stability enables parents to invest in quality early education and resources, thus improving long-term developmental outcomes.

One of the four recommendations by WHO on ECD is for countries to promote integration of caregiving interventions, namely those focused on responsive care and early learning, into nutritional programming (WHO 2020). The government of Mozambique with the support of PATH, UNICEF and Advanced USAID Nutrition has been piloting various approaches to reinforcing ECD at both the community and institutional levels. In 2020, the Ministry of Health (MOH) in Mozambique created an inter-sectoral ECD

¹ Merz, E. (2024). The impact of daily routines on children's brain development. The Times. Retrieved from <https://www.thetimes.co.uk/article/daily-routine-and-a-bedtime-story-can-boost-childrens-brains-x5r0sn02k>

² Manchester Metropolitan University. (2024). Toddlers, Tech, and Talk: Digital technology and child development. The Guardian. Retrieved from <https://www.theguardian.com/society/2024/nov/05/digital-tech-rich-opportunities-child-development-study>

³ People News. (2024). Autism and air pollution: New study links vehicle emissions to higher ASD risk. People. Retrieved from <https://people.com/autism-car-exhaust-nitric-oxide-air-pollution-study-8743530>

⁴ Journal of Early Childhood Research. (2024). International research in early childhood development. SAGE Publications. Retrieved from <https://journals.sagepub.com/home/ECR>

⁵ National Institute for Early Education Research (NIEER). (2024). *State of preschool and early education research*. Retrieved from <https://nieer.org/>

technical working group, which is meant to define the agenda for promoting optimal ECD outcomes, including nutritional programming.

Moments That Matter® (MTM) is an early childhood development initiative that focuses on supporting caregivers and young children in their first 1,000 days of life and beyond. MTM is a program partnership of Episcopal Development & Relief and its implementing partners, currently implemented by the Anglican Diocese of Nampula in conjunction with other stakeholders in Monapo District, Nampula Province in Mozambique. MTM currently operates in six African countries led by eight Anglican organizations. MTM is a parenting empowerment program for primary caregivers of children 0-3 years, focusing on responsive care, early learning, and child safety & security, and economic strengthening through member-run Savings & Loan Groups. MTM also reinforces high impact health and nutrition actions for child development and use of health services, as part of its holistic approach reflected in the Nurturing Care Framework. MTM uses a community-led social and behavior change approach, with trained grassroots ECD volunteers, trained faith leaders and local ECD committees.

The program aims to improve child development outcomes by:

- Working with community volunteers and local church partners to support caregivers (particularly mothers) and their young children.
- Providing education and support around early childhood development, nutrition, health, and positive parenting practices.
- Creating nurturing environments for young children's cognitive, physical, and social-emotional development.

1.2 Study's objectives, outcomes and Indicators

1.2.1 Study's objectives

The objectives of the MTM interventions are as follows:

- Objective 1: Increase ECD knowledge, skills and activism of volunteers and faith leaders to facilitate nurturing care parenting social and behavior change with the most vulnerable families in marginalized communities.
- Objective 2: Engage interfaith networks on a national level to advocate for and promote social and behavior change for parenting Nurturing Care through their religious bodies, with a focus on children 0-3.
- Objective 3: Strengthen primary caregivers' well-being and increase their responsive care, early learning, child safety & security parenting practices to improve children's cognitive, language, social-emotional and motor skills development.
- Objective 4: Increase primary caregivers' economic stability and ability to meet children's basic needs through routine savings and affordable microloans.

1.2.2 Study's Outcomes

The evaluation assessed objectives 1, 3, and 4 through the project's following five outcomes:

- Outcome 1: Early learning and responsive caregiving
- Outcome 2: Child safety and security
- Outcome 3: Psychosocial well-being of primary caregiver
- Outcome 4: Gender-equitable roles in parenting
- Outcome 5: Economic empowerment of primary caregiver

1.2.3 Study's Indicators

The project's main indicators for this outcome in the endline cohort-1 of communities are presented in the Table 3 below.

Table 3: Key indicators for the endline study cohort-1

#	Indicators
1	Percent of primary caregivers who report increased confidence in handling parenting responsibilities successfully
2	Percent of primary caregivers who report decreased parental stress
3.1	Percent of primary caregivers who reduce use of physical punishment with their children 0-3
3.2	Percent of primary caregivers who increase positive disciplinary practices with their children
4	Percent of primary caregivers who demonstrate an-improvement in parenting practices in responsive care, early learning, and child safety & security
5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group.
6	Percent of fathers (as secondary caregivers) who increase time spent intentionally interacting/playing with children 0-3
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings
8	Percent of households that report change in assets since joining the program

1.2.4 Study's setting

The study took place in Mozambique in the northern province of Nampula in Monapo district in Ihoane; Micolene; Munhavara and Nacololo Sede.

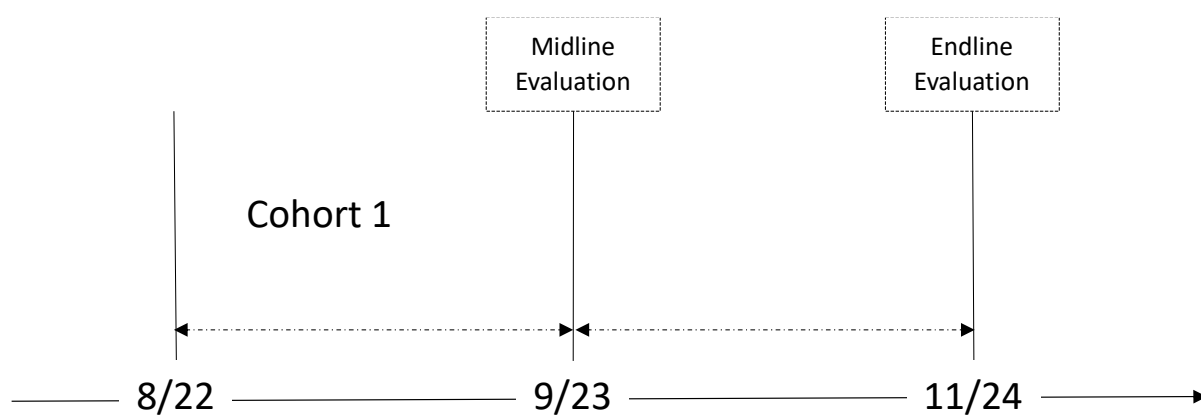
Figure 1: Endline evaluation study setting



1.2.5 Study's timeline

A midline evaluation for Cohort-1 was conducted in September 2023 to assess the status of primary caregivers' participation in MTM activities. The endline evaluation for Cohort-1 was conducted in November 2024, see Figure 2.

Figure 2: Timing midline and endline evaluations for Cohort-1



2

Methods

Endline study Cohort-1

March 2025

2. Methods

2.1 Study design

This study employed a mixed-methods approach, combining both qualitative and quantitative data collection methods. The quantitative component consisted of surveys conducted with caregivers who participated in the MTM program, while the qualitative component included in-depth interviews (IDIs) with these caregivers. Both methods were used to assess changes in caregiver behavior resulting from MTM's early childhood development (ECD) interventions at the community level. The baseline findings were then compared with the midline results for the Cohort 1 group to evaluate the program's impact.

Sample framework

The sample for the quantitative data collection in the baseline study consisted of the same caregivers surveyed during the midline phase. This approach ensured a longitudinal assessment of behavioral changes over time.

Cohort 1 – quantitative

The same primary caregivers who were surveyed during the midline were the primary target of the baseline study in the communities of Nacololo Sede, Micolene, Munhavara, and Iohane (Monapo district, Nampula province). To be eligible, caregivers had to be the primary caregiver of at least one child aged 12 to 36 months. To account for caregivers who were no longer eligible, had relocated, or were unwilling to participate, additional caregivers from the midline backup list were randomly selected. This ensured that a total of 40 eligible caregivers were surveyed per community with the exception of the Micolene community which had a subset of 39⁷ caregivers. From the 160 caregivers surveyed at midline, 133 same caregivers were surveyed at baseline. A total of 26 caregivers were unavailable for the baseline study due to relocation to other communities or outside Monapo, or because they were temporarily away and not expected to return soon. As a result, they were replaced with substitutes from the midline backup list, as requested by ERD (see Table 4).

Cohort 1 – qualitative

A subset of 20 caregivers from the targeted 160 surveyed caregivers in Cohort 1 was randomly selected for in-depth interviews (IDIs). These 20 caregivers were evenly distributed across the four communities, with five caregivers selected from each community.

⁷ One primary caregiver at data analysis phase turned out to be not eligible

Table 4: Endline participation (n=159) per community (disaggregated per community)

Community	# Endline caregivers surveyed	# Returning Caregivers
Ihoane	40	34
Micolene	39	31
Munhavara	40	33
Nacololo Sede	40	35
Total	159	133

2.2 Data collection process

Data collection utilized both a structured questionnaire (survey tool) and an In-Depth Interview (IDI) guide for caregivers to gather information on key indicators outlined in Section 1.2.3. The common language spoken in the communities is Macua (see Annex A and B for the data collection tools).

The questionnaire developed for the midline study was also used for the endline assessment. It included the following sections:

1. Demographics – Background
2. Demographics – Human resilience survey
3. Primary caregivers' stimulation practices
4. Play and learning materials
5. Primary Caregiver disciplinary practices
6. Birth registration
7. Community connectedness and economic empowerment
8. Reported changes in assets since joining the program
9. Savings and/or loans for starting or expanding income-generating activities

For the full questionnaire (in English and Portuguese), see Annex A.

2.3 Analysis

To analyze the differences between the midline and endline assessments over time, two types of comparisons were conducted:

1. Overall change across All participants
 - Calculation of the average value of Indicator X for all participants at midline (e.g. midline = 85).
 - Calculation of the average value of Indicator X for all participants at endline (e.g. endline = 75).
 - Determining the difference between the two values (e.g., $85 - 75 = 10$).
2. Longitudinal Change Among the Same Caregivers
 - This comparison includes only caregivers who participated in both assessments.
 - The longitudinal difference for Indicator X is calculated as the average difference per caregiver, measuring the change between their individual midline and endline values (e.g. longitudinal = 11).

This approach ensured both a broad program-level comparison and a focused analysis of changes experienced by individual caregivers over time.

3

Results

Endline study

March 2025

3. Results

3.1 Overview

This section presents the endline findings, summarizing key aspects of the questionnaire and providing relevant data on the main indicators tracked by the MTM project.

3.2 Participation

A total of 133 primary caregivers from the midline were retained, while 26 new primary caregivers were recruited at endline that were already sampled as backup for the midline study from the original sampling frame, resulting in 160 participants at midline and 159 at endline. A comparative analysis of socio-demographic characteristics between the 26 newly recruited primary caregivers and the 133 primary caregivers who participated in both survey rounds (midline and endline) found no statistically significant differences (chi-square tests).

Sensitivity checks on gender, education, family composition, marital status, and occupation confirm that the inclusion of the 26 new primary caregivers does not significantly affect overall distributions. Small variations in age and family size persist despite the inclusion of replacement participants, suggesting that the newly recruited primary caregivers closely align with the demographic characteristics of the original respondents. These minor differences indicate that the replacement primary caregivers were demographically similar to the original sample, ensuring consistent representativeness for assessing intervention impacts (see Table 5).

Consequently, all results presented below will include all survey participants to assess differences between midline and endline. Additionally, a separate analysis will be conducted for the 133 primary caregivers who participated in both phases. Annex D provides a breakdown of both midline and endline data disaggregated by community for all survey questions.

Additionally, 20 primary caregivers (5 per community) were randomly selected for qualitative interviews, providing deeper insights into their experiences and perspectives. These insights enriched the quantitative findings and strengthened the overall assessment of intervention impacts.

3.2.1 Social demographic characteristics

The results show that the majority of primary caregivers in both surveys were biological mothers, comprising 95.5% (n=160) at midline and 96.9% (n=159) at endline. Biological fathers accounted for 3.9% (n=160) at midline and 3.1% (n=159) at endline, reflecting a slight decrease of 0.8 percentage points. The presence of grandmothers as primary caregivers was minimal, declining from 0.6% at midline to 0% at endline. Overall, caregiving patterns remained consistent across survey rounds, with only minor, non-significant variations.

Marital status distributions remained relatively stable between midline and endline, with minor variations in the proportions of married, single, and divorced individuals. The average number of children under a primary caregiver's care was 3.52 at midline and 3.58 at endline, with an unchanged average of 1.09 children under three years old across both survey rounds.

A comparison of midline and endline results reveals a significant shift in educational attainment. At midline, the majority of respondents (80.0%, n=160) had not attended school, while only 16.2% (n=160) had received primary education. By endline, the proportion of respondents with no schooling dropped to 41.8% (n=159), while those with primary education increased to 54.1% (n=159). The proportions for secondary and tertiary education remained relatively stable, at 3.1% (n=160) versus 3.8% (n=159) for secondary education, and 0.6% at both midline and endline for tertiary education.

Agriculture remained the dominant occupation among respondents accounting for 96.9% (n=159) at midline and 97.5% (n=160) at endline. This indicates a consistently high prevalence of agricultural work across both survey rounds, with only a slight decline at endline.

Table 5: Primary caregiver socio-demographics (midline n= 160; endline n=159)

Variables	Midline	Endline	Difference (End-Mid)
Primary caregiver's gender			
Female	96.2%	96.9%	+0.7%
Male	3.8%	3.1%	-0.7%
Primary caregiver relationship to child			
Biological Mother	95.6%	96.9%	+0.6%
Grandmother	0.6%	0%	-0.6%
Biological Father	3.8%	3.1%	-0.7%
Primary caregiver age			
[36 - 49] years	80.5%	83.6%	+3.1%
[15 - 35] years	18.9%	16.4%	-2.5%
[50 - 64] years	0.6%	0%	-0.6%
Primary caregiver marital status			
Married or living with a partner	85.6%	83.0%	-2.6%
Divorced or separated	6.9%	10.1%	+3.2%
Single or not living with a partner	7.5%	6.9%	-0.6%
Children to take care of as primary caregiver			
Average # children in Household	3.52	3.58	+0.06
Average # children age 0-3 years	1.09	1.09	0
Average # children age 3-5 years	0.75	0.69	-0.06
Average # children age 6-11 years	1.02	1.07	-0.05
Average # children age 12-18 years	0.65	0.73	+0.05

School attendance⁸			
Did not attend school	80.0%	41.5%	-38.5%
Attended primary	16.3%	54.1%	+37.8%
Attended secondary	3.1%	3.8%	+0.7%
Attended tertiary or higher education	0.6%	0.6%	0
Occupation			
Agriculture	96.3%	97.5%	+1.2%
Self-employed	0%	0%	0%
Employed – Formal (Salaried)	0%	0.6%	+0.6%
Employed – Informal	1.2%	1.9%	+0.7%
Unemployed	1.2%	0%	-1.2%

3.2.2 Human resilience

Table 6 below summarizes the quantitative data on human resilience, while Annex D provides more detailed data disaggregated by community. At endline, the average household size is 5.57 persons, compared to 5.43 at midline. Of these, 3.19 (endline) and 3.08 (midline) are under 14 years old. School attendance among children aged 6-12 has improved, with 65.5% (n=141) enrolled at endline, up from 62.7% (n=121) at midline.

Regarding spouses' school attendance, there is an improvement at endline. While 51.9% (n=160) reported at midline that their spouse had not attended school, this dropped to 22.2% (n=159) at endline. However, the percentage of "don't know" responses increased by 9.0% at endline.

The materials used for primary caregivers' houses (outer walls, floors, and roofs) remained similar between midline and endline. Outer walls are mostly made of mud/bricks, wood, or bamboo, while floors are typically dirt (uncovered). Roofs are generally covered with grass, leaves, or mud. The use of pit latrines, buckets, or pans improved at endline (87.4%, n=159) compared to midline (72.5%, n=160). In addition, At endline, 60.4% (n=159) of households, as reported by primary caregivers, use a public network as their water source, compared to 0% (n=160) at midline.

At endline, household appliance ownership showed only a slight increase compared to midline, but remains low. Few households have a television (10.1%, n=159) or a refrigerator (0.6%, n=159), and none own a gas, kerosene, or electric cooker. Additionally, only 11.9% (n=159) reported being connected to the electricity grid, a slight decline from midline (15%, n=160).

At endline, 53.5% (n=159) of primary caregivers reported having one or more mobile phones in the household, showing a slight increase from midline (50.3%, n=160). Further, the primary cooking fuel, as reported by primary caregivers, remains largely unchanged between endline (98.7%, n=159) and midline (97.5%, n=160), with most households relying on wood, crop residue, sawdust, animal waste, or other

⁸ This difference is statistically significant $p < 0.01$ (Paired t-test)

similar materials. The primary cooking fuel, as reported by primary caregivers, remains largely unchanged between endline (98.7%, n=159) and midline (97.5%, n=160), with most households relying on wood, crop residue, sawdust, animal waste, or similar materials.

Almost all primary caregivers reported cultivating crops in the last 12 months, with 99.4% (n=159) at endline and 98.8% (n=160) at midline. However, livestock ownership declined, with primary caregivers reporting ownership of cows, bulls, heifers, male calves, female calves, or oxen dropping from 6.3% (n=160) at midline to 1.3% (n=159) at endline. In addition, the bicycle remains the most commonly owned transport vehicle, with 23.9% (n=159) of primary caregivers owning one at endline. However, this represents a slight decrease from midline, with 1.7% fewer bicycles and 3.5% fewer motorcycles reported. No primary caregivers at either endline or midline reported owning a car. The main occupation of primary caregivers' spouses remains agricultural work, reported by 84.9% (n=159) at endline and 84.3% (n=160) at midline.

The overall average reported economic status at endline is 3.48 (on a scale of 1 to 10, where 1 is the lowest and 10 the highest), showing a significant improvement from the midline average of 1.36. The highest reported economic status at endline is in Nacololo Sede, with an average of 4.08 (See annex D-- Table 103).

Only a small percentage of primary caregivers reported having access to a bank account, with 1.3% (n=159) at endline and the same at midline (n=160). However, the percentage of primary caregivers setting aside money as savings has significantly increased from 18.6% (n=160) at midline to 57.9% (n=159) at endline. The highest savings rate at endline was reported in the Nacololo Sede community, at 72.5% (n=40) (see Annex D-- Table 105). One primary caregiver noted, *"I learned about savings where all caregivers should participate"*, illustrating how community savings groups have provided critical financial support and access to emergency loans contributing to the overall economic resilience of households.

At endline, 70.2% (n=159) of primary caregivers reported that someone in their household had gone hungry in the last seven days, marking a significant increase of 38.2% from midline (42.2%, n=160). Additionally, the average number of meals consumed per day declined slightly from 2.05 at midline to 1.93 at endline.

Table 6: Human resilience (midline n= 160; endline n=159, unless stated differently)

Variables	Midline	Endline	Difference (End-Mid)
# Household members			
Average # members in HH	5.43	5.57	+0.14
Average # members in HH < 14 years	3.08	3.19	+0.11
Child school attendance			
Children 6-12 years attending school	62.7%% (n=126)	65.5% (n=141)	
Education level spouse⁹			
Did not attend school	51.9%	22.2%	-29.7%
Attended primary	27.5%	46.8%	+19.3%
Attended secondary	7.5%	8.9%	+1.4%
Attended tertiary or higher education	0.6%	0.6%	0%
Don't know	12.5%	21.5%	+9.0%
House – Outer wall			
Mud bricks/earth, wood, bamboo, metal sheet/slate /asbestos, palm leaves/ thatch (grass/raffia)	98.1%	98.1%	0%
Cement/concrete blocks, landcrete, stone, or burnt bricks	1.3%	1.9%	+0.6%
House – Floor			
Dirt	95.6%	98.1%	+2.5%
Cement bricks	1.3%	1.3%	0%
House – Roof¹⁰			
Iron sheets, tiles, concrete, or asbestos	21.3%	13.2%	-8.1%
Grass, leaves, or mud	78.8%	86.8%	+8.1%
House – Toilet facility¹¹			
No toilet facility (bush, beach) / other	27.5%	12.6%	-14.9%
Pit latrine, bucket/pan	72.5%	87.4%	+14.9%
Household – infrastructure¹²			
Source of water: Public network	0%	60.4%	+60.4%
Connected to the electricity grid	15.0%	11.9%	-3.9%

⁹ This difference is statistically significant p<0.01 (Paired t-test)¹⁰ This difference is statistically significant p<0.01 (Paired t-test)¹¹ This difference is statistically significant p<0.01 (Paired t-test)¹² This difference is statistically significant p<0.01 (Paired t-test)

Household – Appliances			
Possesses a Television	7.5%	10.1%	+2.6%
Possesses a Refrigerator	0%	0.6%	+0.6%
Possesses a cooker	0%	0%	0%
Mobile phone (1 or more)	50.3%	53.5%	3.2%
Cooking fuel			
Wood, crop residue, sawdust, animal waste, or other	97.5%	98.7%	+0.6%
Charcoal or kerosene	1.9%	1.3%	-0.7%
Cultivation			
Cultivated any crops in the last 12 months	98.8%	99.4%	+0.6
Currently owns any bulls, cows, steers, heifers, male calves, female calves, or oxen ¹³	6.3%	1.3%	-5.0%
Transport vehicle			
Bicycle	25.6%	23.9%	-1.7%
Motorcycle	11.0%	7.5%	-3.5%
Car	0%	0%	0%
Occupation spouse			
Farmer, rancher, agricultural worker, or no male head/spouse	84.3%	84.9%	+0.6%
Shop owner, salesperson, service worker, transport and storage operator, or worker in textiles, construction, mechanics, graphics, chemicals, food processing, etc.	4.4%	1.9%	-2.5%
Office worker, transportation operator, professional, technician, director, manager, administrator, or related job	0.6%	1.3%	+0.7%
Other	5.7%	2.5%	-2.5%
Don't know / No answer / No data or no main occupation	5.0%	9.4%	+4.4%
Self-reported economic status			
Average economic status (1-10) ¹⁴	1.36	3.48	+2.12
Financial situation			
Household access to bank account	1.3%	1.3%	0%
Household has (money) savings ¹⁵	18.6%	57.9%	+39.3%

¹³ This difference is statistically significant $p < 0.05$ (Paired t-test)

¹⁴ This difference is statistically significant $p < 0.01$ (Paired t-test)

¹⁵ This difference is statistically significant $p < 0.01$ (Paired t-test)

Food security			
Anyone in the household went to bed going hungry in the last 7 days ¹⁶	42.2%	70.4%	+ 38.2%
Average #of meals eaten per day	2.05	1.93	-0.12

3.3 Findings by outcomes

3.3.1 Outcome 1: Early learning and responsive caregiving

Types of stimulating activities

The following stimulating activities with the child are covered in the (midline and endline) surveys:

1. Read books or look at picture books with child
2. Sing songs with or to the child
3. Take child out of the home
4. Play with the child
5. Name or count things
6. Draw things with the child
7. Tell stories to the child
8. Provide the child with object to grasp or pick up
9. Encourage the child to crawl, run, or jump up
10. Hug or kiss the child
11. Praise the child

In Table 7 the midline and endline the percentages of primary caregivers that conducted a stimulating activity at least once a week are listed.

¹⁶ This difference is statistically significant $p < 0.01$ (Paired t-test)

Table 7: Percentage of primary caregivers that did the stimulating activity at least ONCE with their child in the last week, disaggregated per community (midline n= 158, endline =159)

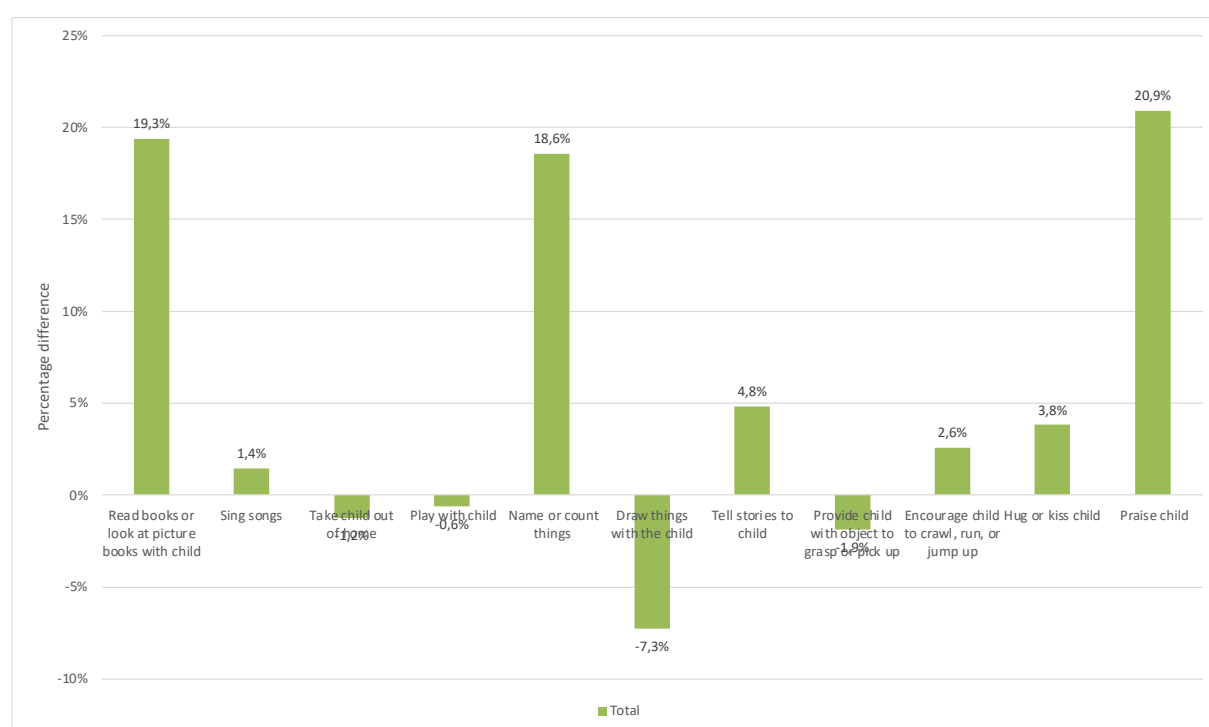
Activities stimulating with child done at least once	Midline Activity done at least once a week					Endline Activity done at least once a week				
	Ihoane	Mico-lene	Mun-havara	Naco-lolo S.	Total	Ihoane	Mico-lene	Mun-havara	Naco-lolo S.	Total
Read books or look at picture books with child	27.5%	17.9%	22.5%	25.6%	23.4%	32.5%	43.6%	47.5%	47.5%	42.8%
Sing songs	75.0%	59.0%	87.5%	61.5%	70.9%	77.5%	71.8%	67.5%	72.5%	72.3%
Take child out of home	97.5%	97.4%	100%	97.4%	98.1%	97.5%	97.4%	95.0%	97.5%	96.9%
Play with child	100%	100%	100%	97.4%	99.4%	100.0%	100%	95.0%	100%	98.7%
Name or count things	35.0%	46.2%	60.0%	53.8%	48.7%	65.0%	71.8%	65.0%	67.5%	67.3%
Draw things with the child	55.0%	51.3%	62.5%	61.5%	57.6%	70.0%	38.5%	45.0%	47.5%	50.3%
Tell stories to child	40.0%	35.9%	40.0%	28.2%	36.1%	37.5%	33.3%	50.0%	42.5%	40.9%
Provide child with object to grasp or pick up	100%	94.9%	97.5%	97.4%	97.5%	95.0%	97.4%	95.0%	95.0%	95.6%
Encourage child to crawl, run, or jump up	92.5%	94.9%	95.0%	92.3%	93.7%	97.5%	97.4%	97.5%	92.5%	96.2%
Hug or kiss child	92.5%	97.4%	87.5%	100%	94.3%	97.5%	100%	97.5%	97.5%	98.1%
Praise child	80.0%	69.2%	72.5%	82.1%	75.9%	97.5%	100%	92.5%	97.5%	96.9%

An analysis of the differences in the average frequency of activities conducted at least once reveals notable increases at endline compared to midline. The most significant improvements are observed in "Praise child" (+20.9%, n=133), "Read books or look at picture books with child" (+19.3%, n=133), and "Name or count things" (+18.6%, n=133) (See Table 8 and Figure 3).

Table 8: Difference in percentage of primary caregivers who engaged in a stimulating activity at least once with their child in the last week by community: Difference [Endline – Midline] (midline n= 158, endline =159).

Activities stimulating with child done at least once a week	Difference [Endline – Midline]				
	Ihoane	Mico-lene	Mun-havara	Naco-lolo S.	Total
Read books or look at picture books with child	5.0%	25.6%	25.0%	21.9%	19.3%
Sing songs	2.5%	12.8%	-20.0%	11.0%	1.4%
Take child out of home	0%	0%	-5.0%	0.1%	-1.2%
Play with child	0%	0%	-5.0%	2.6%	-0.6%
Name or count things	30.0%	25.6%	5.0%	13.7%	18.6%
Draw things with the child	15.0%	-12.8%	-17.5%	-14.0%	-7.3%
Tell stories to child	-2.5%	-2.6%	10.0%	14.3%	4.8%
Provide child with object to grasp or pick up	-5.0%	2.6%	-2.5%	-2.4%	-1.9%
Encourage child to crawl, run, or jump up	5.0%	2.6%	2.5%	0.2%	2.6%
Hug or kiss child	5.0%	2.6%	10.0%	-2.5%	3.8%
Praise child	17.5%	30.8%	20.0%	15.4%	20.9%

Figure 3: Difference in percentage of primary caregivers who engaged in a stimulating activity at least once with their child in the last week by community: Difference [Endline – Midline] (midline n= 158, endline =159).



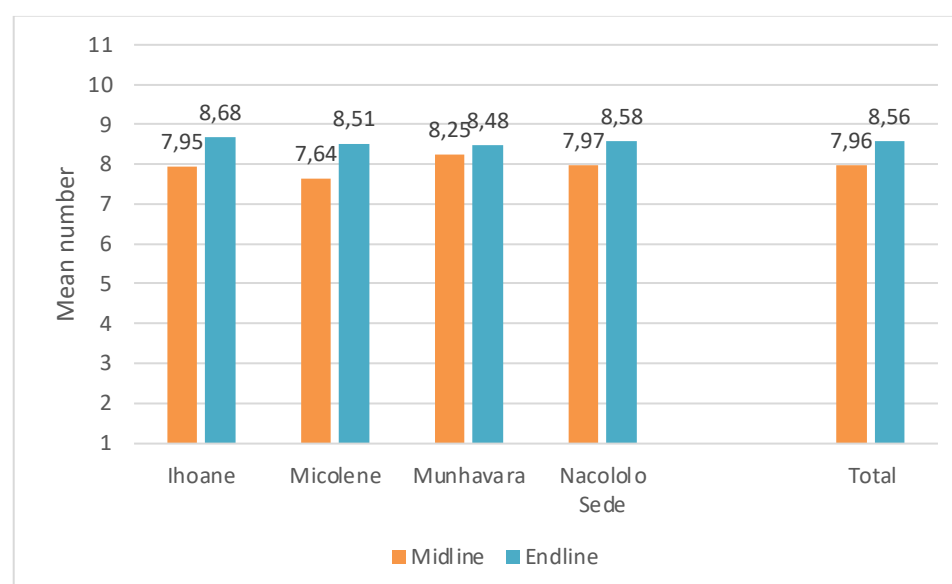
Average of different stimulating activities

An important measure of early learning and responsive caregiving is the average number of different stimulating activities a primary caregiver engages in with a child (out of a total of 11 activities). At endline, this average increased from 7.96 at midline to 8.56, with a longitudinal difference of 0.68 for the 133 primary caregivers who participated in both rounds. This difference is statistically significant¹⁷. The largest increase (0.94) was observed in Micolene district (see Table 9 and Figure 4).

Table 9: Average weekly different types of stimulating activities (out of 11) by community (midline n= 158; endline n=159; longitudinal n= 133)

Mean # of stimulating activities out of 11	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	7.95	7.64	8.25	7.97	7.96
Endline	8.68	8.51	8.48	8.58	8.56
Difference [Endline – Midline]	0.73	0.87	0.23	0.60	0.60
Longitudinal diff. [Endline-Midline]	0.85	0.94	0.42	0.54	0.68
Standard deviation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	1.52	2.10	1.74	1.80	1.79
Endline	1.93	1.65	2.11	2.18	1.96
Longitudinal diff [Endline-Midline]	2.64	2.17	2.95	2.24	2.50

Figure 4: Average weekly different types of stimulating activities (out of 11) by community (midline n= 158; endline n=159)



¹⁷ p < 0.001 (Chi-square test); p = 0.002 (Paired t-test)

The results indicate significant improvements in primary caregiver stimulation practices. For instance, the longitudinal difference in the average number of different stimulating activities (out of 11) conducted per week increased from 7.96 at midline to 8.56 at endline, with the greatest improvement observed in Micolene district (+0.94). Similarly, the total number of stimulating activities (out of 77 based on 11 activities over 7 days) conducted per week increased from 37.50 at midline to 40.05 at endline, with the highest improvement recorded in the Ihoane community (+4.29, n=34).

Furthermore, an analysis of the differences between average midline and endline values (calculated as Endline – Midline) reveals notable improvements in specific activities. For instance, "Praise child" increased by 20.9%, and "Read books or look at picture books with child" rose by 19.3%, indicating positive trends in primary caregiver engagement. However, some activities experienced declines, with "Draw things with the child" showing the most significant decrease at 7.3%. These findings reflect encouraging progress while also pointing to areas that may need additional focus to ensure well-rounded caregiver involvement in early stimulation practices (see Table 8 and Figure 3.)

One primary caregiver who participated in the qualitative interviews stated: *"Now I know how to make toys for her, I know how to play well with her"* This response highlights a shift from previous practices where play was not prioritized. However, challenges such as resource constraints *"What makes it difficult is the costs because we lack sugar and we don't have money"* and infrastructure barriers *"I wish they would build a hospital nearby"* hindered the full implementation of recommended practices. These findings suggest that while primary caregiver engagement has improved, external factors continue to impact their ability to fully adopt early stimulation practices.

Total number of weekly stimulating activities

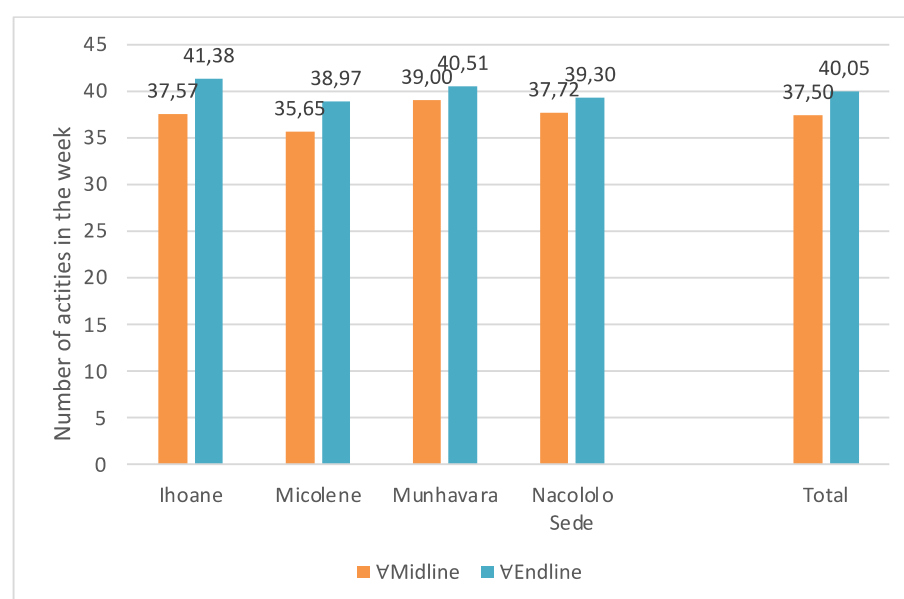
The endline results show higher averages in the total number of stimulating activities per week (out of a maximum of 77, based on 11 different activities over 7 days). The longitudinal difference is 2.75 (n=133), with an increase from 37.50 total activities per week at midline to 40.05 at endline. This difference is statistically significant¹⁸. The greatest improvement was observed in the Ihoane community, with an increase of 4.29 (n=34) (see Table 10 and Figure 5).

¹⁸ p = 0.01 (Chi-square test); p = 0.002 (Paired t-test)

Table 10: Average total number of weekly stimulating activities (out of 77, based on 11 activities over 7 days) by community (midline n= 158; endline n=159; longitudinal n= 133)

Mean # of activities out of 11	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	37.57	35.65	39.00	37.72	37.50
Endline	41.38	38.97	40.51	39.30	40.05
Difference [Endline – Midline]	3.81	3.31	1.51	1.58	2.55
Longitudinal diff. [Endline-Midline]	4.29	3.61	2.23	0.96	2.75
Standard deviation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	7.11	10.09	10.22	9.68	9.34
Endline	11.54	10.34	11.65	10.44	10.95
Longitudinal diff [Endline-Midline]	4.43	0.25	1.43	0.77	1.61

Figure 5: Average total number of weekly stimulating activities by community (midline n= 158; endline n=159)



Percentage of primary caregivers providing adequate stimulation

Adequate stimulation is defined as engaging in at least four out of the following seven activities with the child:

1. Read books or looked at picture books with child
2. Sang songs with or to child
3. Took child outside the home
4. Played with child
5. Name counted
6. Drew things with child
7. Told stories to child

The overall percentage of primary caregivers providing adequate stimulation did not change significantly. However, there were notable differences across communities. Micolene community showed a substantial improvement of 12.1% (n=31), while Ihoane community recorded a smaller increase of 2.9% (n=34). In contrast, Muhavara community experienced a decline of 15.2% (n=33), despite still having the highest percentage of caregivers providing adequate stimulation compared to the other communities (see Table 11 and Figure 6). Despite this, the average number of these seven activities showed a slight increase of 0.47 at endline (see Table 12 and Figure 7).

Table 11: Percentage of primary caregivers providing adequate stimulation by community (midline n= 158; endline n=159; longitudinal n= 133)

Adequate stimulation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	69.0%	48.7%	87.5%	66.7%	69.0%
Endline	69.2%	64.1%	72.5%	67.5%	69.2%
Difference [Endline – Midline]	0.2%	15.4%	-15.0%	0.8%	0.2%
Longitudinal diff [Endline-Midline]	2.9%	12.9%	-15.2%	0%	0%

Figure 6: Percentage of primary caregivers providing adequate stimulation for their child by community (midline n= 158; endline n=159)

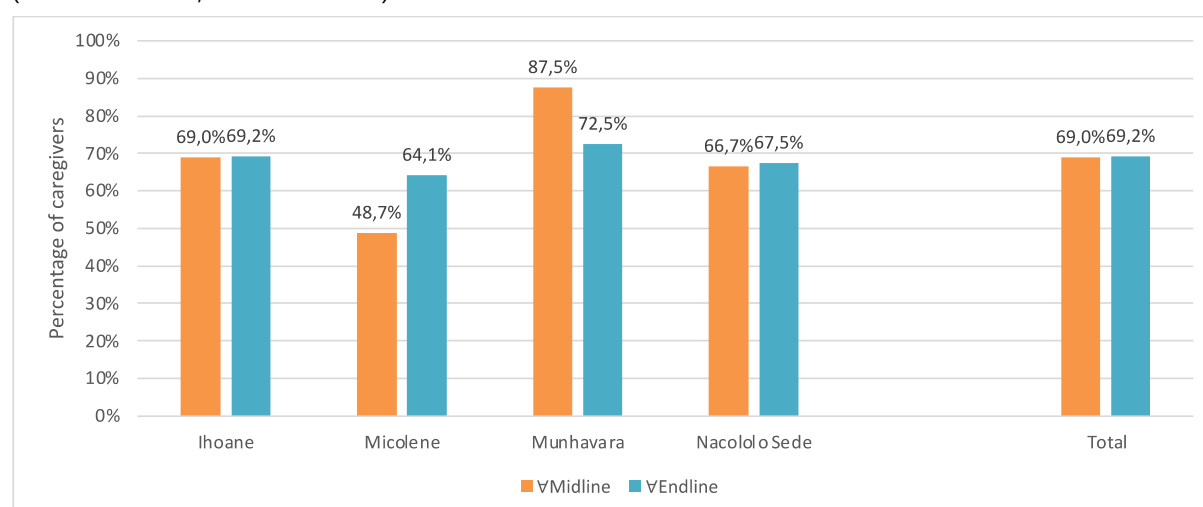
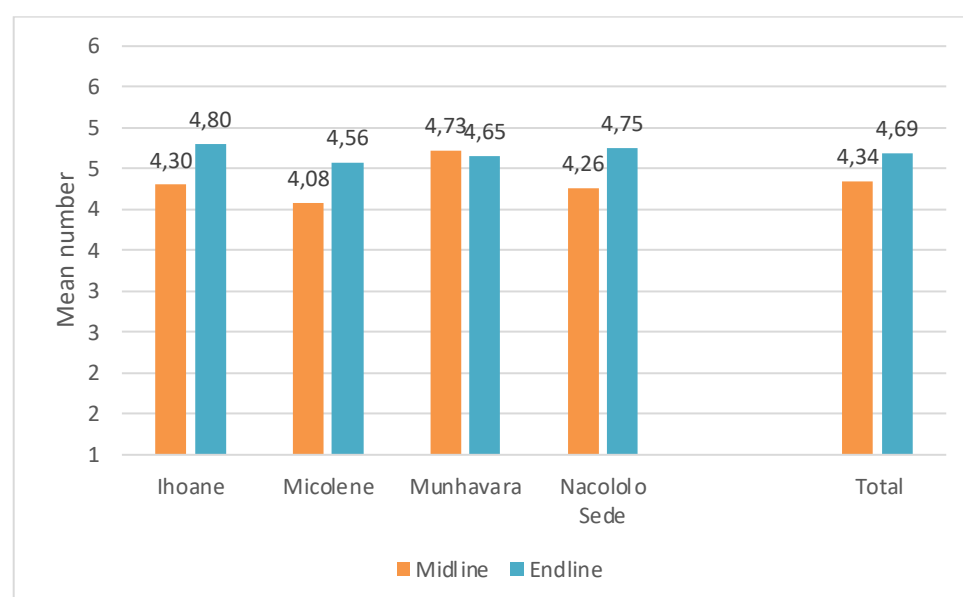


Table 12: Average weekly different types of stimulating activities (out of 7) for their child by community (midline n= 158; endline n=159; longitudinal n= 133)

Mean # of activities out of 7	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	4.30	4.08	4.73	4.26	4.34
Endline	4.80	4.56	4.65	4.75	4.69
Difference [Endline – Midline]	0.50	0.49	-0.07	0.49	0.35
Longitudinal diff [Endline-Midline]	0.68	0.61	0.15	0.43	0.47
Standard deviation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	1.22	1.63	1.20	1.45	1.39
Endline	1.70	1.62	1.79	1.96	1.76
Longitudinal diff Endline-Midline	2.37	1.86	2.33	1.94	2.13

Figure 7: Average weekly different types of stimulating activities (out of 7) for their child by community (midline n= 158; endline n=159)



The frequency with which primary caregivers reported conducting different types of stimulating activities (out of 11) for their child during the past week at midline is presented in Table 13, while the endline data is shown in Table 13. The difference between endline and midline is provided in Table 15.

Table 13: Primary caregiver-reported frequency of conducted stimulating activities (out of 11) for their child during the past week (midline, n= 158)

Stimulating activities at midline	Never (0)	Once or twice a week (1, 2)	Multiple times a week (3, 4, 5)	Every day or nearly every day (6, 7)
Read books or look at picture books with child	76.6%	13.9%	8.2%	1.3%
Sing songs	29.1%	24.1%	29.1%	17.7%
Take child out of home	1.9%	10.8%	28.5%	58.9%
Play with child	0.6%	0.6%	11.4%	87.3%
Name or count things	51.3%	32.9%	12.7%	3.2%
Draw things with the child	42.4%	19.6%	25.3%	12.7%
Tell stories to child	63.9%	26.6%	5.7%	3.8%
Provide child with object to grasp or pick up	2.5%	10.8%	32.9%	53.8%
Encourage child to crawl, run, or jump up	6.3%	3.8%	20.3%	69.6%
Hug or kiss child	5.7%	8.2%	20.9%	65.2%
Praise child	24.1%	24.7%	33.5%	17.7%

Table 14: Primary caregiver-reported frequency of different stimulating activities conducted (out of 11) for their child during the past week (endline, n= 159)

Stimulating activities at endline	Never (0)	Once or twice a week (1, 2)	Multiple times a week (3, 4, 5)	Every day or nearly every day (6, 7)
Read books or look at picture books with child	57.2%	19.5%	13.2%	10.1%
Sing songs	27.7%	28.9%	27.7%	15.7%
Take child out of home	3.1%	22.6%	38.4%	35.8%
Play with child	1.3%	8.8%	22.0%	67.9%
Name or count things	32.7%	26.4%	20.8%	20.1%
Draw things with the child	49.7%	29.6%	12.6%	8.2%
Tell stories to child	59.1%	22.0%	9.4%	9.4%
Provide child with object to grasp or pick up	4.4%	5.0%	25.8%	64.8%
Encourage child to crawl, run, or jump up	3.8%	2.5%	10.7%	83.0%
Hug or kiss child	1.9%	11.9%	25.2%	61.0%
Praise child	3.1%	23.9%	31.4%	41.5%

Table 15: Difference [endline – midline] in the average of the primary caregiver reported frequency of conducted stimulating activities (out of 11) for their child during the past week (midline n= 158; endline n=159)

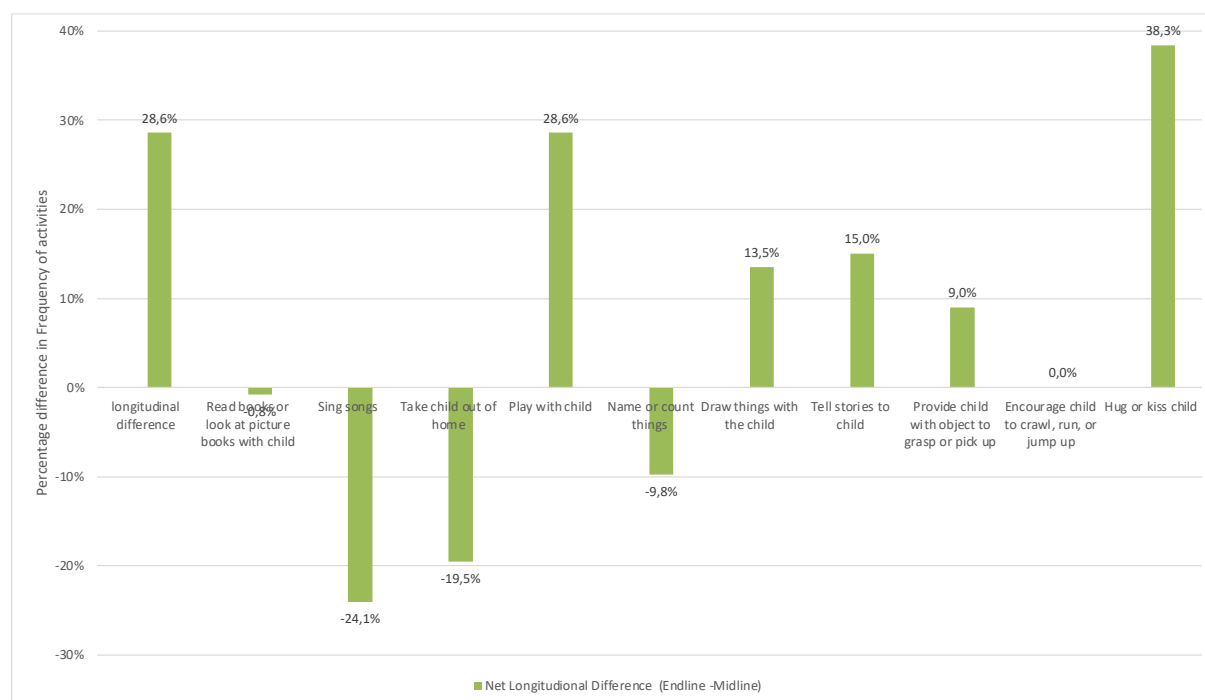
Stimulating activities Difference [endline – midline]	Never (0)	Once or twice a week (1, 2)	Multiple times a week (3, 4, 5)	Every day or nearly every day (6, 7)
Read books or look at picture books with child	-19.3%	5.6%	5.0%	8.8%
Sing songs	-1.4%	4.9%	-1.4%	-2.0%
Take child out of home	1.2%	11.9%	9.9%	-23.0%
Play with child	0.6%	8.2%	10.6%	-19.4%
Name or count things	-18.6%	-6.5%	8.1%	17.0%
Draw things with the child	7.3%	9.9%	-12.7%	-4.5%
Tell stories to child	-4.8%	-4.6%	3.7%	5.6%
Provide child with object to grasp or pick up	1.9%	-5.7%	-7.1%	11.0%
Encourage child to crawl, run, or jump up	-2.6%	-1.3%	-9.6%	13.4%
Hug or kiss child	-3.8%	3.7%	4.3%	-4.2%
Praise child	-20.9%	-0.8%	-2.1%	23.8%

The longitudinal analysis of the 133 primary caregivers reveals notable increases in certain stimulating activities, particularly "Praise child" (+38.3%, n=133), "Read books or look at picture books with child" (+28.6%, n=133), and "Name or count things" (+28.6%, n=133). Conversely, declines were observed in "Take child out of home" (-24.1%, n=133) and "Play with child" (-19.5%) (see Table 16 and Figure 8).

Table 16: Net longitudinal difference [endline – midline] in frequency of weekly stimulating activities (out of 11) for their Child (n= 133)

Stimulating activities Longitudinal difference [endline – midline]	Less frequent at endline	Same	More frequent at endline	Net difference
Read books or look at picture books with child	7.5%	56.4%	36.1%	28.6%
Sing songs	31.6%	37.6%	30.8%	-0.8%
Take child out of home	41.4%	41.4%	17.3%	-24.1%
Play with child	29.3%	60.9%	9.8%	-19.5%
Name or count things	17.3%	36.8%	45.9%	28.6%
Draw things with the child	42.9%	24.1%	33.1%	-9.8%
Tell stories to child	22.6%	41.4%	36.1%	13.5%
Provide child with object to grasp or pick up	15.8%	53.4%	30.8%	15.0%
Encourage child to crawl, run, or jump up	13.5%	63.9%	22.6%	9.0%
Hug or kiss child	23.3%	53.4%	23.3%	0%
Praise child	18.0%	25.6%	56.4%	38.3%

Figure 8: Net longitudinal difference [endline – midline] in frequency of weekly stimulating activities (out of 11) for their child (n= 133)

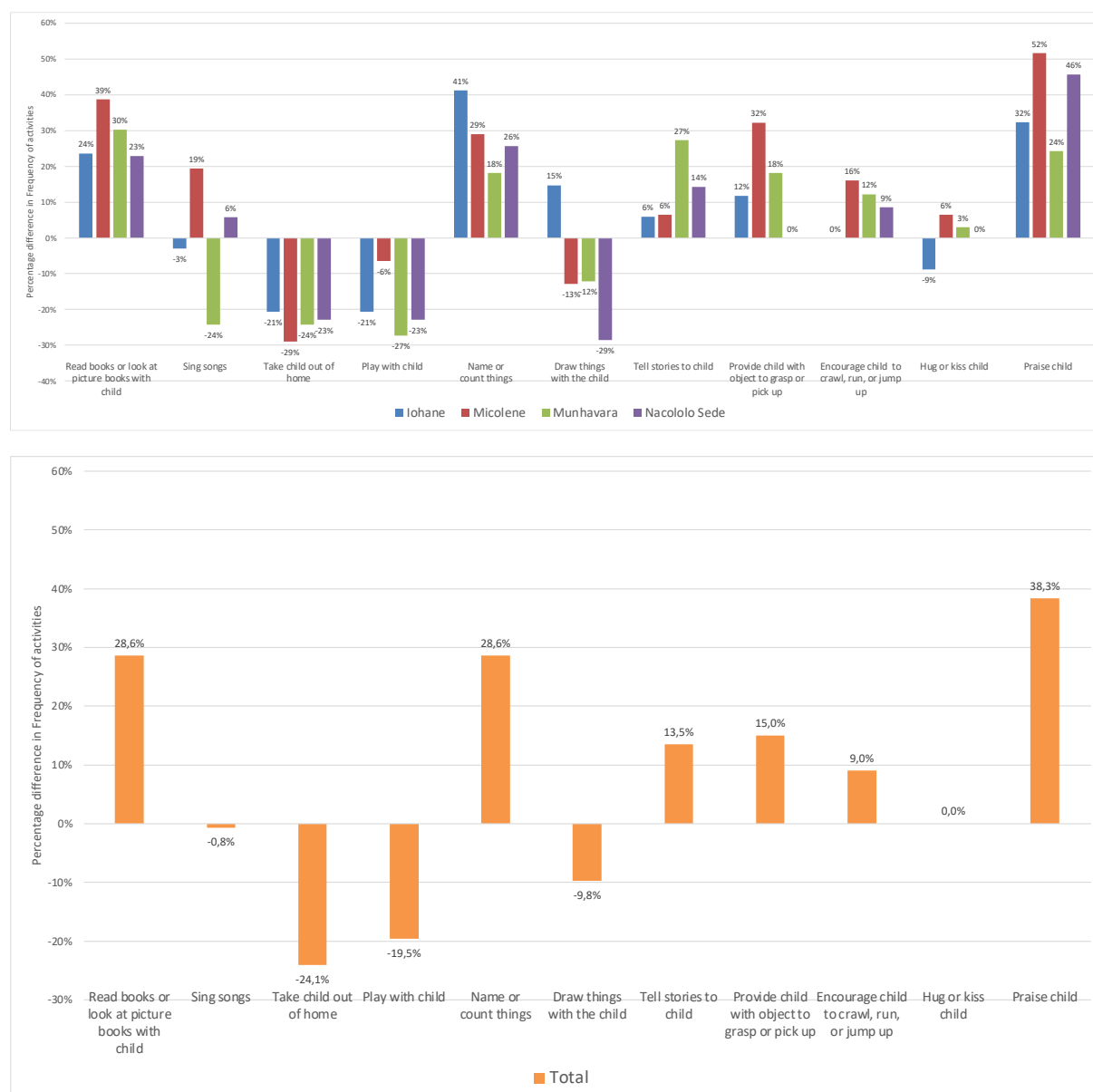


The longitudinal analysis of the difference per community is listed in Table 17 and Figure 9.

Table 17: Net longitudinal difference [endline -midline] in frequency of weekly stimulating activities (out of 11) for their child by community (n= 133)

Stimulating activities Longitudinal difference [endline-midline]	Ihoane	Mico- lene	Mun- havara	Naco- lolo S.	Total
Read books or look at picture books with child	23.5%	38.7%	30.3%	22.9%	28.6%
Sing songs	-2.9%	19.4%	-24.2%	5.7%	-0.8%
Take child out of home	-20.6%	-29.0%	-24.2%	-22.9%	-24.1%
Play with child	-20.6%	-6.5%	-27.3%	-22.9%	-19.5%
Name or count things	41.2%	29.0%	18.2%	25.7%	28.6%
Draw things with the child	14.7%	-12.9%	-12.1%	-28.6%	-9.8%
Tell stories to child	5.9%	6.5%	27.3%	14.3%	13.5%
Provide child with object to grasp or pick up	11.8%	32.3%	18.2%	0%	15.0%
Encourage child to crawl, run, or jump up	0%	16.1%	12.1%	8.6%	9.0%
Hug or kiss child	-8.8%	6.5%	3.0%	0%	0%
Praise child	32.4%	51.6%	24.2%	45.7%	38.3%

Figure 9: Net longitudinal difference [endline – midline] in frequency of weekly stimulating activities (out of 11) for their child by community (n= 133)



Leaving child alone or under care of another child

At endline, none of the primary caregivers (n=159) reported leaving their child alone for more than one hour, marking an improvement of 1.3% compared to midline (see Table 18).

Table 18: Difference [endline – midline] in percentage of primary caregivers who did NOT leave their child alone for more than one hour per day in the last week by community (midline n= 158, endline =159).

Percentage of primary caregivers that did not leave the child alone for more than one hour per day	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	97.4%	100%	97.5%	100%	98.7%
Endline	100%	100%	100%	100%	100%
Difference [Endline – Midline]	2.6%	0%	2.5%	0%	1.3%

At endline, 64.8% (n=159) of primary caregivers reported that they did not leave their child under the care of another child for more than one hour, representing an improvement of 6.6% compared to midline (58.2%, n=158). (See Table 19). This difference is statistically significant¹⁹.

Table 19: Difference [endline – midline] in percentage of primary caregivers who did NOT leave their child under the care of another child for more than one hour per day, by community (midline n= 158, endline =159).

Percentage of primary caregivers that did not leave the child alone for more than one hour per day under the care of another child	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	65.0%	53.8%	62.5%	51.3%	58.2%
Endline	80.0%	51.3%	62.5%	65.0%	64.8%
Difference [Endline – Midline]	15.0%	-2.6%	0%	13.7%	6.6%

The average number of days primary caregivers left their child under the care of another child for more than one hour per day decreased by 0.31 (midline: n=158, endline: n=159), indicating a positive shift. (See Table 20). This difference is statistically significant²⁰.

Table 20: Difference [endline – midline] in average number of days the child was left in the care of another child for more than one hour per day, by community (midline n= 158, endline =159).

Average number of days the child was left in care of another for more than one hour per da	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	1.30	1.46	1.28	1.79	1.46
Endline	0.50	1.56	1.40	0.75	1.05
Difference [Endline – Midline]	-0.80	0.10	0.12	-1.04	-0.31

¹⁹ p < 0.001 (Chi-square test); p = 0.015 (Paired t-test)

²⁰ p < 0.001 (Chi-square test); p = 0.015 (Paired t-test)

The findings on leaving children under the care of another indicate a notable improvement in child supervision practices, likely reflecting increased primary caregiver awareness of the importance of direct supervision. This theme emerged frequently in qualitative interviews, where primary caregivers emphasized their active involvement in their children's daily routines. Key themes from the qualitative data include:

- **Enhanced vigilance:** Primary caregivers have become more proactive about health and hygiene, such as adopting more frequent bathing routines and seeking healthcare promptly. This shift has contributed to greater attentiveness in overall childcare, including improved supervision practices.
- **Program impact on child well-being:** Increased primary caregiver engagement in interactive activities, improved stimulation practices, and greater awareness of child development suggest a broader consciousness about maintaining a safe environment. This includes a heightened effort to ensure young children are not left unattended.

These findings highlight a positive trend in primary caregiver practices, emphasizing the program's role in strengthening early childhood care and protection.

Play and learning materials

At endline, children engaged more frequently with all types of objects during play, with a particularly notable increase in the use of store-bought toys (+22.6%, n=133) compared to midline (see Table 21).

Table 21: Percentage of children who played with different types of materials (out of 4), by community (midline n= 158; endline n=159; longitudinal n= 133)

Materials the child played with	Homemade toys	Store-bought toys	Household objects	Objects in the natural environment
Midline	72.8%	12.7%	95.6%	93.0%
Endline	76.1%	32.1%	97.5%	96.9%
Difference [Endline – Midline]	3.3%	19.4%	1.9%	3.8%
Longitudinal diff [Endline-Midline]	1.5%	22.6%	0.8%	2.3%

The average number of different objects/materials children played with increased at endline compared to midline, with a longitudinal difference of 0.27 (n=133). The greatest increase was observed in Ihoane, with an improvement of 0.5 (n=39) (see Table 22). This difference is statistically significant²¹.

²¹ p= 0.002 (Paired t-test)

Table 22: Average number of different types of materials (out of 4) the child played with, by community (midline n= 158; endline n=159; longitudinal n= 133)

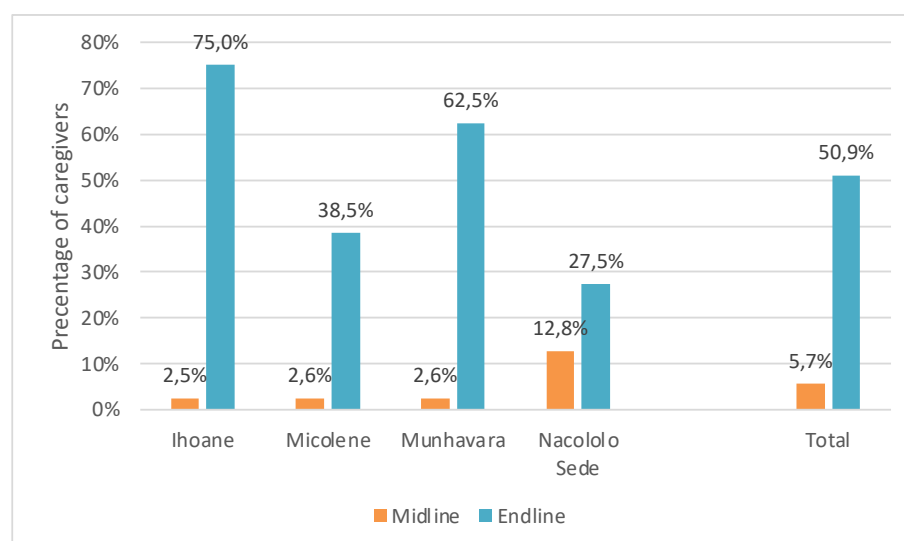
Average number of different materials the child played with	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	2.63	2.54	2.85	2.95	2.74
Endline	3.03	2.87	3.08	2.98	3.03
Difference [Endline – Midline]	0.40	0.33	0.23	0.03	0.28
Longitudinal diff [Endline-Midline]	0.50	0.26	0.30	0.03	0.27
Standard deviation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	0.95	0.85	0.77	0.51	0.80
Endline	0.78	0.70	0.80	0.83	0.78
Longitudinal diff [Endline-Midline]	0.99	1.06	0.98	0.89	0.99

The percentage of primary caregivers with a child book in the household increased by 40.6% (n=133) at endline compared to midline. The most significant improvement was observed in the Ihoane community, where 75.0% (n=40) of households reported having a child book (see Table 23 and Figure 10).

Table 23: Difference in percentage of primary caregivers who have a children's book in the household, by Community (midline n= 158; endline n=159; longitudinal n= 133)

Percentage of households with a children's book	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	2.5%	2.6%	2.6%	12.8%	5.7%
Endline	75.0%	38.5%	62.5%	27.5%	50.9%
Difference [Endline – Midline]	72.5%	35.9%	59.9%	14.7%	45.2%
Longitudinal diff [Endline-Midline]	64.7%	35.5%	54.5%	8.6%	40.6%

Figure 10: Percentage of primary caregivers with a children's book in the household, by community (midline n= 158; endline n=159)



The average number of children's books in the household increased by 0.50 (n=133) at endline compared to midline. This difference is statistically significant²². This represents a significant improvement, rising from an average of 0.11 at midline (n=158) to 0.64 at endline (n=159) (see Table 24)

Table 24: Average number of children books in the household, disaggregated per community (midline n= 158; endline n=159; longitudinal n= 133)

Average number of children books in the household	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	0.03	0.08	0.10	0.23	0.11
Endline	0.85	0.44	0.65	0.60	0.64
Difference Endline – Midline	0.83	0.36	0.55	0.37	0.53
Longitudinal diff [Endline-Midline]	0.82	0.39	0.55	0.26	0.50
Standard deviation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	0.16	0.48	0.44	0.67	0.47
Endline	0.58	0.60	0.53	1.26	0.81
Longitudinal diff [Endline-Midline]	0.58	0.88	0.56	1.09	0.83

At endline, quantitative assessments reveal notable improvements in the availability of play and learning materials compared to midline. The use of store-bought toys increased by 22.6%, and the average number of children's books in the household grew from 0.11 to 0.64. These advancements indicate a stronger emphasis on stimulating child learning environments across communities, with particularly remarkable progress in the Ihoane community, where 75% of households now have a children's book.

²² p < 0.001 (Chi-square test); p < 0.01 (Paired t-test)

Qualitative findings further highlight a shift in primary caregiver engagement with play-based learning. Many primary caregivers expressed a renewed sense of creativity and appreciation for interactive play. As one primary caregiver shared, *"Now I know how to make toys for her, I know how to play well with her,"* reflecting a broader transformation in caregiving practices.

However, persistent challenges remain, particularly financial constraints, which hinder access to additional materials. One primary caregiver remarked, *"What makes it difficult is the costs because we lack sugar and we don't have money,"* pointing to underlying resource barriers that may impede further progress.

Overall, these findings suggest significant strides in enhancing home learning environments and primary caregiver-child interactions. However, sustained support and access to resources remain essential to fully realize the long-term benefits of these interventions for children's development.

3.3.2 Outcome 2: Child safety and security

Fourteen (14) disciplinary practices were surveyed during the endline survey consisting of the following three categories:

- a) Physical punishment;
- b) Psychological aggression; and
- c) Positive disciplinary practices.

31.4% (n=159) of the primary caregivers at endline conducted any form of physical punishment to their child. Most reported physical punishment (21.4%, n=159) at endline is "shook their child". None of the primary caregivers reported to have hit or beaten up their child. 37.7% (n=159) of the primary caregivers at endline conducted any form of psychological aggression to their child. Most reported psychological aggression (37.7%, n=159) at endline is "to have shouted, yelled or screamed at their child. Last but not least, for the positive disciplinary practices almost all (94.3%, n=159) primary caregivers reported to apply positive disciplines (see Table 26).

The primary caregivers reported a big change in how they discipline their child/ren since the participation in the MTM program. All (100%, n=159) primary caregivers reported at endline to conduct less psychological aggression. Almost all (93.7%, n=159) primary caregivers reported at endline to conduct less physical punishment and (92.5%, n=159) primary caregivers reported at endline to apply more positive disciplinaries (see Table 25).

Table 25: Self-reported how primary caregiver disciplined the child/ren since the participation in the MTM program, disaggregated per community (endline n=159)

Reported disciplinary behavior change	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Same level of physical punishment	4.4%	0%	0%	17.5%	4.4%
Less physical punishment	93.7%	100%	95.0%	82.5%	93.7%
More physical punishment	1.9%	0%	5.0%	0%	1.9%
Same level of verbal punishment	0.6%	0%	0%	2.5%	0%
Less verbal punishment	99.4%	100%	100%	97.5%	100%
More verbal punishment	0%	0%	0%	0%	0%
Same level of positive disciplinaries	2.5%	2.6%	2.5%	5.0%	0%
Less positive disciplinaries	8.2%	5.1%	2.5%	17.5%	7.5%
More positive disciplinaries	89.3%	92.3%	95.0%	77.5%	92.5%

Table 26: Teach the right behavior or to address a behavior problem for their youngest child, disaggregated per community (endline n=159)

Addressed behavior for their child	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Physical punishment (any)	12.5%	38.5%	17.5%	57.5%	31.4%
Shook child	10.0%	30.8%	15.0%	30.0%	21.4%
Spanked child on bottom with bare hand	0%	10.3%	2.5%	30.0%	10.8%
Hit child with hard object	0%	0%	0%	5.0%	1.3%
Hit/slapped child on the head	0%	5.1%	2.5%	2.5%	2.5%
Hit/slapped child on hand/arm/leg	2.5%	10.3%	0%	17.5%	7.5%
Beat child up	0%	0%	0%	0%	0%
Psychological aggression (any)	25.0%	51.3%	20.0%	55.0%	37.7%
Shouted/yelled/screamed at child	25.0%	51.3%	20.0%	55.0%	37.7%
Called child dumb, lazy	0%	5.1%	0%	5.0%	2.5%
Positive disciplinary practices (any)	94.3%	97.4%	92.5%	90.0%	94.3%
Distracted the child	42.5%	43.6%	40.0%	52.5%	44.7%
Took away a privilege	10.0%	25.6%	15.0%	10.0%	15.1%
Sent child away for a time out	22.5%	35.9%	25.0%	30.0%	28.3%
Ignored the behavior	5.0%	20.5%	27.5%	35.0%	22.0%
Explained why behavior was wrong	87.5%	87.2%	82.5%	80.0%	84.3%
Praised good behavior	57.5%	51.3%	52.5%	40.0%	50.3%

At endline, 43.4% (n=159) of primary caregivers reported applying some form of violent discipline, **including** verbal or physical discipline. This represents a longitudinal reduction of 24.8% (n=133) compared to midline, indicating a notable decline in the use of violent disciplinary practices (see Table 27). This difference is statistically significant²³.

Table 27: Percentage of primary caregivers who use any violent discipline with any of their children aged 0-3 years, by community (midline n= 158; endline n=159; longitudinal n= 133)

Violent discipline (any)	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	45.0%	64.1%	60.0%	69.2%	59.5%
Endline	25.0%	56.4%	25.0%	67.5%	43.4%
Difference [Endline – Midline]	-20.0%	-7,7%	-35.0%	-1.7%	-16.1%
Longitudinal diff [Endline-Midline]	-32.4%	-3.2%	-39.4%	-22.9%	-24.8%

3.3.2.1 Physical punishment

Indicator 3

Indicator 3 measures the percentage of primary caregivers who use any physical punishment with their children aged 0-3 years. At midline, all primary caregivers reported using some form of physical punishment on their children. To further analyze the indicator, two specific aspects were assessed during the midline survey;

- Percentage of primary caregivers who use physical punishment with their children aged 0-3 years
- Average number of different types of physical punishment applied (out of 6), averaged across all children aged 0-3 years

These components provide a deeper understanding of the prevalence and variation in disciplinary practices used by primary caregivers.

Indicator 3a: Percentage of primary caregivers who use of physical punishment

At midline, all primary caregivers (100%, n=158) reported using physical punishment to discipline their children under 3 years. However, at endline, this percentage significantly decreased to 36.5% (n=159).

Among primary caregivers who participated in both survey rounds, the reduction in physical punishment is particularly striking: 62.4% (n=133) of primary caregivers no longer use physical punishment. The greatest reduction was observed in the Ihoane district (-85.3%, n=34) (see Table 28 and Figure 11). This difference is statistically significant²⁴.

²³ p = 0.002 (Chi-square test); p = 0.014 (Paired t-test)

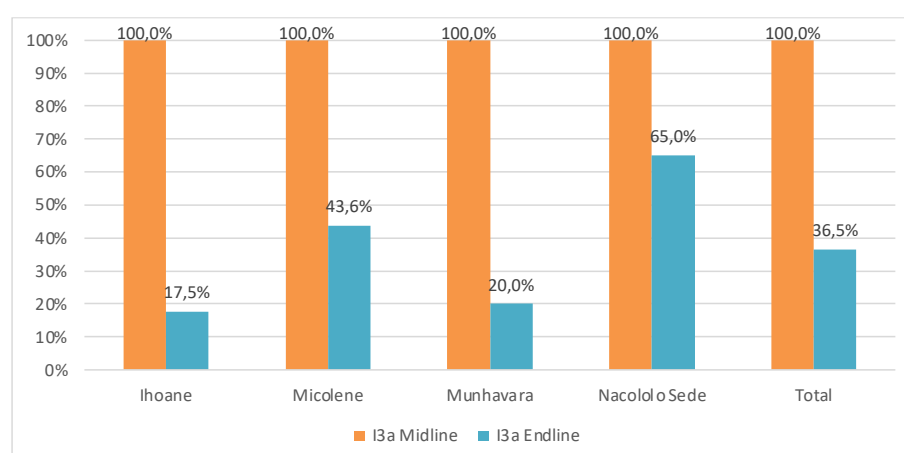
²⁴ p < 0.001 (Paired t-test)

These findings indicate a substantial shift towards non-violent disciplinary practices, reflecting potential improvements in primary caregiver awareness and alternative discipline strategies.

Table 28: Indicator 3a: Percentage of primary caregivers who use any physical punishment with any physical punishment of their children aged 0-3 years, by community (midline n= 158; endline n=159; longitudinal n= 133)

Indicator 3a: percentage of caregivers who use physical punishment with Any of their children (0-3 ears)	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I3a: Midline	100%	100%	100%	100%	100%
I3a: Endline	17.5%	43.6%	20.0%	65.0%	36.5%
I3a: Difference [Endline – Midline]	-82.5	-56.4%	-80.0%	-35.0%	-63.5%
I3a: Longitudinal diff [Endline-Midline]	-85.3%	-48.4%	-75.8%	-40.0%	-62.4%

Figure 11: Indicator 3a: Percentage of primary caregivers who use any physical punishment with any of their children (0-3 years) by community (midline n= 158; endline n=159).



Indicator 3b: Average number of different types of physical punishments applied

At midline, primary caregivers reported using an average of 3.71 different types of physical punishment (out of 6) on their children. However, at endline, this average significantly decreased to 0.46, indicating a substantial reduction in the use of physical punishment (see Table 29, Figure 12).

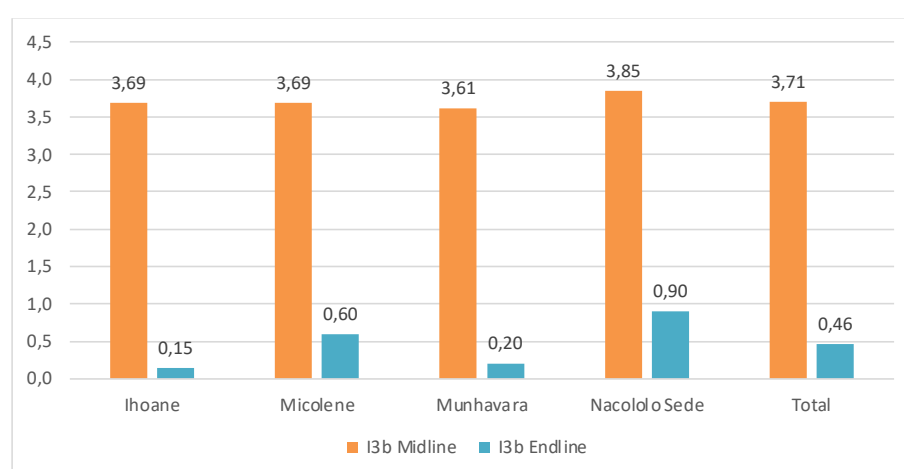
Among primary caregivers who participated in both survey rounds, the reduction in the number of physical punishment types used was -3.31 (out of 6), showing a dramatic shift away from physical punishment. This difference is statistically significant²⁵. The largest decrease was observed in the Ihoane district (-3.63), reflecting notable progress in adopting non-violent disciplinary practices.

²⁵ p < 0.001 (Paired t-test)

Table 29: Indicator 3b: Average number of different types of physical punishment (out of 6) used with their child, by community (midline n= 158; endline n=159; longitudinal n= 133)

Indicator 3b: Average number of Different types of physical Punishment Applied (out of 6) for their child	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I3b: Midline	3.69	3.69	3.61	3.73	3.71
I3b: Endline	0.15	0.60	0.20	0.90	0.46
I3b: Difference [Endline – Midline]	-3.54	-3.09	-3.41	-2.83	-3.25
I3b: Longitudinal diff [Endline-Midline]	-3.63	-3.05	-3.44	-3,11	-3.31

Figure 12: Indicator 3b: average number of different types of physical punishment (out of 6) used with their child, by community (midline n= 158; endline n=159).



3.3.2.2 Psychological aggression

At midline, 59.5% (n=158) of primary caregivers reported using psychological aggression to discipline their youngest child under 3 years. However, by endline, this percentage had decreased to 37.7% (n=159).

Among primary caregivers who participated in both survey rounds, there was a 21.8% reduction in the use of psychological aggression. The most significant longitudinal decrease (-39.4%, n=34) was observed in the Munhavara district (see Table 30). This difference is statistically significant²⁶.

These findings suggest a notable shift away from psychologically aggressive disciplinary practices, reflecting potential improvements in primary caregiver awareness and alternative discipline strategies.

²⁶ p < 0.001 (Paired t-test)

Table 30: Percentage of primary caregivers applying any psychological aggression with their child, by community (midline n= 158; endline n=159; longitudinal n= 133).

Percentage of primary caregivers who use any psychological aggression	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	59.5%	64.1%	60.0%	69.2%	59.5%
Endline	25.0%	51.3%	20.0%	55.0%	37.7%
Difference [Endline – Midline]	-34.5%	-12.8%	-40.0%	-14.2%	-21.8%
Longitudinal diff [Endline-Midline]	-23.5%	-6.5%	-39.4%	-17.1%	-21.8%

The average number of verbal punishments used at endline is 0.40 (n=159) out of the 2 different types. The longitudinal difference is -0.26, indicating an improvement at endline (see Table 31). This difference is statistically significant²⁷.

Table 31: Average number of different types of psychological aggression (out of 2) used with their child, by community (midline n= 158; endline n=159; longitudinal n= 133).

Types of psychological aggression (out of 2)	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	0.48	0.69	0.60	0.85	0.65
Endline	0.25	0.56	0.20	0.60	0.40
Difference [Endline – Midline]	-0.23	-0.13	-0.40	-0.25	-0.25
Longitudinal diff. [Endline-Midline]	-0.26	-0.06	-0.39	-0.29	-0.26

3.3.2.3 Positive disciplinary practices

Regarding positive disciplinary practices, there was no significant change in the percentage of primary caregivers using any positive disciplinary practice (see Table 32). However, there was a slight longitudinal improvement of 0.20 in the average number (out of 6) of different types of positive practices applied during endline compared to the same primary caregivers at midline (see Table 33).

Table 32: Percentage of primary caregivers applying any positive disciplinary practices with their child, by community (midline n= 158; endline n=159; longitudinal n= 133).

Percentage of primary caregivers who use any positive disciplinary practices	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	90.0%	94.9%	97.5%	92.3%	93.7%
Endline	94.3%	97.4%	92.5%	90.0%	94.3%
Difference [Endline – Midline]	4.3%	2.6%	-5.0%	-2.3%	0.7%
Longitudinal diff [Endline-Midline]	8.8%	0%	-6.1%	-2.9%	0%

²⁷ p = 0.0012 (Paired t-test)

Table 33: Average number of different types of positive disciplinary practices (out of 6) used with their child by community (midline n= 158; endline n=159; longitudinal n= 133).

Types of positive disciplinary practices (out of 6)	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	2.08	2.31	2.35	2.33	2.27
Endline	2.25	2.64	2.43	2.48	2.45
Difference [Endline – Midline]	0.18	0.33	0.07	0.14	0.18
Longitudinal diff [Endline-Midline]	0.29	0.39	-0.06	0.17	0.20

Primary caregivers reported an increase in the use of positive behavior discipline strategies since their participation in the MTM program. The following behaviors were most commonly applied:

- Demonstrating the desired behavior to the child: 86.8% (n=159)
- Explaining why the behavior was wrong: 62.3% (n=159)
- Praising good behavior: 47.2% (n=159)
- Distracting the child: 42.8% (n=159)
- Putting things out of reach: 37.1% (n=159)

These findings highlight a significant shift toward positive disciplinary practices among primary caregivers (see Table 34, and note that this question was not asked at midline.)

Table 34: Positive behavior applied to the child reported by the primary caregiver that they have increased since your participation in the MTM program, disaggregated per community (endline n=159)

Positive disciplinary practices	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Distracting the child	52.5%	43.6%	52.5%	22.5%	42.8%
Took away a privilege	2.5%	0%	5.0%	0%	1.9%
Sent child away for a time out	5.0%	0%	2.5%	0%	1.9%
Ignored the behavior	12.5%	23.1%	12.5%	10.0%	14.5%
Explained why behavior was wrong	67.5%	64.1%	62.5%	55.0%	62.3%
Praised good behavior	50.0%	41.0%	47.5%	50.0%	47.2%
Put things out of reach	30.0%	33.3%	37.5%	47.5%	37.1%
Having the child experience the consequences of their bad behavior	0%	7.7%	7.5%	12.5%	6.9%
Demonstrating the good behavior to the child that he/she should do instead	92.5%	79.5%	92.5%	82.5%	86.8%
None	0%	5.1%	0%	0%	1.3%

The results on disciplinary practices reveal substantial improvements in caregiving aimed at enhancing child safety and security. Key findings, particularly the reduction in physical punishment and psychological aggression, are highlighted as follows:

1. Physical Punishment (Indicator 3):

- **Prevalence Reduction:** At midline, 100% of primary caregivers (n=158) reported using physical punishment with children aged 0–3 years. By endline (n=159), this figure dropped sharply to 36.5%. Among the longitudinal sample (n=133), this represents a 62.4% reduction, with some communities, such as the Ihoane district, experiencing an 85.3% decrease.
- **Reduction in Types of Punishment:** The average number of different types of punishment applied decreased dramatically from 3.71 (midline) to 0.46 (endline). In the Iohane district, the reduction was even more pronounced, dropping from 3.53 to 0.29, reflecting a 3.63 decrease in types of physical punishment.

2. Psychological Aggression:

- **Decrease in Verbal Aggression:** 37.7% (n=159) of primary caregivers reported using psychological aggression at endline. The longitudinal data indicates a 21.8% reduction (n=133) overall. Furthermore, the average number of forms of verbal aggression applied decreased by approximately 0.26 (on a scale of 2) during endline.

Themes from primary caregiver interviews

Several key themes related to disciplinary practices emerged from primary caregiver interviews:

- **Transformative Shifts in Parenting:** Many primary caregivers expressed a clear shift away from traditional physical punishment. For example, one primary caregiver stated: *"I used to hit my children but now I've learned that punishment is not a good thing."* This reflects a broader cultural shift in attitudes towards non-violent disciplinary methods.
- **Heightened Awareness of Child Well-being:** Primary caregivers reported being more vigilant and creating safer home environments. Although specific narratives about safety (such as securing play areas) were less detailed, primary caregivers now prioritize holistic child well-being more than before.
- **Challenges and Continuing Barriers:** Despite improvements, challenges persist. Resource constraints and infrastructural deficits continue to hinder optimal safety practices in some communities. One primary caregiver remarked: *"What makes it difficult is the costs because we lack sugar and we don't have money."* This highlights economic challenges that may also affect broader safety initiatives, including child supervision and security.
- **Extended Program Impacts:** Beyond reductions in punitive behaviors, the program's broader impact is clear. Primary caregivers have increasingly adopted positive practices, such as prompt healthcare-seeking actions. One primary caregiver mentioned: *"When they are sick, take them*

to the hospital right away." This indicates the comprehensive nature of the program, which not only reduces harmful practices but also promotes overall child safety and security.

These findings underscore significant progress in caregiving practices while also highlighting the need for continued support to address economic and infrastructural challenges.

3.3.2.4 Birth registration

At endline, 37.5% (n=133) more primary caregivers reported knowing how to register a child's birth compared to midline (see Table 35). This difference is statistically significant²⁸.

Table 35: Percentage of primary caregivers who know how to register a child's birth by community (midline n= 158; endline n=159, longitudinal n= 133)

Know how to register a child's birth	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	40.0%	67.5%	47.5%	57.5%	53.1%
Endline	95.0%	84.6%	90.0%	72.5%	85.5%
Difference [Endline – Midline]	55.0%	17.1%	42.5%	15.0%	32.4%
Longitudinal diff [Endline-Midline]	37.5%	21.2%	28.1%	50.0%	37.5%

At endline, 11.3% (n=133) more primary caregivers reported having registered their child compared to midline (see Table 36). This difference is statistically significant²⁹.

Table 36: Percentage of primary caregivers that registered the birth of their child, by community (midline n= 158; endline n=159, longitudinal n= 133)

Registered birth of child	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	5.0%	10.3%	22.5%	20.5%	14.6%
Endline	22.5%	35.9%	35.0%	22.5%	28.9%
Difference [Endline – Midline]	17.5%	25.6%	12.5%	2.0%	14.4%
Longitudinal diff [Endline-Midline]	23.5%	19.4%	6.1%	-2.9%	11.3%

In summary, there has been significant progress in both awareness and practice regarding child birth registration among primary caregivers. At endline, primary caregivers demonstrated a substantial increase in their knowledge of how to register a child's birth, with a 37.5% longitudinal increase. Furthermore, the percentage of primary caregivers who successfully registered their child's birth rose by 11.3%. While these findings reflect positive strides in child welfare practices, challenges persist, particularly in communities with lower rates of progress. Continued support and targeted interventions are essential to ensure the universal adoption of birth registration practices, thereby securing children's legal identity and access to services.

²⁸ p < 0.001 (Paired t-test)

²⁹ p = 0.0019 (Paired t-test)

3.3.2.5 Indicator 4: parenting practices score

Indicator 4: Primary caregivers' parenting practices score is used to summarize parental practices into a single score ranging from 0 to 10, where 0 is the lowest and 10 is the highest. The indicator is composed of three core components of parenting: responsive care, early learning, and child safety & security. Each of these components is a relevant sub-indicator, with its own specific aspects. These aspects are mapped to the survey questions, and each sub-indicator is also scored on a scale from 0 to 10. The sub-indicators are as follows:

I4a Responsive Care: Includes the following aspects:

- 1) Not leaving the child alone
- 2) Positive corrective behavior

I4b Early Learning: Includes the following aspects:

- 1) Total number of stimulating activities per week
- 2) Average number of different stimulating activities
- 3) Number of different play materials used
- 4) Number of books in the household

I4c Child Safety & Security: Includes the following aspects:

- 1) Physical punishment
- 2) Verbal punishment
- 3) Child birth registration

This structure ensures that each aspect of parenting is measured comprehensively while maintaining a clear, consistent scoring system.

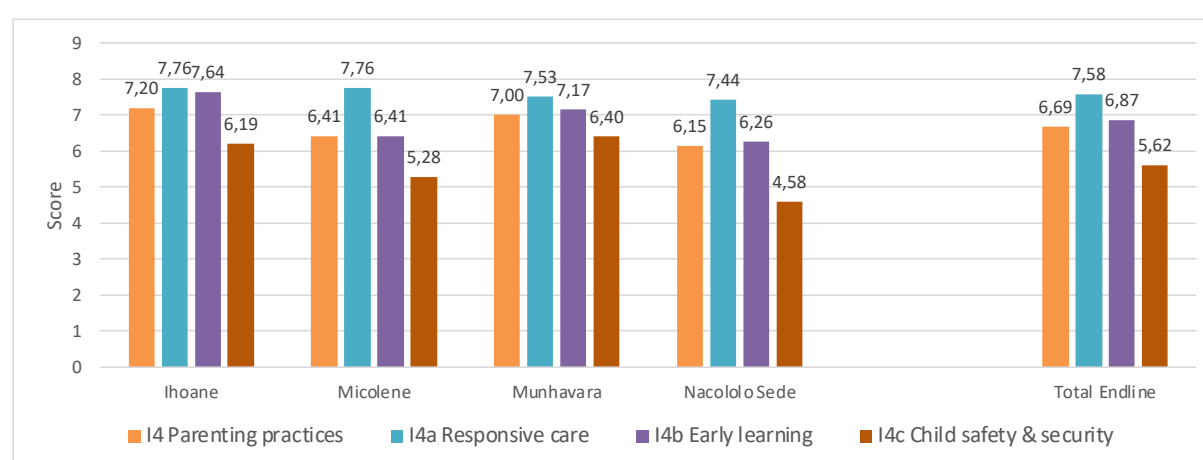
The average parental practice score (indicator 4) for the endline for all the communities is 6.69 [out of score between 0 and 10], as listed in Table 37 and Figure 13: below. The average parental practice score (Indicator 4) is highest in Ihoane community (7.20) and lowest at 6.15 in Nacalo Sede community.

The other parental (sub)indicator scores for the endline survey are: an average score of 7.58 for responsive care; 6.87 for early learning and 5.62 for child safety and security.

Table 37: Indicator 4: Parenting practices [score 0-10]: responsive care (I4a), early learning, (I4b) and child safety & security (I4c), disaggregated per community (endline, n= 159)

Parenting practices indicators		Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I4	Parenting practices	7.20	6.41	7.00	6.15	6.69
I4a	Responsive care	7.76	7.76	7.53	7.44	7.58
I4b	Early learning	7.64	6.41	7.17	6.26	6.87
I4c	Child safety & security	6.19	5.28	6.40	4.58	5.62

Figure 13: Indicator 4: Parenting practices = responsive care (I4a), early learning, (I4b) and child safety & security (I4c), disaggregated per community (endline, n= 159)



At endline, there was a notable improvement of 1.48 (n=133) in parenting practices (Indicator 4), see also Table 38. This difference is statistically significant³⁰. The Ihoane community saw the most significant improvement, with a +2.12 increase. All three sub-indicators of parenting practices showed improvements at endline:

- Child safety & security (Indicator 4c) experienced the largest increase, with a +2.51 improvement. This difference is statistically significant³¹.
- Early learning (Indicator 4b) followed closely with a +1.56 increase. This difference is statistically significant³².
- Responsive care (Indicator 4a) showed a more modest improvement of +0.37. This difference is statistically significant³³.

These results reflect overall progress in caregiving practices across the communities, with particularly significant gains in child safety and security (see Table 38 and Figure 14).

³⁰ $p < 0.001$ (Paired t-test)

³¹ $p < 0.001$ (Paired t-test)

³² $p = 0.017$ (Paired t-test)

³³ $p = 0.007$ (Paired t-test)

Table 38: Indicator 4: parenting practices (Score 0-10) – Responsive care (I4a), Early learning (I4b), and Child safety & security (I4c), by Community (midline n= 160; endline n=159, longitudinal n= 133)

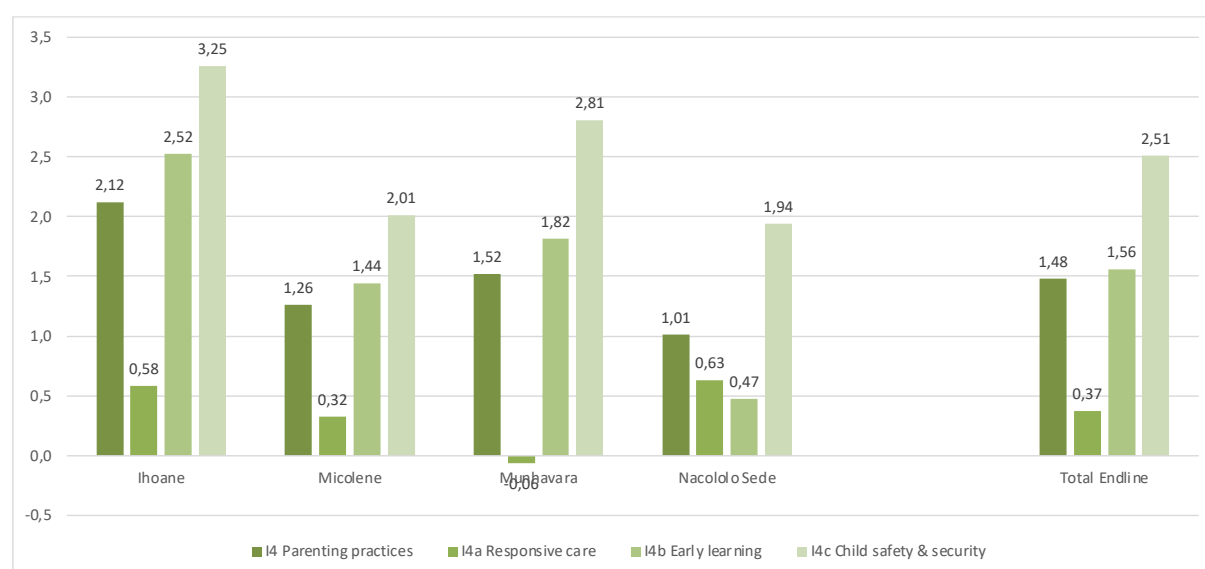
Parenting practices indicators	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I4: Midline	5.21	5.02	5.43	5.16	5.21
I4: Endline	7.20	6.41	7.00	6.15	6.69
I4: Difference [Endline – Midline]	1.99	1.39	1.57	0.99	1.48
I4: Parenting practices: Longitudinal diff [Endline-Midline]	2.12	1.26	1.52	1.01	1.48
I4a: Midline	7.34	7.17	7.37	7.12	7.25
I4a: Endline	7.76	7.76	7.53	7.44	7.58
I4a: Difference [Endline – Midline]	0.43	0.60	0.16	0.32	0.33
I4a: Responsive care: Longitudinal diff [Endline-Midline]	0.58	0.32	-0.06	0.63	0.37
I4b: Midline	5.16	4.99	5.56	5.61	5.33
I4b: Endline	7.64	6.41	7.17	6.26	6.87
I4b: Difference [Endline – Midline]	2.49	1.42	1.61	0.65	1.54
I4b: Early learning: Longitudinal diff [Endline-Midline]	2.52	1.44	1.82	0.47	1.56
I4c: Midline	3.14	2.90	3.38	2.74	3.04
I4c: Endline	6.19	5.28	6.40	4.58	5.62
I4c: Difference [Endline – Midline]	3.05	2.38	3.03	1.84	2.57
I4c: Child safety & security: Longitudinal diff [Endline-Midline]	3.25	2.01	2.81	1.94	2.51

The percentage of primary caregivers that demonstrated an improvement in all three parental practices categories: Responsive care AND Early learning AND Child safety & security is 35.3% (n=159), see Table 39.

Table 39: Indicator 4: Percent of primary caregivers who demonstrate an improvement in parenting practices in responsive care, early learning, child safety & security disaggregated per community (endline, n= 159)

Percentage of primary caregivers who demonstrated improvement		Ihoane	Micolene	Munhavar a	Nacololo Sede	Total
I4%	In ALL 3 parenting practices categories: Responsive care AND Early learning AND Child safety & security	44.1%	44.1%	32.3%	34.3%	35.3%
I4a%	In Responsive care	47.1%	47.1%	58.1%	60.0%	49.6%
I4b%	In Early learning	94.1%	94.1%	80.6%	60.0%	79.7%
I4c%	In Child safety & security	97.1%	97.1%	77.4%	85.7%	89.5%

Figure 14: Indicator 4: parenting practices (Score 0-10) – Responsive care (I4a), Early learning (I4b), and Child safety & security (I4c), by Community (midline n= 160; endline n=159, longitudinal n= 133)



The findings from indicator 4 reveal significant improvements in parenting practices across all communities. The overall parenting practices score increased by 1.48 points from midline to endline, with the greatest improvement observed in the Ihoane community. Notably, the child safety & security component showed the most substantial progress, followed by early learning and responsive care.

These quantitative results are further enriched by qualitative insights, which provide deeper context for the observed changes. Primary caregivers reported a clear shift in their practices, with many adopting more positive and nurturing approaches to child-rearing. For example, primary caregivers expressed a newfound understanding of non-violent discipline, aligning with the reductions in physical punishment and psychological aggression observed in the data.

Additionally, early learning emerged as a key focus for many primary caregivers, as reflected in their active engagement in play-based learning and stimulating activities with their children. The reported

improvements in healthcare-seeking behaviors and child safety underscore the broader impact of these changes on children's well-being.

In conclusion, the combination of quantitative improvements in parenting practices, along with the qualitative evidence of primary caregivers' evolving attitudes and behaviors, highlights the program's success in fostering healthier, more engaged, and safety-conscious caregiving. Continued support and expansion of these interventions are crucial for sustaining and deepening these positive shifts in caregiving practices.

3.3.3 Outcome 3: Psychosocial well-being of primary caregiver

3.3.3.1 Indicator 5: Community connectedness

Indicator 5 is the percentage of primary caregivers who report feeling connected to AND feel other primary caregivers in their group care about them AND feel supported in their community (see annex C details are provided for the calculation indicator 5).

Almost all the primary caregivers (99.4%, n= 159) at the endline in all the communities agree or strongly agree that they feel in solidarity/common with the other primary caregivers, (98.7%, n=159) feel that other primary caregivers in the community care about them, and 95.0% (n=159) feel supported by their community.

These three aspects are combined into a single indicator I5. Overall, 93.7% (159) of the primary caregivers at endline do feel supported and connected by peers in the community, (see Table 40).

There is a longitudinal improvement of 3.0% for Indicator 5 when comparing endline with midline, indicating an increase in the percentage of primary caregivers who feel connected and supported by their peers and community (see Table 41).

Table 40: Indicator 5: Feeling supported and connected by peer primary caregivers in the community, by community (endline n= 159)

I5: Feel supported in community	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Feel in common with other primary caregivers	100%	100%	100%	97.5%	99.4%
Feel other primary caregivers care about you	100%	97.4%	100%	97.5%	98.7%
Feel supported as primary caregiver by community	100%	94.9%	92.5%	92.5%	95.0%
I5: Feel supported and connected by peers in community	100%	92.3%	92.5%	90.0%	93.7%
Have all the support needed from the community	90.0%	84.6%	87.5%	77.5%	84.9%

Table 41: Indicator 5: Feeling supported and connected by peer primary caregivers in the community, by community (midline n= 160; endline n=159, longitudinal n= 133)

I5: Feel supported in community	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I5: Midline	92.5%	95.0%	95.0%	80.0%	90.6%
I5: Endline	100%	92.3%	92.5%	90.0%	93.7%
I5: Difference [Endline – Midline]	7.5%	-2.7%	-2.5%	10.0%	3.1%
I5: Longitudinal diff [Endline-Midline]	8.8%	-3.2%	-6.1%	11.4%	3.0%

Although more than 90% of primary caregivers felt connected with their peers at both midline and endline, there was a significant improvement (+69.9%, n=133) in the number of primary caregivers who reported actually receiving all the support they need from the community (see Table 42). This difference is statistically significant ³⁴.

Table 42: Percentage of primary caregivers who have all the support needed from the community, disaggregated by community (midline n= 160; endline n=159, longitudinal n= 133)

Have all the support needed from the community	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	22.5%	22.5%	12.5%	12.5%	16.9%
Endline	84.9%	84.6%	87.5%	77.5%	84.9%
Difference [Endline – Midline]	62.4%	62.1%	75.0%	65.0%	68.0%
Longitudinal diff [Endline-Midline]	73.5%	64.5%	75.8%	65.7%	69.9%

The type of support received at endline, other than material, is counseling (80.5%, n=159) and advice (65.4%, n=159).

54.7% (n=159) of the primary caregivers at endline reported to have asked the ECD volunteer who visited them at their home (and led their primary caregiver group) for parenting information, advice, help or referrals for services– either for you as a parent/caregiver or for their children. In addition, 77.6% (n=159) of the primary caregivers reported the support to be very helpful (see Table 43). The topics for assistance were; General child Care (40.8%); Nutrition (25.4%); and Health care (31.0%).

³⁴ p < 0.001 (Paired t-test)

Table 43: Primary caregiver has asked ECD volunteer who visited you at home for parenting information, advice, help or referrals for services (endline n=159)

Support from ECD volunteer	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Ask for parenting information, advice, help or referrals for service	57.2%	41.0%	50.0%	32.5%	54.7%
Very helpful	86.8%	71.8%	76.9%	75.0%	77.6%
Somewhat helpful	7.9%	15.4%	12.8%	17.5%	13.5%
Not really able to help	5.0%	0%	0%	0%	1.9%
Don't remember/don't know/refuse to answer	5.3%	12.8%	10.3%	7.5%	9.0%

More than half of the primary caregivers (65.4%, n=156) at endline reported to have received support (advice, counselling, and other forms of support other than material support) mostly from the volunteers (ECD promoters) followed by support from the community leaders (52.6%, n=156), faith leaders (46.2%, n=156) and neighbors (41.0%, n=156). See Table 44 for the details per community.

Table 44: Support received by primary caregivers (advice, counseling, and non-material support) by Community at Endline (n=159)

Received support by primary caregivers	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Elders	17.5%	18.9%	25.0%	10.3%	17.9%
Neighbours	47.5%	32.4%	45.0%	38.5%	41.0%
Faith leaders/elders	52.5%	48.6%	27.5%	56.4%	46.2%
Community leaders	60.0%	54.1%	42.5%	53.8%	52.6%
Volunteers (ECD promoters)	62.5%	62.2%	60.0%	76.9%	65.4%
Faith leaders/elders	7.5%	13.5%	12.5%	10.3%	10.9%
Family	0%	5.4%	0%	2.6%	1.9%
Friends	17.5%	18.9%	25.0%	10.3%	17.9%

Qualitative insights complement these findings, highlighting the strengthening of local networks, improved confidence in pursuing income-generating activities, and the interconnectedness between community support and economic advancement. Primary caregivers reported feeling more empowered and connected, with many leveraging local networks to access job opportunities and share resources.

These findings suggest that fostering community solidarity and economic empowerment creates a supportive environment, which not only enhances primary caregivers' economic outcomes but also contributes to the overall resilience of the community.

3.3.3.2 Indicator 1: increased confidence in handling parenting responsibilities successfully

Indicator 1 measures the percentage of primary caregivers who have increased confidence in handling their parenting responsibilities. This is based on their level of confidence in managing their caregiving duties. Two versions of primary caregiver confidence are used:

I1a: Primary caregivers who feel confident in their role generally do not believe that caring for their child has required more time and energy. They also tend not to feel overwhelmed by their responsibilities or worried about whether they are doing enough for their child.

I1b: Primary caregivers who feel **fully** confident believe that caring for their child has not taken more time and energy. They have not felt overwhelmed by their responsibilities **and** have not experienced worry about whether they are doing enough for their child³⁵.

These versions provide a nuanced view of primary caregivers' confidence in their ability to manage their parenting duties. Details for the calculation of Indicator 1 are provided in Annex C. It is important to note that the value of Indicator 1a will always be greater than or equal to the value of Indicator 1b, given that Indicator 1b is a subset of Indicator 1a.

At endline, 47.6% (n=159) of primary caregivers reported that caring for their children has not taken more time and energy, and 47.7% (n=159) reported that they do not feel worried about whether they are doing enough for their child. Additionally, 61.0% (n=159) of primary caregivers reported feeling confident in their role as primary caregivers (Indicator 1a), while 26.4% (n=159) reported feeling fully confident (Indicator 1b) (see Table 45).

Table 45: Indicator 1: Primary caregivers who report confidence in handling parenting responsibilities successfully, by community (endline, n= 160)

I1: Mental situation	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
NOT taken more time/energy	40.0%	48.7%	55.0%	30.0%	47.8%
NOT overwhelmed	57.5%	43.6%	45.0%	40.0%	46.5%
NOT worried doing enough	42.5%	38.5%	40.0%	30.0%	37.7%
I1a: Feeling confident	67.5%	56.4%	70.0%	50.0%	61.0%
I1b: Feeling fully confident	22.5%	30.8%	25.0%	27.5%	26.4%

Indicator 1a (feeling confident) has increased significantly by +56.4% (n=133) at endline compared to midline (see Table 46). This difference is statistically significant³⁶.

Similarly, Indicator 1b (feeling fully confident) has also shown improvement, with a +23.3% increase (n=133) at endline. These improvements indicate a strong positive shift in primary caregivers' confidence

³⁵ Key difference: I1a reflects a general tendency ("do not believe", "have not felt") — suggesting moderate confidence of at least one I1b implies a stronger, more consistent confidence — with more definitive wording ("believe that... has not", "have not felt").

³⁶ p < 0.001 (Paired t-test)

in managing their parenting responsibilities (see Table 47). These gains reflect a positive shift in primary caregivers' ability to manage their responsibilities, with more primary caregivers feeling assured in their caregiving role. This difference is statistically significant³⁷.

Table 46: Indicator 1a: Primary caregivers who report feeling confidence in handling parenting responsibilities successfully, by community (midline n= 160; endline n=159, longitudinal n= 133)

Mental situation I1a: Feeling confident	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I1a: Midline	12.5%	20.0%	17.5%	10.0%	12.5%
I1a: Endline	67.5%	56.4%	70.0%	50.0%	61.0%
I1a: Difference [Endline – Midline]	55.0%	36.4%	52.5%	40.0%	48.5%
I1a: Longitudinal [diff Endline-Midline]	64.7%	41.9%	72.7%	45.7%	56.4%

Table 47: Indicator 1b: Primary caregivers who report feeling fully confidence in handling parenting responsibilities successfully, by community (midline n= 160; endline n=159, longitudinal n= 133)

Mental situation I1b: Feeling fully confident	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I1b: Midline	0%	5.0%	0%	5.0%	2.5%
I1b: Endline	22.5%	30.8%	25.0%	27.5%	26.4%
I1b: Difference [Endline – Midline]	22.5%	25.8%	25.0%	22.5%	23.9%
I1b: Longitudinal diff [Endline-Midline]	20.6%	16.1%	27.3%	28.6%	23.3%

The above mentioned improvements indicate that a majority of primary caregivers are increasingly confident in their parenting roles. The larger gain observed in the broader confidence measure (Indicator 1a) suggests that while many primary caregivers feel generally equipped to handle their responsibilities, there remains a significant gap to achieve full confidence (Indicator 1b). The data imply that while basic supports and information are making a difference, additional targeted interventions may be required to boost the full confidence levels among primary caregivers. Table 48 below highlights themes that emerged from the qualitative interviews to support the findings above.

³⁷ p < 0.001 (Paired t-test)

Table 48: Qualitative insights on confidence in handling parenting responsibilities successfully at Endline

Theme	Description	Quote
Enhanced parenting skills	Primary caregivers expressed increased confidence in specific parenting practices.	<i>"Now I know how to make toys for her, I know how to play well with her."</i>
	This practical knowledge appears to contribute to the significant increase in basic confidence levels.	
Shift in parenting approach	Primary caregivers reported moving from uncertainty to conviction about better parenting methods.	<i>"I used to hit my children but now I've learned that punishment is not a good thing."</i>
	This transformation in understanding appears to support the +56.4% increase in basic confidence.	
Time management and role satisfaction	Improved organization of parenting responsibilities was noted.	<i>"It changed my way of being a mother because now I have more time to take care of my children."</i>
	This better time management likely contributes to the 47.6% of primary caregivers reporting that childcare has not taken more time and energy.	
Shared parenting responsibilities	Enhanced family cooperation was reported.	<i>"My husband now helps me take care of the children."</i>
	This support system may explain why some primary caregivers achieved full confidence (26.4%).	
Persistent challenges	Resource constraint: this ongoing economic stress may explain why only 26.4% of primary caregivers report full confidence.	<i>"Sometimes it's difficult to have soap"</i> <i>"We don't have a hospital, we walk to Carapira or Monapo village". "No money for hospital transport and medicines"</i>
	Infrastructure limitations: Healthcare access challenges persist, though primary caregivers know better practices	
	Such structural barriers may contribute to continued worry about doing enough for their children	

In conclusion, the significant increase in basic confidence (+56.4%) reflects improvements in primary caregivers' knowledge and skills. However, the lower rate of full confidence (+26.4%) appears to be tied to ongoing external challenges, such as economic and infrastructure barriers, rather than a lack of knowledge. The gap between basic and full confidence suggests that while the program effectively enhances parenting capacity, additional external support is likely necessary to help primary caregivers achieve higher levels of full confidence in their parenting role.

3.3.3.3 Indicator 2: parental stress

Indicator 2 captures the percentage of primary caregivers who report decreased parental stress. For this the level of parental stress is needed. The following two versions are used:

- I2a Primary caregivers that report **any** parental stress as primary caregivers do feel that caring for their children has taken more time and energy **OR** have felt overwhelmed by the responsibilities of being a primary caregiver **OR** have felt worried whether they are doing enough for their child.
- I2b Primary caregivers that report **full** parental stress: as primary caregivers do feel that caring for their children has taken more time and energy **AND** have felt overwhelmed by the responsibilities of being a primary caregiver **AND** have felt worried whether they are doing enough for their child.

Indicator 2a is the percentage of primary caregivers that report any parental stress and Indicator 2b is the percentage of primary caregivers that feel **full** parental stress. Note that the Indicator 2a value is by definition greater or equal to Indicator 2b value. Though indicator 1 and 2 look each other inverse based on the same underlying questions, there is a subtle difference as they take different answer into account, see annex C for more details on the calculation of the indicators.

At endline, 73.0% (n=159) of primary caregivers reported experiencing any parental stress, while 39.0% (n=159) reported experiencing full parental stress. Comparing endline with midline, there was a 24.5% decrease in the reporting of any parental stress (Indicator 2a). These differences are statistically significant³⁸. In addition there is a 50.4% decrease in primary caregivers reporting full parental stress (Indicator 2b, n=133). These reductions indicate significant improvements in primary caregivers' stress levels over time (see Table 49 and Table 50).

Table 49: Indicator 2a: Percent of primary caregivers who report parental stress, by community, disaggregated per community (midline n= 160; endline n=159, longitudinal n= 133)

Parental Stress I2a Report any parental stress	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I2a: Midline	100%	95.0%	100%	95.0%	97.5%
I2a: Endline	75.0%	69.2%	75.0%	72.5%	73.0%
I2a: Difference [Endline – Midline]	-25.0%	-25.8%	-25.0%	-22.5%	-24.5%
I2a: Longitudinal diff [Endline-Midline]	-64.7%	-48.4%	-72.7%	-45.7%	-56.4%

Table 50: Indicator 2b: Primary caregivers who report feeling fully confidence in handling parenting responsibilities successfully, by community (midline n= 160; endline n=159, longitudinal n= 133)

Parental Stress I2b Report full parental stress	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I2b: Midline	97.5%	80.0%	82.5%	90.0%	87.5%
I2b: Endline	32.5%	43.6%	30.0%	50.0%	39.0%
I2b: Difference [Endline – Midline]	-65.0%	-36.4%	-52.5%	-40.0%	-48.5%
I2b: Longitudinal diff [Endline-Midline]	-64.7%	-35.5%	-57.6%	-42.9%	-50.4%

While the qualitative data does not directly address parental stress, it provides indirect evidence of program impacts that may have contributed to stress reduction. Participants reported improved household relationships, with reduced conflict and better communication, which likely alleviated some stress. Primary caregivers also noted having more time for childcare, suggesting that better time management contributed to a reduction in time-related stress. However, economic challenges remain a significant stressor, as primary caregivers expressed ongoing financial difficulties. These findings indicate that while the program has helped reduce some stressors, financial constraints continue to play a role in primary caregivers' overall stress levels.

³⁸ p < 0.001 (Paired t-test)

3.3.4 Outcome 4: Gender-equitable roles in parenting

3.3.4.1 Indicator 6: male involvement

Indicator 6 measures the percentage of fathers (as secondary caregivers) who have increased the time spent intentionally interacting or playing in the last week with their children aged 0-3 years. At endline, more than half of the fathers (64.7%, n=159) across all communities reported spending 3 or more days in the last week interacting or playing with their children in the past week (see Table 51). However, this represents a 13.5% decrease (longitudinal sample of n=133) compared to midline.

Table 51: Percentage of fathers interacting with their children per community (midline n= 160; endline n=159, longitudinal n= 133)

I6: Fathers interacting with their children	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I6: Midline	72.5%	82.5%	75.0%	67.5%	74.4%
I6: Endline	62.5%	66.7%	72.5%	57.5%	64.8%
I6: Difference [Endline – Midline]	-10.0%	-15.8%	-2.5%	-10.0%	-9.6%
I6: Longitudinal diff [Endline-Midline]	-14.7%	-25.8%	-3.0%	-11.4%	-13.5%

Given the limitation of indicator 6 to cover only the last week makes it more sensitive to environmental and timing factors (i.e., seasonal work, political upheaval, etc.). This decrease in the frequency of fathers' interactions with their children is further supported by qualitative interviews, where some primary caregivers highlighted time constraints and work commitments as key factors that limited fathers' ability to engage consistently in play and caregiving activities see more details in Table 52 below.

Table 52: Qualitative interviews at endline indicating major themes from the qualitative interviews with the primary caregivers related to fathers' participation.

Theme	Description	Quote	Implications
Direct participation in childcare	Increased involvement in daily childcare activities (bathing, feeding, medical visits)	<i>"My husband now helps me take care of the children."</i>	Positive shift in gender roles and active father participation
Barriers to participation	Work commitments, session timing, traditional gender norms as barriers; Lower than desired program attendance	<i>"Male participation in program sessions remained lower than desired, with some men viewing childcare as primarily women's responsibility."</i>	Need for program adaptation to address participation barriers
Indirect program Engagement	Learning program content through wives; Secondary engagement with program teachings	<i>"Some men engaged indirectly by learning from their wives about program teachings."</i>	Alternative pathways for male engagement exist and can be effective
Family relationship changes	Reduced conflicts, improved communication, more collaborative household management	<i>"We no longer argue about small things."</i>	Program impacts extend beyond childcare to overall family dynamics

However, in contrast, the majority of the primary caregiver (mothers) reported that 67.3% (n=150) of the fathers increased their time spent intentionally interacting/playing with child(ren) (0-3) since the participation in the MTM program, while 10.0% (n=133) reported that the father has spent less time (see Table 53). The difference from the findings above could be explained by the different time frames used (the last 7 days versus since the beginning of participation in the MTM program).

Table 53: Percentage of fathers interacting with their children per community (n=150)

Time spent by interacting with child by father since the participation in the MTM program	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Father interacted more	60.5%	67.6%	76.9%	64.1%	67.3%
Father interacted the same as in the beginning	23.7%	17.6%	10.3%	7.7%	23.7%
Father interacted less	13.2%	2.9%	7.7%	15.4%	13.2%
Don't know	2.6%	11.8%	5.1%	12.8%	2.6%

In summary, while a majority of fathers are engaging in childcare on multiple days per week, the decrease from midline and ongoing barriers, such as work commitments and traditional gender norms, highlight challenges that still need to be addressed. However, positive shifts in household dynamics, including improved communication and shared decision-making (see Table 54), suggest that indirect learning and cultural shifts are contributing to a more holistic change in caregiving roles, fostering greater involvement of fathers in childcare.

Table 54: Partner communication and decision making

Topic	Quote
Problem-solving	<i>"I learned how to resolve problems together with my husband and how to forgive each other when there are misunderstandings between us."</i>
Financial Planning	<i>"I learned how to make plans with my wife for our daughter's future."</i>
Improved relationship	<i>"The way I relate to my husband has changed a lot. In the past, we didn't understand each other well, but now we're able to sit down and resolve our problems in a respectful and friendly way."</i>
Pregnancy care	<i>"I also learned in these meetings about how to support women during pregnancy. For example, if my wife is pregnant, I should help with heavy tasks, gently touch her belly from time to time, and talk to the baby so he can start to recognize me as his father."</i>
Conflict resolution	<i>"They helped me resolve the issues with my wife. They gave me advice, called my wife, and we all sat down together to talk and work through the problems."</i>

3.3.5 Outcome 5: Economic empowerment of primary caregiver

Change in Household assets since joining the program

At endline, nearly all 97.5% (n=159) of primary caregivers reported being part of a loan program or savings group (see Table 50). This marks a significant improvement of +80.5% (longitudinal sample n=133) compared to midline, indicating a substantial expansion of financial inclusion among primary caregivers. This difference is statistically significant³⁹.

Table 55: Percentage of primary caregivers who are part of a loan/savings group, by community (midline n= 160; endline n=159, longitudinal n= 133)

Member of a loan program / saving group	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline	12.5%	12.5%	12.2%	22.5%	14.9%
Endline	100%	100%	95.0%	95.0%	97.5%
Difference [Endline – Midline]	87.5%	87.5%	82.5%	72.5%	82.5%
Longitudinal diff [Endline-Midline]	85.3%	87.1%	81.8%	68.6%	80.5%

3.3.5.1 Indicator 7: started or expanded micro-businesses using loans or savings

Indicator 7 measures the percentage of savings group members who have started or expanded micro-businesses using loans or savings. At endline, only 2.6% (n=155) of primary caregivers who reported being part of a loan program or savings group started or expanded a business using a loan or savings. For further details on the calculation of Indicator 7, please refer to Annex C. Only 2.6% (n = 155) of primary caregivers reported starting or expanding their business with financial products such as loans or savings (see Table 56).

Table 56: Indicator 7: Started or expanded business using loan or savings, by community (endline n= 155)

Business related activities	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
# started or expanded business using loan or savings	0	3	0	1	4
# part of a loan program / saving group	40	39	38	38	155
I7: started or expanded business using loan or savings	0%	7.7%	0%	2.6%	2.6%

The number of primary caregivers who started or expanded a business using loans or savings decreased by 14.1% (longitudinal sample, n = 133) compared to midline (see Table 57).

³⁹ p < 0.001 (Paired t-test)

Table 57: Indicator 7: started or expanded business using loan or savings disaggregated per community (midline n= 24; endline n=155)

Start or expanded a business using a loan or savings	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I7: Midline	40.0%	0%	20.0%	11.1%	16.7%
I7: Endline	0%	7.7%	0%	2.6%	2.6%
I7: Difference [Endline – Midline]	-40.0%	7.7%	-20.0%	-8.5%	-14.1%

Interestingly, among primary caregivers managing a business at endline (76.5%, n = 17) reported that they had initiated their business activities before joining a loan or savings group (see Table 58).

Table 58: When starting the existing business (endline, n= 17)

Start of business	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Before joining the Savings with Education savings & loan program	100%	50.0%	100%	80.0%	76.5%
After joining the Savings with Education savings & loan program	0%	50.0%	0%	20.0%	23.5%

The program has led to significant improvements in financial inclusion, with savings and loan group membership rising sharply, and more primary caregivers using loans or savings for asset accumulation. However, the impact on business growth remains modest, with many primary caregivers still facing challenges in translating financial inclusion into substantial income-generating activities.

The primary caregivers interviewed at endline highlighted the positive role of savings groups in fostering financial literacy and providing safety nets for small business startups and healthcare expenses. However, resource constraints remain a major barrier, particularly in affording necessary items for childcare and nutrition. Primary caregivers expressed that while the program has helped improve their financial knowledge, additional support, such as business development training and market linkages, is necessary to fully capitalize on economic opportunities.

3.3.5.2 Indicator 8: change in assets since joining the program.

Indicator 8 measures the percentage of households that report a change in assets since joining the program. To determine this change at midline, two key aspects are considered: The number of households that purchased household items using loans or savings from being in the savings and loan program; and the number of households that are part of a loan or savings group. Refer to Annex C for further details on the calculation of Indicator 8.

Most of the primary caregivers (91.7%, n=24) who reported being part of the savings and loan program did not purchase any household items. However, 28 primary caregivers (18.1%, n=155) reported buying household items, such as furniture or appliances (see Table 59).

Table 59: Household that purchased household items using loans or savings from being in the savings & loan program, by community (endline, n=28)

Household that purchased items	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Household that purchased any item	6	6	4	12	28
Number of saving group members	40	39	38	38	155
I8a: Number of purchased assets with loans received	6	6	4	12	28
I8b: Percentage of households that purchased assets with loans received	15.0%	15.4%	10.5%	31.6%	18.1%

There was a 9.8% increase (n = 155) in the number of households that purchased household items using loans or savings, compared to midline (see Table 61).

Table 60: I8b: Household that purchased household items using loans or savings from being in the savings & loan program, by community (midline n= 24; endline n=28)

I8b: Percentage of households that purchased assets with loans received	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
I8b: Midline	20.0%	0%	0%	11.1%	8.3%
I8b: Endline	15.0%	15.4%	10.5%	31.6%	18.1%
I8b: Difference [Endline – Midline]	-5.0%	15.4%	10.5%	20.5%	9.8%

Savings and/or loans to start or expand income generating activities

At endline, 10.7% (n=159) of primary caregivers reported having a business, highlighting that a segment of participants are actively engaged in income generation (see Table 61).

Table 61: Savings/loans to start/expand income generating activities, by community at endline (n=159)

Business related activities	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Own or manage a business	10.0%	15.4%	5.0%	12.5%	10.7%
Start new business using loan or savings	0%	7.7%	0%	2.5%	2.5%
Expand business using loan or savings	0%	7.7%	2.5%	2.5%	3.1%

3.4 Overview all indicators

The following tables (Table 62, Table 63, Table 64) summarize the study's main indicators disaggregated per community. Table 62 shows the percentages for each of the four communities at endline in Monapo district that participated in the study.

Table 62: Overview of key indicators at Endline, disaggregated per community (endline, n= 159)

#	Key indicators	Ihoane	Micolene	Mun-havara	Nacololo Sede	Total
1a	Percent of primary caregivers who report any confidence in handling parenting responsibilities successfully	67.5%	56.4%	70.0%	50.0%	61.0%
1b	Percent of primary caregivers who report full confidence in handling parenting responsibilities successfully	22.5%	30.8%	25.0%	27.5%	26.4%
2a	Percent of primary caregivers who report any parental stress	75.0%	69.2%	75.0%	72.5%	73.0%
2b	Percent of primary caregivers who report full parental stress	32.5%	43.6%	30.0%	50.0%	39.0%
3a	Percent of primary caregivers who use of physical punishment with their children 0-3	17.5%	43.6%	20.0%	65.0%	36.5%
3b	Average types of applied physical punishments (out of 6) averaged over all children 0-3	0.15	0.60	0.20	0.90	0.46
3c	Percentage of primary caregivers who use violent discipline (any) with their children 0-3	25.0%	56.4%	25.0%	67.5%	43.4%
3d	Percent of primary caregivers who use positive disciplinary practices with their children 0-3	94.3%	97.4%	92.5%	90.0%	94.3%
4	Primary caregivers parenting practices score	7.20	6.41	7.00	6.15	6.69
4a	Parenting responsive care score	7.76	7.76	7.53	7.44	7.58
4b	Parenting early learning score	7.64	6.41	7.17	6.26	6.87
4.b1	Average of the number of different stimulating activities (out of 11)	8.68	8.51	8.48	8.58	8.56
4.b2	Percentage of primary caregivers providing adequate stimulation	69.2%	64.1%	72.5%	67.5%	69.2%
4c	Parenting child safety & security score	6.19	5.28	6.40	4.58	5.62
I4%	In ALL 3 parenting practices categories: Responsive care AND Early learning AND Child safety & security	44.1%	44.1%	32.3%	34.3%	35.3%
I4a%	In Responsive care	47.1%	47.1%	58.1%	60.0%	49.6%
I4b%	In Early learning	94.1%	94.1%	80.6%	60.0%	79.7%
I4c%	In Child safety & security	97.1%	97.1%	77.4%	85.7%	89.5%

5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group	100%	92.3%	92.5%	90.0%	93.7%
6	Percent of fathers (as secondary caregivers) who intentionally interact/play with children 0-3	62.5%	66.7%	72.5%	57.5%	64.8%
6%	Percent of fathers (as secondary caregivers) who increase time spent intentionally interacting/playing with children 0-3	60.5%	67.6%	76.9%	64.1%	67.3%
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	0%	7.7%	0%	2.6%	2.6%
8a	Number of purchased assets with loans received	6	6	4	12	28
8b	Percentage of households that purchased assets with loans received	15.0%	15.4%	10.5%	31.6%	18.1%

Table 63 below provides an overview of the differences across communities for **all** primary caregivers surveyed including those surveyed at both midline and endline (as well as the additional 26 caregivers who were only surveyed at endline)

Table 63: Overview of the differences [endline – midline] for the key indicators between endline and midline disaggregated per community

#	Key indicators	Ihoane	Micolene	Mun-havara	Nacololo Sede	Total
1a	Percent of primary caregivers who report any confidence in handling parenting responsibilities successfully	55.0%	36.4%	52.5%	40.0%	48.5%
1b	Percent of primary caregivers who report full confidence in handling parenting responsibilities successfully	22.5%	25.8%	25.0%	22.5%	23.9%
2a	Percent of primary caregivers who report any parental stress	-25.0%	-25.8%	-25.0%	-22.5%	-24.5%
2b	Percent of primary caregivers who report full parental stress	-65.0%	-36.4%	-52.5%	-40.0%	-48.5%
3a	Percent of primary caregivers who use of physical punishment with their children 0-3	-82.5	-56.4%	-80.0%	-35.0%	-63.5%
3b	Average types of applied physical punishments (out of 6) averaged over all children 0-3	-3.54	-3.09	-3.41	-2.83	-3.25
3c	Percentage of primary caregivers who use violent discipline (any) with their children 0-3	-20.0%	-7.7%	-35.0%	-1.7%	-16.1%
3d	Percent of primary caregivers who use positive disciplinary practices with their children 0-3	4.3%	2.6%	-5.0%	-2.3%	0.7%

4	Primary caregivers parenting practices score	1.99	1.39	1.57	0.99	1.48
4a	Parenting responsive care score	0.43	0.60	0.16	0.32	0.33
4b	Parenting early learning score	2.49	1.42	1.61	0.65	1.54
4.b1	Average of the number of different stimulating activities (out of 11)	0.73	0.87	0.23	0.60	0.60
4.b2	Percentage of primary caregivers providing adequate stimulation	0.2%	15.4%	-15.0%	0.8%	0.2%
4c	Parenting child safety & security score	3.05	2.38	3.03	1.84	2.57
5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group	7.5%	-2.7%	-2.5%	10.0%	3.1%
6	Percent of fathers (as secondary caregivers) who intentionally interact/play with children 0-3	-10.0%	-15.8%	-2.5%	-10.0%	-9.6%
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	-40.0%	7.7%	-20.0%	-8.5%	-14.1%
8a	Number of purchased assets with loans received	5	6	4	11	26
8b	Percentage of households that purchased assets with loans received	-5.0%	15.4%	10.5%	20.5%	9.8%

Table 64 below shows the longitudinal changes over time by community for those primary caregivers who participated in **both** the midline and endline surveys.

Table 64: Overview the longitudinal difference [endline-midline] for the key indicators between endline and midline of key indicators, disaggregated per community

#	Key indicators	Ihoane	Micolene	Mun-havara	Nacololo Sede	Total
1a	Percent of primary caregivers who report any confidence in handling parenting responsibilities successfully	64.7%	41.9%	72.7%	45.7%	56.4%
1b	Percent of primary caregivers who report full confidence in handling parenting responsibilities successfully	20.6%	16.1%	27.3%	28.6%	23.3%
2a	Percent of primary caregivers who report any parental stress	-64.7%	-48.4%	-72.7%	-45.7%	-56.4%
2b	Percent of primary caregivers who report full parental stress	-64.7%	-35.5%	-57.6%	-42.9%	-50.4%
3a	Percent of primary caregivers who use of physical punishment with their children 0-3	-85.3%	-48.4%	-75.8%	-40,0%	-62.4%
3b	Average types of applied physical punishments (out of 6) averaged over all children 0-3	-3.63	-3.05	-3.44	-3,11	-3.31

3c	Percentage of primary caregivers who use violent discipline (any) with their children 0-3	-32.4%	-3.2%	-39.4%	-22.9%	-24.8%
3d	Percent of primary caregivers who use positive disciplinary practices with their children 0-3	8.8%	0%	-6.1%	-2.9%	0%
4	Primary caregivers parenting practices score	2.12	1.26	1.52	1.01	1.48
4a	Parenting responsive care score	0.58	0.32	-0.06	0.63	0.37
4b	Parenting early learning score	2.52	1.44	1.82	0.47	1.56
4.b1	Average of the number of different stimulating activities (out of 11)	0.85	0.94	0.42	0.54	0.68
4.b2	Percentage of primary caregivers providing adequate stimulation	2.9%	12.9%	-15.2%	0%	0%
4c	Parenting child safety & security score	3.25	2.01	2.81	1.94	2.51
5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group	8.8%	-3.2%	-6.1%	11.4%	3.0%
6	Percent of fathers (as secondary caregivers) who intentionally interact/play with children 0-3	-14.7%	-25.8%	-3.0%	-11.4%	-13.5%
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	3.2%	0%	-3.0%	2.9%	0.8%
8a	Number of purchased assets with loans received	1	0	0	2	3
8b	Percentage of households that purchased assets with loans received	6.7%	6.7%	0%	0%	17.6%

4

Conclusions

Endline study Cohort 1

March 2025

4. Conclusions

The analysis of the quantitative and qualitative data from the MTM program reveals several significant improvements across various outcomes:

Early learning and responsive caregiving behaviors

The data shows that the MTM program was successful in increasing the frequency and variety of stimulating activities, as well as access to play materials and children's books, which are critical for early childhood development. Specifically:

- The average number of different stimulating activities (out of 11) conducted at least once per week increased by
 - 0.60 (difference [endline – midline])
 - 0.68 (longitudinal difference [endline – midline])
- The total number of stimulating activities (out of 77) per week increased by
 - 2.55 (difference [endline – midline])
 - 2.51 (longitudinal difference [endline – midline])
- The percentage of primary caregivers providing adequate stimulation to their child remained constant.
- The percentage of households with at least one children's book increased by
 - 45.2% (difference [endline – midline])
 - 40.6% (longitudinal difference [endline – midline])
- Difference in average number of days per week the child was left in the care of another child for more than one hour per day decreased with 0.31 days (difference [endline – midline]).
- The average number of different play materials (out of 4) the child played with increased by
 - 0.28 (difference [endline – midline])
 - 0.27 (longitudinal difference [endline – midline])
- The percentage of households with at least one children's book increased by
 - 45.2% (difference [endline – midline])
 - 40.6% (longitudinal difference [endline – midline])
- The average number of children's book in households increased by
 - 0.53 (difference [endline – midline])
 - 0.50 (longitudinal difference [endline – midline])

The qualitative findings reveal two key aspects:

- Positive changes: Primary caregivers have developed better understanding and skills in play-based learning; They have become more creative in making toys and engaging with children; There is an overall improvement in caregiving practices and interactions.

- **Challenges:** Financial constraints remain a significant barrier; Limited access to basic resources (like sugar) affects implementation; Economic limitations may hinder further progress.

The conclusion indicates that while the program has achieved meaningful improvements in home learning and caregiver-child relationships, ongoing support and resource accessibility are crucial for sustainable long-term impact on child development.

Child safety and security

The data shows that the MTM program was successful in reducing the use of physical and psychological punishment, while increasing the use of positive disciplinary practices, which are critical for child safety and security. Specifically:

- The percentage of primary caregivers using any physical punishment decreased by
 - 63.5% (difference [endline – midline])
 - 62.4% (longitudinal difference [endline – midline])

At midline, 100% of primary caregivers (n=158) reported using physical punishment with children aged 0–3 years.

- The average number of different types of physical punishment (out of 6) used decreased by
 - 3.25 (difference [endline – midline])
 - 3.31 (longitudinal difference [endline – midline])
- The percentage of primary caregivers using any psychological aggression decreased by
 - 21.8% (difference [endline – midline])
 - 21.8% (longitudinal difference [endline – midline])
- The average number of different types of psychological aggression (out of 2) used decreased by
 - 0.25 (difference [endline – midline])
 - 0.26 (longitudinal difference [endline – midline])
- The percentage of primary caregivers using any positive disciplinary practices remained constant.
- The average number of different positive disciplinary practices used increased by
 - 0.18 (difference [endline – midline])
 - 0.20 (longitudinal difference [endline – midline])

The qualitative findings reveal key aspects regarding disciplinary practices:

- **Transformative shifts in parenting:** Many primary caregivers expressed a clear shift away from traditional physical punishment towards non-violent disciplinary methods, reflecting a broader cultural shift in attitudes.

- Heightened awareness of child well-being: Primary caregivers reported being more vigilant and creating safer home environments, prioritizing holistic child well-being more than before.
- Challenges and continuing barriers: Despite improvements, challenges persist, such as resource constraints and infrastructural deficits that hinder optimal safety practices in some communities.
- Extended program impacts: Beyond reductions in punitive behaviors, the program's broader impact is evident, as primary caregivers have increasingly adopted positive practices, such as prompt healthcare-seeking actions, indicating the comprehensive nature of the program.

Overall, significant progress has been made in shifting disciplinary practices towards more positive and holistic approaches, while also acknowledging the ongoing challenges that communities face in ensuring optimal child safety and well-being.

Psychosocial well-being of primary caregiver

The MTM program contributed to an increase in primary caregivers' confidence in their parenting abilities, a reduction in parental stress, and a strengthened sense of community connectedness, which are critical aspects of psychosocial well-being. Specifically:

- The percentage of primary caregivers reporting any confidence in handling parenting responsibilities successfully increased by
 - 48.5% (difference [endline – midline])
 - 56.4% (longitudinal difference [endline – midline])
- The percentage of primary caregivers reporting full confidence in handling parenting responsibilities successfully increased by
 - 23.9% (difference [endline – midline])
 - 23.3% (longitudinal difference [endline – midline])
- The percentage of primary caregivers reporting any parental stress decreased by
 - 24.5% (difference [endline – midline])
 - 56.4% (longitudinal difference [endline – midline])
- The percentage of primary caregivers reporting full parental stress decreased by
 - 48.5% (difference [endline – midline])
 - 50.4% (longitudinal difference [endline – midline])
- The percentage of primary caregivers reporting feeling supported and connected by peer primary caregivers in their community increased by
 - 3.1% (difference [endline – midline])
 - 3.0% (longitudinal difference [endline – midline])

The qualitative interviews reveal three main themes regarding a community-based parenting program:

- Enhanced parenting skills and confidence: Primary caregivers developed better skills in toy-making and child interaction; There was a shift from uncertainty to confidence in parenting methods; Family cooperation and parenting organization improved
- Ongoing challenges: Financial constraints remain a major barrier; Limited healthcare access and infrastructure issues persist; Resource limitations affect basic necessities
- Stress management: Improved household relationships and time management reduced some stress; Financial pressures continue to be a significant stressor

Gender-equitable roles in parenting:

Though the percentage of fathers interacting with children in the last seven days (captured by indicator 6) decreased by 9.6% from midline to endline, and by 13.5% in the longitudinal comparison, more than half of the female caregivers at endline (67.3%, n=150) reported that fathers have increased the time they spend intentionally interacting or playing with children aged 0–3 since participating in the MTM program compared to midline. In contrast, 10.0% (n=133) reported that fathers are spending less time with their children.

While a majority of fathers are engaging in childcare on multiple days per week, the decrease from midline and ongoing barriers, such as work commitments and traditional gender norms, highlight challenges that still need to be addressed. However, positive shifts in household dynamics, including improved communication and shared decision-making, suggest that indirect learning and cultural shifts are contributing to a more holistic change in caregiving roles, fostering greater involvement of fathers in childcare.

Qualitative data indicated that the MTM program positively affected gender roles, with fathers becoming more involved in parenting tasks such as playing, feeding, and assisting with caregiving, as well as being more supportive of the mothers. This shift suggests progress toward more equitable parenting roles within the household.

Economic Empowerment of primary caregiver:

There were modest but encouraging improvements in the economic empowerment of the primary caregivers:

- The percentage of primary caregivers participating in a loan/savings group increased by
 - 82.5% (endline - midline)
 - 80.5% (longitudinal difference)
- The percentage of households using loans or savings to purchase household items increased by
 - 9.8% (endline - midline)
 - 17.6% (longitudinal difference)

- The percentage of primary caregivers using savings/loans to start or expand income-generating activities
 - decreased -14.1%
 - increased 0.8% (longitudinal difference)

The program has significantly improved financial inclusion, with increased savings/loan group membership and more primary caregivers using loans or savings for asset accumulation. However, its impact on business growth remains modest due to challenges in translating financial inclusion into substantial income-generating activities. Savings groups have fostered financial literacy and provided safety nets for small business startups and healthcare expenses. Despite these gains, resource constraints hinder access to essential childcare and nutrition items. Primary caregivers emphasized the need for additional support, such as business development training and market linkages, to fully leverage economic opportunities.

The following (Table 65) captures the key endline indicators for cohort-1 for the MTM ECD project compared with the midline indicators.

Table 65: Overview of key indicators for cohort-1 at endline (n= 159) compared with midline (n= 160), Difference [endline – midline], and longitudinal difference [endline – midline] (n=133)

# ⁴⁰	Key indicators	Midline	Endline	Difference	longitudinal difference
1a*	Percent of primary caregivers who report <u>any</u> confidence in handling parenting responsibilities successfully	12.5%	61.0%	48.5%	56.4%
1b*	Percent of primary caregivers who report <u>full</u> confidence in handling parenting responsibilities successfully	2.5%	26.4%	23.9%	23.3%
2a*	Percent of primary caregivers who report <u>any</u> parental stress	97.5%	73.0%	-24.5%	-56.4%
2b*	Percent of primary caregivers who report <u>full</u> parental stress	87.5%	39.0%	-48.5%	-50.4%
3a*	Percent of primary caregivers who use of physical punishment with their children 0-3	100%	36.5%	-63.5%	-62.4%
3b	Average types of applied physical punishments (out of 6) averaged over all children 0-3	3.69	0.46	-3.25	-3.31
3c*	Percentage of primary caregivers who use violent discipline (any) with their children 0-3	59.5%	43.4%	-16.1%	-24.8%
3d	Percent of primary caregivers who use positive disciplinary practices with their children 0-3	93.7%	94.3%	0.7%	0%
4*	Primary caregivers parenting practices score	5.21	6.69	1.48	1.48
4a*	Parenting responsive care score	7.25	7.58	0.33	0.37

⁴⁰ The indicators marked with an * have a statistically significant difference

# ⁴⁰	Key indicators	Midline	Endline	Difference	longitudinal difference
4b*	Parenting early learning score	5.33	6.87	1.54	1.56
4b1	Average of the number of different stimulating activities	7.96	8.56	0.60	0.68
4b2	Percentage of primary caregivers providing adequate stimulation	69.0%	69.2%	0.2%	0%
4c*	Parenting child safety & security score	3.04	5.62	2.57	2.51
4%	Percent of primary caregivers who demonstrate an improvement in parenting practices in responsive care AND early learning AND child safety & security (Value at endline)				35.3%
4a%	Percent of primary caregivers who demonstrate an improvement in in responsive care (Value at endline)				49.6%
4b%	Percent of primary caregivers who demonstrate an improvement in early learning (Value at endline)				79.7%
4c%	Percent of primary caregivers who demonstrate an improvement in child safety & security (Value at endline)				89.5%
5	Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group	90.6%	93.7%	3.1%	3.0%
6	Percent of fathers (as secondary caregivers) who intentionally interact/play with children 0-3	74.4%	64.8%	-9.6%	-13.5%
6%	Percent of fathers (as secondary caregivers) who increase time spent intentionally interacting/playing with children 0-3 (Value at endline)				79.7%
7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	16.7%	2.6%	-14.1%	0.8%
8a	Number of purchased assets with loans received	2	28	26	3
8b	Percentage of households that purchased assets with loans received	8.3%	18.1%	9.8%	17.6%

Conclusions

The MTM program evaluation demonstrates substantial positive outcomes across multiple domains. Quantitative and qualitative data reveal significant improvements in early learning and responsive caregiving behavior, with increased engagement in stimulating activities and enhanced access to play materials. Child safety and security showed marked progress through reduced physical punishment and increased adoption of positive disciplinary practices. Caregiver psychosocial well-being improved notably, evidenced by increased parenting confidence and reduced stress levels. While modest gains were observed in gender-equitable roles and economic empowerment, these areas show positive directional change despite persistent challenges. The data indicates that while overall household resilience has improved, some families continue to face resource constraints that impact their ability to fully implement learned practices.

Recommendations

To build upon these achievements and ensure sustainable impact, several key recommendations emerge as highlighted in Table 66.

Table 66: Actionable recommendations

Recommendation area	Current recommendations	Actionable recommendations
1. Resource Support Mechanisms	Strengthen resource support mechanisms to enable full implementation of recommended practices, particularly addressing financial constraints and healthcare access barriers.	<ul style="list-style-type: none"> Establish a dedicated emergency fund that provides micro-grants of \$50-100 to families facing acute healthcare needs Create a community resource hub in each village with essential childcare supplies (books, toys, hygiene items) available for borrowing Implement a mobile healthcare outreach program that visits communities quarterly with basic health screenings and vaccinations Partner with 3-5 local businesses to create a "child-friendly discount program" offering reduced prices on essential childcare items Develop a transportation voucher system for families needing to access distant healthcare facilities
2. Parenting Education & Community Development	Adopt a multi-faceted approach combining parenting education with broader community development initiatives to address systemic challenges.	<ul style="list-style-type: none"> Launch quarterly "Community Action Days" where parenting education is combined with community improvement projects Establish 5-7 demonstration households in each community that model integrated approaches to child development and sustainable livelihoods Create a "Community Champions" program that trains 2-3 local leaders per village to advocate for child-friendly infrastructure improvements Develop a curriculum that explicitly connects parenting practices to broader community development goals Partner with local government to designate safe play spaces in each community and equip them with locally-made, developmentally appropriate play materials
3. Caregiver Capacity & Resilience	Expand the focus on building primary caregiver capacity and resilience through enhanced skills training and support networks.	<ul style="list-style-type: none"> Implement bi-monthly peer support groups of 8-10 caregivers focused on stress management and emotional well-being Create a graduated skills training program with three distinct levels (beginner, intermediate, advanced) for caregivers to progress through Develop a "Caregiver Mentor" system pairing experienced caregivers with new program participants for one-on-one support Introduce a "Caregiver Self-Care Toolkit" with practical stress-reduction techniques and self-assessment tools Establish a recognition program that celebrates caregivers who demonstrate exceptional resilience and growth
4. Gender-Equitable Parenting Roles	Intensify targeted interventions to promote gender-equitable parenting roles, specifically	<ul style="list-style-type: none"> Create "Fathers' Circles" that meet monthly with male facilitators to discuss fatherhood and childcare practices

	addressing barriers to fathers' involvement in childcare.	<ul style="list-style-type: none"> • Develop a "Flexible Work Advocacy" initiative that engages local employers to create policies supporting fathers' involvement in childcare • Implement a "Father-Child Activity Calendar" with 12 monthly activities specifically designed for fathers and children • Launch a community-wide "Celebrating Involved Fathers" campaign featuring success stories and role models • Design specialized training modules for community volunteers on engaging resistant fathers and addressing traditional gender norms
5. Monitoring & Evaluation Systems	Establish robust monitoring and evaluation systems to track long-term impact and enable continuous program improvement.	<ul style="list-style-type: none"> • Implement a digital data collection system using tablets/smartphones to track 10-15 key indicators in real-time • Conduct quarterly "Reflection and Learning" sessions with program staff to analyze data and adjust implementation strategies • Develop a child development tracking tool that follows children for 3-5 years beyond program completion • Create a participatory monitoring approach where caregivers themselves collect and analyze certain data points • Establish an annual independent evaluation process that includes both quantitative metrics and qualitative success stories

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Annexes

Annex A1.1: Study tools

PART 1: Demographics-background

#	Question	Response
1.1	Collect GPS location	
1.2	Enumerator's name	
1.3	Study	1) Endline cohort -1 2) Endline cohort -2
1.4a	[If 1.3 = Cohort 1] Community at endline	1) Ihoane 2) Micolene 3) Munhavara 4) Nacololo Sede
1.4b	[If 1.3 = Cohort 2] Community at Endline	1) Aginuro 2) Canacue 3) Nacuca 4) Namachaca
1.5	Do you consent to participate?	1) Yes 2) No If "No" selected, "Consent not given", you should end the interview here. Please thank the respondent for their time and end the interview.
1.6	What is your first and last name?	
1.7	What is your gender?	1) Male 2) Female
1.8	What is your relationship as primary caregiver to child/ren under age 3 in your home?	1) Mother (Biological) 2) Father (Biological) 3) Grandmother 4) Grandfather 5) Sibling age 13 or older 6) Sibling age younger than 13 7) Other relative 8) Guardian not related to the child
1.9	What is your age? (Choose applicable range instead of reading options.)	1) 6-14 2) 15-35 3) 36-49 4) 50-64 5) 65+ 98) Don't know 99) No answer / No response
1.10	If 1.8 = mother or father: How many children do you have? Else: How many children do you take care of as primary caregiver?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 or more, please specify _____ 98) Don't know 99) No answer / No response
1.11a	[If 1.10 > 0]	1) 0

#	Question	Response
	How many children are between the ages of newborn to 35 months (under 3)?	2) 1 3) 2 4) 3 5) 4 or more, please specify _____ 98) Don't know 99) No answer / No response
1.11b	[If 1.10 > 0] How many children are 3-5 years old?	1) 0 2) 1 3) 2 4) 3 5) 4 or more, please specify _____ 98) Don't know 99) No answer / No response
1.11b1	[If 1.10 >= 1] What is the name of the youngest child	[Name_child1]
1.11b2	[If 1.10 >= 2] What is the name of second youngest child	[Name_child2]
1.11b3	[If 1.10 >= 3] What is the name of third youngest child	[Name_child3]
1.11b4	[If 1.10 >= 4] What is the name of fourth youngest child	[Name_child4]
1.11c	[If 1.10 > 0] How many children are 6 -11 years old?	1) 0 2) 1 3) 2 4) 3 5) 4 or more, please specify _____ 98) Don't know 99) No answer / No response
1.11d	[If 1.10 > 0] How many children are 12-18 years old?	1) 0 2) 1 3) 2 4) 3 5) 4 or more, please specify _____ 98) Don't know 99) No answer / No response
1.12	What is your marital status?	1) Single or not living with a partner 2) Married or living with a partner 3) Divorced or separated 4) Widowed 99) No answer / No response
1.13	What is the highest level of school attended?	1) Did not attend school 2) Primary 3) Secondary 4) Tertiary or higher education 98) Don't know 99) No answer / No response
1.14	What is your occupation?	1) Self-employed 2) Employed – Informal

#	Question	Response
		3) Employed - Formal (Salaried) 4) Agriculture 5) Unemployed 6) Student 7) Other, please specify _____ 98) Don't know 99) No answer / No response

PART 2: Demographics - human resilience survey

#	Question	Response
2.1	Community	[is same as question 1.3 and will be automatically populated]
2.2	How many members does the household have?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 8) 7 9) 8 10) 9 11) Other, please specify _____ 98) Don't know 99) No answer / No response
2.3	How many household members are 14 years-old or younger?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 8) 7 9) 8 10) 9 11) Other (please specify) 98) Don't know 99) No answer / No response
2.4	Are all household members ages 6 to 12 currently attending school?	1) Yes 2) No 3) There is no one aged 6 to 12 in household 98) Don't know 99) No answer / No response
2.5	What is the highest educational level that the female head/spouse has reached?	1) Did not attend school 2) Primary 3) Secondary 4) Tertiary or higher education

#	Question	Response
		98) Don't know 99) No answer / No response
2.6	What is the main construction material used for the outer wall?	1) Mud bricks/earth, wood, bamboo, metal sheet/slate/asbestos, palm leaves/thatch (grass/raffia), or other 2) Cement/concrete blocks, landcrete, stone, or burnt bricks 3) Other, please specify. _____ 98) Don't know 99) No answer / No response
2.7	What is the main construction material of the floors of the residence?	1) Dirt 2) Mud bricks, poured concrete, or wood 3) Cement bricks 4) Ceramic tile or granite 5) Other, please specify _____ 98) Don't know 99) No answer / No response
2.8	What is the main building material used for the roof of the main building?	1) Grass, leaves, or mud 2) Iron sheets, tiles, concrete, or asbestos 3) Other, please specify _____ 98) Don't know 99) No answer / No response
2.9	What type of toilet facility is usually used by the household?	1) No toilet facility (bush, beach), or other 2) Pit latrine, bucket/pan 3) Public toilet (e.g., W.C., KVIP, pit pan) 4) Kumasi Ventilated Improved Pit (KVIP) or W.C. 98) Don't know 99) No answer / No response
2.10	What is the household's source of water?	1) Not public network 2) Public network 98) Don't know 99) No answer / No response
2.11	Does this household own a television?	1) Yes 2) No 98) Don't know 99) No answer / No response
2.12	How many working mobile phones are owned by [all] members of the household [in total together]?	1) 0 2) 1 3) 2 4) 3 5) Other (please specify) 98) Don't know 99) No answer / No response
2.13	Does the household possess a refrigerator?	1) Yes 2) No 98) Don't know 99) No answer / No response
2.14	Does the household possess a cooker (gas, kerosene, electric)?	1) Yes 2) No

#	Question	Response
		98) Don't know 99) No answer / No response
2.15	Is your house connected to electricity?	1) Yes 2) No 98) Don't know 99) No answer / No response
2.16	What is the main occupation of the male head/ spouse?	1) No data or no main occupation 2) Farmer, rancher, agricultural worker, or no male head/spouse 3) Shop owner, salesperson, service worker, transport and storage operator, or worker in textiles, construction, mechanics, graphics, chemicals, food processing, etc. 4) Office worker, transportation operator, professional, technician, director, manager, administrator, or related job 5) Other, please specify. _____ 98) Don't know 99) No answer / No response
2.17	If the household cultivated any crops in the last 12 months, does it currently own any bulls, cows, steers, heifers, male calves, female calves, or oxen?	1) No crops, and no cattle 2) No crops, but yes cattle 3) Yes crops, and yes cattle 4) Yes crops, but no cattle 98) Don't know 99) No answer / No response
2.18	What is the main fuel used by the household for cooking?	1) None, no cooking done in household 2) Wood, crop residue, sawdust, animal waste, or other 3) Charcoal or kerosene 4) Gas or electricity 98) Don't know 99) No answer / No response
2.19	Does any household member own a working bicycle, motorcycle, or car? [Multiple answers possible]	1) None 2) Bicycle 3) Motorcycle 4) Car 98) Don't know 99) No answer / No response
2.20	On a scale 1 to 10, where would you place your household on the ladder in terms of economic status? (where higher the number the more economic status, with 1 the lowest and 10 the highest)	1) 1 2) 2 3) 3 4) 4 5) 5 6) 6 7) 7 8) 8 9) 9 10) 10 98) Don't know

#	Question	Response
		99) No answer / No response
2.21	Do you — by yourself or with other people — currently have an account at a bank?	1) Yes 2) No 98) Don't know 99) No answer / No response
2.22	Do you or anyone in your household currently have money set aside as savings?	1) Yes 2) No 98) Don't know 99) No answer / No response
2.23	Did anyone in your household go to bed hungry in the last 7 days? (<i>***need to ask at same time of year / same season</i>)	1) Yes 2) No 98) Don't know 99) No answer / No response
2.24	How many meals a day do you eat in your household?	1) 1 2) 2 3) 3 4) Other, please specify _____ 98) Don't know 99) No answer / No response

PART 3: Primary caregiver's stimulation practices

#	Question	Response
If question 1.11a = 0 and >= 98 then skip part 3 entirely		
Repeat all the questions for all children under 3, so for [Name child1]; [Name child2]; [Name child3] and [Name child4].		
I am interested in learning about the things you (as primary caregiver) do with all children under 3 years.		
In the past week (7 days), have YOU done any of the following activities with [child name] in the household ? If so, how many times during the past week?		
3.1	Read books or look at picture books with [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.2	Sing songs to [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.3	Take [child name] out of home (e.g., to the field, market, or for a walk)?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.4	Play with [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week

#	Question	Response
		3) Every day or nearly every day 98) Don't remember/don't know
3.5	Name or count things [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.6	Draw things with [child name] (e.g., on the sand)?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.7	Tell stories to [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.8	Provide [child name] with object to grasp or pick up?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.9	Encourage [child name] to crawl, run, or jump up?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.10	Hug or kiss [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.11	Praise [child name] ?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
3.12	Other activity with [child name] (specify): _____	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know
Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children under 3 years old.		
3.13	On how many days in the past week [child name] was left alone for more than an hour?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day

#	Question	Response
		98) Don't remember/don't know
3.14	On how many days in the past week [child name] was left in the care of another child, that is, someone less than 10 years old, for more than an hour?	0) Never 1) Once or twice a week 2) Multiple times a week 3) Every day or nearly every day 98) Don't remember/don't know

PART 4: Play and learning materials

#	Question	Response
If question 1.11a = 0 and >= 98 then skip part 4 entirely Repeat the questions 4.1-4.4 for all children under 3, so for [Name child1]; [Name child2]; [Name child3] and [Name child4].		
I am interested in learning about the things that any child under 3 years old plays with when he/she is at home.		
4.1	In the past 7 days, has [child name] played-with home-made toys? (e.g., home-made dolls, home-made cars, home-made ball, or other toys made at home)	1) Yes 2) No 98) Don't remember/don't know
4.2	In the past 7 days, has [child name] played with played with store- bought toys or manufactured toys? (e.g. pencils, plastic ball, store-bought car, blocks, etc.)	1) Yes 2) No 98) Don't remember/don't know
4.3	In the past 7 days, has [child name] played with household objects? (e.g., boxes, bottle caps, capulana (old wraps) etc.)	1) Yes 2) No 98) Don't remember/don't know
4.4	In the past 7 days, has [child name] played with objects in the natural environment? (e.g., sticks, rocks, dirt, etc.)	1) Yes 2) No 98) Don't remember/don't know
[The following questions should only be asked once]		
4.5	Do you have any children's books or picture books in the household?	1) Yes 2) No => skip to part 5 98) Don't remember/don't know=>skip to part 5
4.6	How many children's books or picture books are there in the household?	

PART 5: Primary caregiver disciplinary practices

#	Question	Response
If question 1.11a = 0 and >= 98 then skip part 5 entirely Repeat all the questions for all children under 3, so for [Name child1]; [Name child2]; [Name child3] and [Name child4].		
Adults use certain ways to teach children the right behavior or to address a behavior problem. I will mention various methods that parents might use with their children, and I want you to tell me if YOU (primary caregiver) have used this method with [child name] in the past month.		
5.1	Shook [child name] ?	1) Yes 2) No

#	Question	Response
		8) Don't remember/don't know/refuse to answer
5.2	Shouted, yelled at or screamed at [child name] ?	1) Yes 2) No 8) Don't remember/don't know/refuse to answer
5.2	Shouted, yelled at or screamed at [child name]?	1) Yes 2) No 8) Don't remember/don't know/refuse to answer
5.3	Spanked, hit or slapped [child name] on the bottom with bare hand?	1) Yes 2) No 8) Don't remember/don't know/refuse to answer
5.4	Hit [child name] on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?	1) Yes 2) No 8) Don't remember/don't know/refuse to answer
5.5	Called [child name] dumb, lazy, or another name like that?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.6	Hit or slapped [child name] on the face, head or ears?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.7	Hit or slapped [child name] on the hand, arm, or leg?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.8	Beat [child name] up – that is, hit child name] child over and over as hard as possible?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.9	Distracted the child name child by giving the child something else to do?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.10	Took away a privilege [child name]? (Relevant for children 2 and older)	1) Yes 2) No 98) Don't remember/don't know/refuse to answer 99) Not Applicable
5.11	Sent the [child name] to a time out/go to another space and sit quietly for a short while? (Relevant for children 2 and older)	1) Yes 2) No 98) Don't remember/don't know/refuse to answer 99) Not Applicable
5.12	Ignored the behavior of [child name]?	1) Yes 2) No 98) Don't remember/don't know/refuse to answer

#	Question	Response
5.13	Explained why the behavior was wrong/bad	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.14	Praised good behavior instead of correcting bad behavior	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.15	Demonstrating the good behavior to the child that he/she should do instead of what the child is doing wrong	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.16	Put things out of reach	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.17	Having the [child name] experience the consequences of their bad behavior	1) Yes 2) No 98) Don't remember/don't know/refuse to answer
5.18	Have you changed how you discipline your child/ren since your participation in the MTM program regarding physical punishment ?	1) More physical punishment 2) Less physical punishment 3) Same level of physical punishment
5.19	Have you changed how you discipline your child/ren since your participation in the MTM program regarding verbal punishment ?	1) More verbal punishment 2) Less verbal punishment 3) Same level of verbal punishment
5.20	Have you changed how you discipline your child/ren since the participation in the MTM program regarding positive disciplinaries ?	1) More positive disciplinaries 2) Less positive disciplinaries 3) Same level of positive disciplinaries
5.21	What positive behaviour has increased since your participation in the MTM program? [Multi-select]	1) Distracting the child 2) Took away a privilege 3) Sent child away for a time out 4) Ignored the behavior 5) Explained why behavior was wrong 6) Praised good behavior 7) Put things out of reach 8) Having the child experience the consequences of their bad behavior 9) Demonstrating the good behavior to the child that he/she should do instead 10) None 11) Other, specify
5.22	In the last 2 years have you ever asked the ECD volunteer who visited you at	1) Yes 2) No

#	Question	Response
	home (and led your caregiver group) for parenting information, advice, help or referrals for services– either for you as a parent/caregiver or for your children?	98) Don't remember/don't know/refuse to answer
5.22a	If yes, what you asked for?	
5.23	How helpful was the ECD volunteer to you?	1) Very helpful 2) Somewhat helpful 3) Not really able to help 98) Don't remember/don't know/refuse to answer

PART 6: Birth registration

#	Question	Response
If question 1.11a = 0 and >= 98 then skip question 6.1 Repeat question 6.1 for all children under 3, so for [Name child1]; [Name child2]; [Name child3] and [Name child4].		
6.1	Has child name] 's birth been registered with the civil authorities?	1) Yes 2) No 98) Don't remember/don't know
6.2	Do you know how to register a child's birth?	1) Yes 2) No 98) Don't remember/don't know

PART 7 Community Connectedness and Economic empowerment

#	Question	Response
7.1	How much do you feel like you have in common with other caregivers in your community (in your group)?	1) Strongly agree 2) Agree 3) Disagree 4) Strongly disagree 98) Don't know/refuse to answer
7.2	How much do you feel like other caregivers in your community (in your group) care about you?	1) Strongly agree 2) Agree 3) Disagree 4) Strongly disagree 98) Don't know/refuse to answer
7.3	Do you feel that you are supported by your own community as caregiver of children?	1) Strongly agree 2) Agree 3) Disagree 4) Strongly disagree 98) Don't know/refuse to answer
7.4	What are the types of support that have been provided other than material assistance? [Multiple answers possible]	0) No support 1) Advice 2) Counselling 3) Other, specify _____ 98) Don't know 99) No answer / No response
7.5	Who in the past (six) months has provided you with various kinds of	0) No answer / No response 1) Elder

#	Question	Response
	support: advice, counselling, and other forms of support other than material support?	2) Neighbor 3) Faith leader 4) Community leader 5) Volunteer/APE 6) Other, specify _____ 98) Don't know 99) No answer / No response
7.6	Overall, do you feel that you have all the support you need from your community?	1) Yes 2) No 3) Don't know 4) No answer / No response
7.7	If 7.6 is 2) No What support do you feel you lack?	7.7
7.11	In the last month, have you felt that caring for your child(ren) has taken more time and energy than you have to give?	1) Yes, most of the time 2) Yes, some of the time 3) No, not very often 4) No, hardly ever 98) Don't know 99) No answer / No response
7.12	In the last month, have you felt overwhelmed by the responsibilities of being a primary caregiver?	1) Yes, most of the time 2) Yes, some of the time 3) No, not very often 4) No, hardly ever 98) Don't know 99) No answer / No response
7.13	In the last month, have you felt worried about whether you are doing enough for your child(ren)?	1) Yes, most of the time 2) Yes, some of the time 3) No, not very often 4) No, hardly ever 98) Don't know 99) No answer / No response
7.14	How do you feel about your parental stress since your participation in the MTM program?	1) Less stress 2) More stress 3) Same stress level 98) Don't know 99) No answer / No response stress level
7.15	If 7.14 – 1) less stress Which items have contributed to less stress	1) Not taken more time/energy 2) Not feeling overwhelmed 3) Not being worried of doing enough 4) Others, specify
7.21a- 7.24a	If caregiver is (biological) father: In the last week, how often did you/as a father find time to interact or play with your child [child name] [for each child this question will be asked separately]	1) Didn't find time (0 days) 2) 1-2 days 3) 3-4 days 4) 5-6 days 5) Every day (7 days) 98) Don't know 99) No answer / No response
7.21b- 7.24b	If caregiver is not the (biological) father:	1) Didn't find time (0 days) 2) 1-2 days

#	Question	Response
	In the last week, how often did the father find time to interact or play with his child [child name] [for each child this question will be asked separately]	3) 3-4 days 4) 5-6 days 5) Every day (7 days) 98) Don't know 99) No answer / No response
7.25a	If caregiver is the (biological) father: Have you changed the time spent intentionally interacting/playing with child(ren) (0-3) since your participation in the MTM program?	1) Interacted more 2) Interacted the same as in the beginning 3) Interacted less 98) Don't know 99) No answer / No response
7.25b	If caregiver is not the (biological) father: Has the father changed the time spent intentionally interacting/playing with child(ren) (0-3) since the participation in the MTM program?	1) Interacted more 2) Interacted the same as in the beginning 3) Interacted less 98) Don't know 99) No answer / No response

PART 8 Report change in assets since joining the program

#	Question	Response
8.1	Are you part of a Savings with Education savings & loan program?	1) Yes 2) No => skip to part 9 98) Don't know => skip to part 9 99) No answer / No response => skip to part 9
8.1a	Have you accessed loans in the last 12 months?	1) Yes 2) No 98) Don't remember/don't know 99) No answer / No response
8.2	What household items have you purchased using loans or savings from being in the Savings with Education savings & loan program? [Multiple options 1 and 2 possible]	1) Furniture 2) Household appliances 3) Did not purchase any household items while a group member 98) Don't know => skip to part 9 99) No answer / No response => skip to part 9
8.3	[IF 8.2 = 1] Which furniture items? [Multiple options possible]	1) Armoire/Wardrobe 2) Bed 3) Cabinet 4) Chair 5) Cupboard 6) Sofa 7) Table 8) Other, please specify _____
8.4	[IF 8.2 = 2] Which household appliance items? [Multiple options possible]	1) Air conditioner 2) Clock 3) Fan 4) Fridge 5) Generator 6) Grain grinder 7) Radio 8) Sewing machine

#	Question	Response
		9) TV 10) Water heater 11) Water pump 12) Other, please specify _____

PART 9 Us savings and/or loans to start or expand income generating activities.

#	Question	Response
9.1	Do you own or manage a business?	1) Yes 2) No => skip to part 9 98) Don't know => skip to part 9 99) No answer / No response => skip to part 9
9.2	Since when have you had this business?	1) After joining the Savings with Education savings & loan program 2) Before joining the Savings with Education savings & loan program 98) Don't know 99) No answer / No response
9.3	Did you start a new business using loans or savings from being a Savings with Education group member?	1) Yes 2) No 98) Don't know 99) No answer / No response
9.4	Did you expand a business using loans or savings from being a Savings with Education group member?	1) Yes 2) No 98) Don't know 99) No answer / No response

Annex A1.2: Qualitative Study tool - In Depth Interview – Caregivers

#	Question
1	Can you tell me about your experience participating in the MTM program so far?
2	<p>What topics did learn in this program?</p> <p>a) Probe about specific topics learned.</p> <p>b) What did you learn specifically in the group meetings?</p> <p>c) What did you learn during the home visits?</p> <p>d) Were any topics unclear to you?</p>
3	<p>a) What did you like the most about this program?</p> <p>b) What did you not like about the program?</p>
4	<p>From whom did you learn these messages as part of the MTM program?</p> <p>e) What did you learn specifically from the ECD promoters?</p> <p>f) What did you learn specifically from the faith leaders?</p> <p>g) Did you learn about child development or parenting from anyone else in the community? If so from whom and what context?</p>
5	<p>What do you think about the ECD promoters' ability to lead the sessions?</p> <p>a) What do they do well? How can they improve their facilitation skills?</p> <p>b) Probe faith leaders' skills too.</p>
6	<p>What are your opinions about the duration, frequency, and timing of the sessions?</p> <p>a) Were you able to attend all the sessions?</p> <p>b) How easy or difficult was it for you to attend?</p> <p>c) What changes if any would you make to the program duration/frequency/timing?</p>
7	<p>How has the program changed your parenting?</p> <p>a) What new practices have you applied, if any, since starting the program?</p> <p>b) Have there been any changes to your child or family since starting the program?</p> <p>c) Has the program helped with other personal or family issues?</p> <p>d) How about in your relationship with your partner? Or the way your male partner cares for the child?</p>
8	<p>Were the ECD promoters helpful in addressing specific parenting concerns?</p> <p>a) What concerns did you have and</p> <p>b) How where they addressed?</p>
9	What makes it difficult or easy to practice the lessons learned from the sessions in your own life?
10	<p>How, if at all, have fathers and other male caregivers participated in the program?</p> <p>a) What makes it easy or difficult for fathers to be engaged in the program?</p> <p>b) What can be done to make the program more engaging for fathers?</p>
11	<p>Do you think other caregivers will want to participate in this program? Why?</p> <p>a) What can be done to make the program more engaging for caregivers in the future?</p>
12	<p>Besides this MTM program, do you participate in other group meetings or discussions in your community?</p> <p>a) Where and how often do they take place?</p> <p>b) What have you learned from these meetings?</p>
13	<p>What is your experience with the ECD committee?</p> <p>a) Have you engaged with the ECD committee personally, if yes where and how frequent?</p> <p>b) How have they assisted/helped you? Can you give an example?</p> <p>c) How could they assist you even more/better in the future?</p>
14	<p>What is your experience with the Faith Leaders?</p> <p>a) Have you engaged with a Faith leader personally, if yes where and how frequent?</p> <p>b) How have they assisted/helped you? Can you give an example?</p> <p>c) How could they assist you even more/better in the future?</p>
15	Is there anything else you would like to share about this program?

Annex A2.1: Ferramentas de estudo

PARTE 1: Demografia - antecedentes

#	Pergunta	Resposta
1.1	Coleta localização GPS	
1.2	Nome do enumerador	
1.3	Estudo	1) Linha de base 2) Linha média
1.4a	[Se 1.3 = Linha de base] Comunidade na linha de base	1) Aginuro 2) Canacue 3) Nacuca 4) Namachaca
1.4b	[Se 1.3 = Linha Média] Comunidade em linha media	1) Iohoane 2) Micolene 3) Munhavera 4) Nacololo Sede
1.5	Consente em participar / Começar a entrevista?	1) Sim 2) Não Se "Não" selecionado, "Consentimento não dado", deverá terminar a entrevista aqui. Por favor, agradeça ao entrevistado pelo seu tempo e termine a entrevista.
1.6	Qual é o seu nome e sobrenome?	
1.7	Qual e o seu gênero?	1) Masculino 2) Feminino
1.8	Qual é a sua relação como cuidador principal de crianças/crianças com menos de 3 anos em sua casa?	1) Mãe (biológica) 2) Pai (Biológico) 3) Avó 4) Avô 5) Irmãos com idade igual ou superior a 13 anos 6) Idade dos irmãos menores de 13 anos 7) Outro parente 8) Tutor não relacionado com a criança
1.9	Qual e a sua idade?(escolha o intervalo aplicável em vez das opções de leitura)	1) 6-14 2) 15-35 3) 36-49 4) 50-64 5) 65+ 98) Não sabe 99) Sem resposta

#	Pergunta	Resposta
1.10	[Se 1.8 = mãe ou pai]: Quantos filhos tem? [Senão:] Quantas crianças você cuida como cuidador principal?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 ou mais, especifique 98) Não sabe 99) Sem resposta
1.11a	[Se 1.10 > 0] Quantas crianças têm entre as idades do recém-nascido até aos 35 meses (menos de 3)?	1) 0 2) 1 3) 2 4) 3 5) 4 ou mais, especifique 98) Não sabe 99) Sem resposta
1.11b	[Se 1.10 > 0] Quantas crianças têm entre 3 e 5 anos?	1) 0 2) 1 3) 2 4) 3 5) 4 ou mais, especifique 98) Não sabe 99) Sem resposta
1.11b1	[Se 1.10 >= 1] Qual é o nome da criança mais nova	Nome da criança1
1.11b2	[Se 1.10 >= 2] Qual é o nome do segundo filho mais novo	Nome da criança2
1.11b 3	[Se 1.10 >= 3] Qual é o nome do terceiro filho mais novo	Nome da criança3
1.11b 4	[Se 1.10 >= 4] Qual é o nome do terceiro filho mais novo	Nome da criança4
1.11c	[Se 1,10 > 0] Quantas crianças têm entre 6 e 11 anos?	1) 0 2) 1 3) 2 4) 3 5) 4 ou mais, especifique 98) Não sabe 99) Sem resposta

#	Pergunta	Resposta
1.11d	[Se 1,10 > 0] Quantas crianças têm entre 12 e 18 anos?	1) 0 2) 1 3) 2 4) 3 5) 4 ou mais, especifique 98) Não Sabe 99) Sem resposta
1.12	Qual é seu estado civil?	1) Solteiro ou não morando com companheiro 2) Casado ou morando com companheiro 3) Divorciado ou separado. 4) Viúvo 99) Sem resposta
1.13	Qual é o nível mais elevado de escolaridade frequentada?	1) Não frequenta escola, 2) Ensino primário 3) Secundário 4) Terciário ou superior 98) Não sabe 99) Sem resposta
1.14	Qual é a sua profissão?	1) Trabalhador por conta própria 2) Emprego – Informal 3) Emprego - Formal (Assalariado) 4) Agricultura 5) Desempregado 6) Estudante/Aluno 7) Outro, por favor especifique 98) Não sabe 99) Sem resposta

PARTE 2: Demografia - inquérito sobre a resiliência humana

#	Pergunta	Resposta
2.1	Comunidade	[é igual à pergunta 1.3 e será preenchida automaticamente]
2.2	Quantos membros tem o agregado familiar?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 8) 7 9) 8 10) 9 11) Outro, por favor especifique 98) Não sabe 99) Sem resposta
2.3	Quantos membros do agregado familiar têm 14 anos ou menos?	1) 0 2) 1 3) 2 4) 3 5) 4 6) 5 7) 6 8) 7 9) 8 10) 9 11) Outro, por favor especifique 98) Não sabe 99) Sem resposta
2.4	Todos os membros do agregado familiar com idades compreendidas entre os 6 e os 12 anos frequentam atualmente a escola?	1) Sim 2) Não 3) Não há ninguém com idades compreendidas entre os 6 e os 12 anos no agregado familiar 98) Não sabe 99) Sem resposta
2.5	Qual é o nível educacional mais alto que a chefe/cônjuge atingiu?	1) Não frequentou escola, 2) Ensino primário 3) Secundário 4) Terciário ou superior 98) Não sei 99) Sem resposta

#	Pergunta	Resposta
2.6	Qual é o principal; materia; de construção usado para paredes externas?	1) Tijolos de barro/terra, madeira, bambu, folha de metal/ardósia/amianto, folhas de palmeira/palha (grama/ráfia) ou outros 2) Blocos de cimento/concreto, concreto, pedra ou tijolos queimados 3) Outro, por favor especifique 98) Não sabe 99) Sem resposta
2.7	Qual é o principal material de construção dos pisos da residência?	1) Terra 2) Tijolos de barro, concreto vazado ou madeira 3) Tijolos de cimento 4) Piso cerâmico ou granito 5) Outro, por favor especifique 98) Não Sabe 99) Sem resposta
2.8	Qual é o principal material de construção usado para o telhado do edifício principal?	1) Grama, folhas ou lama 2) Chapas de zinco, telhas, placa de cimento ou lusalite 3) Outro, por favor especifique 98) Não sabe 99) Sem resposta
2.9	Que tipo de instalação sanitária é normalmente utilizada pelo agregado familiar?	1) Sem instalações sanitárias (mato, praia) ou outras instalações 2) Latrina de fossa, balde 3) Banheiro público (por exemplo, W.C., KVIP, fossa) 4) Poço Melhorado Ventilado de Kumasi (KVIP) ou W.C. 98) Não sabe 99) Sem resposta
2.10	Qual é a fonte de água da família?	1) Rede não pública 2) Rede pública 98) Não Sabe 99) Sem resposta
2.11	Este agregado familiar tem uma televisão?	1) Sim 2) Não 98) Não sabe 99) Sem resposta

#	Pergunta	Resposta
2.12	Quantos telemóveis funciona e são propriedade de todos os membros do agregado familiar [no total]?	1) 0 2) 1 3) 2 4) 3 5) Outro (por favor especifique) 98) Não Sabe 99) Sem resposta
2.13	A casa possui um refrigerador?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta
2.14	A casa possui um fogão (gás, querosene, elétrico)?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta
2.15	A sua casa está ligada à eletricidade?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta
2.16	Qual é a ocupação principal do chefe/cônjuge do sexo masculino?	1) Sem dados ou sem ocupação principal 2) Agricultor, pecuarista, trabalhador agrícola ou nenhum chefe/cônjuge do sexo masculino 3) Proprietário de loja, vendedor, trabalhador de serviços, operador de transporte e armazenamento, ou trabalhador têxtil, construção, mecânica, gráficos, produtos químicos, processamento de alimentos, etc. 4) Trabalhador de escritório, operador de transporte, profissional, técnico, diretor, gerente, administrador ou trabalho relacionado 5) Outro, por favor especifique 98) Não Sabe 99) Sem resposta
2.17	Se a família cultivou alguma cultura nos últimos 12 meses?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta
2.17	Se a família atualmente possui touros, vacas, bois, novilhas, bezerros machos, bezerros fêmeas ou bois?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta

#	Pergunta	Resposta
2.18	Qual é o principal combustível utilizado pela família para cozinhar?	1) Nenhuma, não se cozinhou em casa 2) Madeira, resíduos de colheita, serradura, dejetos de animais ou outros 3) Carvão ou querosene 4) Gás ou eletricidade 98) Não sabe 99) Sem resposta
2.19	Algum membro da família possui uma bicicleta, motocicleta ou carro? [Múltiplas respostas possíveis]	1) Nenhum 2) Bicicleta 3) Motocicleta 4) Carro 98) Não sabe 99) Sem resposta
2.20	Numa escala de 1 a 10, onde colocaria o seu agregado familiar na escada em termos de estatuto económico? (onde maior o número mais status econômico, com 1 o mais baixo e 10 o mais alto)	1) 1 2) 2 3) 3 4) 4 5) 5 6) 6 7) 7 8) 8 9) 9 10) 10 98) Não Sabe 99) Sem resposta
2.21	Você - sozinho ou com outras pessoas - atualmente tem uma conta em um banco?	1) Sim 2) Não 98) Não sei 99) Sem resposta
2.22	Você ou alguém em sua família atualmente tem dinheiro guardado na poupança?	1) Sim 2) Não 98) Não Sabe 99) Sem resposta
2.23	Alguém em sua casa foi para a cama com fome nos últimos 7 dias? <i>[precisa perguntar na mesma época do ano/mesma estação]</i>	1) Sim 2) Não 98) Não Sabe 99) Sem resposta

#	Pergunta	Resposta
2.24	Quantas refeições por dia você tem em casa?	1) 1 2) 2 3) 3 4) Outro, por favor especifique 98) Não Sabe 99) Sem resposta

PARTE 3: Práticas de estimulação do cuidador principal

#	Pergunta	Resposta
Se a pergunta 1.11a = 0 e >= 98, salta totalmente a parte 3 Repita todas as perguntas para todas as crianças menores de 3 anos, portanto para [Nome da criança1]; [Nome da criança2]; [Nome da criança3] e [Nome da criança 4].		
Estou interessado em aprender sobre as coisas que você (como cuidador principal) faz com todas as crianças menores de 3 anos. Na última semana (7 dias), VOCÊ fez alguma das seguintes atividades com [nome da criança] alguma das crianças menores de 3 anos na casa? Em caso afirmativo, quantas vezes durante a última semana?		
3.1	Ler livros ou ver livros ilustrados com [nome da criança] ?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.2	Cantar para [nome da criança] ?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.3	Levar [nome da criança] para fora de casa (por exemplo, para o campo, mercado ou para passear)?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.4	Brincar com [nome da criança] ?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe

#	Pergunta	Resposta
3.5	Nomear ou contar coisas [nome da criança]	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembro/não sabe
3.6	Desenhar coisas com a criança [nome da criança] (por exemplo, na areia)	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.7	Contar histórias para a criança [nome da criança]	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.8	Forneça à criança [nome da criança] um objeto para agarrar ou pegar	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.9	Incentiva a criança [nome da criança] a engatinhar, correr ou saltar?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.10	Abraça ou dá beijinhos [nome da criança]	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.11	Elogiar [nome da criança]	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.12	Outra atividade (especifique)	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
Às vezes, os adultos que cuidam de crianças têm que sair de casa para ir às compras, lavar roupas ou por outros motivos e têm que deixar crianças menores de 3 anos.		

#	Pergunta	Resposta
3.13	Em quantos dias na semana passada [nome da criança] foi deixado sozinho por mais de uma hora?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe
3.14	Em quantos dias na última semana [nome da criança] foi deixado aos cuidados de outra criança, ou seja, alguém com menos de 10 anos, por mais de uma hora?	0) Nunca 1) Uma ou duas vezes por semana 2) Várias vezes por semana 3) Todos os dias ou quase todos os dias 98) Não se lembra/não sabe

PARTE 4: Materiais lúdicos e de aprendizagem

#	Pergunta	Resposta
Se a pergunta 1.11a = 0 e ≥ 98 , pule totalmente a parte 4 Repita as perguntas 4.1-4.4 para todas as crianças menores de 3 anos, portanto para [Nome da criança 1]; [Nome da criança 2]; [Nome da criança 3] e [Nome da criança 4].		
4.1	Nos últimos 7 dias [nome da criança] brincou com brinquedos caseiros? (por exemplo, bonecas caseiras, carros caseiros, bola caseira ou outros brinquedos caseiros)	1) Sim 2) Não 98) Não se lembra/ não sabe
4.2	Nos últimos 7 dias, [nome da criança] brincou com brinquedos comprados em lojas ou brinquedos manufaturados? (por exemplo, lápis, bola de plástico, carro comprado em loja, blocos de notas, etc.)	1) Sim 2) Não 98) Não se lembra/ não sabe
4.3	Nos últimos 7 dias [nome da criança] brincou com objetos domésticos? (ex: caixas, tampas de garrafas, capulana (embalagens antigas) etc.)	1) Sim 2) Não 98) Não se lembra/ não sabe
4.4	Nos últimos 7 dias [nome da criança] brincou com objetos no ambiente natural? (por exemplo, paus, pedras, terra, etc.)	1) Sim 2) Não 98) Não se lembra/ não sabe
4.5	Você tem livros infantis ou livros ilustrados em casa?	1) Sim 2) Não=salta para parte 5 98) Não se lembra/ não sabe = salta para parte 5

#	Pergunta	Resposta
4.6	Quantos livros infantis ou ilustrados tem em casa?	

PARTE 5: Práticas disciplinares do cuidador principal

#	Pergunta	Resposta
Se a pergunta 1.11a = 0 e ≥ 98 , pule totalmente a parte 5 Repita todas as perguntas para todas as crianças menores de 3 anos, portanto para [Nome da criança1]; [Nome da criança2]; [Nome da criança3] e [Nome da criança4].		
Os adultos usam certas maneiras de ensinar às crianças o comportamento certo ou para resolver um problema de comportamento. Vou mencionar vários métodos que os pais podem usar com seus filhos, e quero que você me diga se VOCÊ (cuidador principal) usou esse método com [nome da criança] no mês passado.		
5.1	Sacudiu o [nome da criança]?	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.2	Gritou com o [nome da criança]?	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.3	Espancou, bateu ou esbofeteado [nome da criança] nas nádegas com a mão.	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.4	Bateu (nome da criança) no nádegas ou em qualquer outra parte do corpo com algo como um cinto, escova de cabelo, bastão ou outro objeto duro.	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.5	Chamou [nome da criança] burro, preguiçoso ou algo assim.	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.6	Bateu ou esbofetear [nome da criança] na cara, cabeça ou orelhas.	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.7	Bateu ou esbofeteou [nome da criança] na mão, braço ou perna.	1) Sim 2) Não

#	Pergunta	Resposta
		98) Não se lembra/ não sabe /negar-se a responder
5.8	Bateu [nome da criança] – ou seja, bateu-lhe [nome da criança] muitas vezes sem conta e mais forte possível.	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.9	Distraiu [nome da criança] dando à outra coisa para fazer	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.10	Tirou [nome da criança] um privilégio	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.11	Mandou [nome da criança] para um intervalo/ir para outro espaço e sentar-se em silêncio por um tempo	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.12	Ignorou o comportamento do/a [nome da criança]	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.13	Explicou por que o comportamento foi errado/mal	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder
5.14	Elogiou o bom comportamento em vez de corrigir o mau comportamento	1) Sim 2) Não 98) Não se lembra/ não sabe /negar-se a responder

PARTE 6: Registro de nascimento

#	Question Pergunta	Resposta
Se a pergunta 1.11a = 0 e >= 98, então ignore a pergunta 6.1 Repita a pergunta 6.1 para todas as crianças com menos de 3 anos, ou seja, para [Nome da criança1]; [Nome da criança 2]; [Nome criança 3] e [Nome criança 4].		
6.1	O nascimento de [nome da criança] foi registrado nas autoridades civis?	1) Sim 2) Não 98) Não se lembra/não sabe
6.2	Você sabe como registrar o nascimento de uma criança?	1) Sim 2) Não 98) Não se lembra/não sabe

PARTE 7 Conectividade Comunitária e Empoderamento Econômico

#	Question	Response
7.1	Quanto você sente que tem em comum com outros cuidadores em sua comunidade (no seu grupo)?	1) Concordo fortemente 2) Concordo 3) Discordo 4) Discordo totalmente 98) Não se lembra/negar-se a responder
7.2	O quanto você acha que outros cuidadores em sua comunidade (no seu grupo) se importam com você?	1) Concordo fortemente 2) Concordo 3) Discordo 4) Discordo totalmente 98) Não se lembra/negar-se a responder

PARTE 8 Relatar a mudança nos ativos desde a adesão ao programa

#	Pergunta	Resposta
8.1	Você faz parte de um programa de poupança com educação poupança ou empréstimo	1) Sim 2) Não => salta para parte 9 98) Não sei => salta para parte 9 99) Sem resposta => salta para parte 9
8.2	Que utensílios domésticos você comprou usando empréstimos ou poupanças de estar no programa Poupança com Educação poupança ou empréstimo? [Várias opções 1 e 2 possíveis]	1) Mobiliário 2) Eletrodomésticos 3) Não comprou nenhum item doméstico enquanto membro do grupo 98) Não sei => salta para parte 9 99) Sem resposta => salta para parte 9

#	Pergunta	Resposta
8.3	[SE 8,2 = 1] Que itens de mobiliário? [Várias opções possíveis]	1) Guarda-roupa 2) Cama 3) Armário 4) Cadeira 5) Armário de caneca 6) Sofá 7) Mesa 8) Outro, por favor especifique
8.4	[SE 8,2 = 2] Quais eletrodomésticos? [Várias opções possíveis]	1) Ar condicionado 2) Relógio 3) Ventoinha 4) Geleira 5) Gerado 6) Moagem 7) Rádio 8) Máquina de costura 9) Televisão 10) Aquecedor de água 11) Bomba de água 12) Outro, especifique por favor

PARTE 9 Poupanças e/ou empréstimos para iniciar ou expandir atividades geradoras de renda.

#	Question	Response
9.1	Você possui ou gere um negócio?	1) Sim 2) Não => salta para fim 98) Não sabe => salta para fim 99) Sem resposta => salta para fim
9.2	Desde quando você tem esse negócio?	1) Depois de ingressar no programa de poupança e empréstimo Poupança com Educação 2) Antes de ingressar no programa de poupança e empréstimo Poupança com Educação 98) Não sabe 99) Sem resposta
9.3	Começou um novo negócio usando empréstimos ou poupanças por ser um membro do grupo de Poupança com Educação?	1) Sim 2) Não 98) Não sabe 99) Sem resposta
9.4	Expandiu um negócio através de empréstimos ou poupanças por ser membro do grupo Poupança com Educação?	1) Sim 2) Não 98) Não sabe 99) Sem resposta

Anexo A2.2: Instrumento de estudo qualitativo - Entrevista em profundidade - Prestadores de cuidados

#	Pergunta
1	Pode falar-me da sua experiência no programa MTM até à data?
2	<p>Que temas aprenderam neste programa?</p> <p>c) Sonda sobre tópicos específicos aprendidos</p> <p>d) O que aprendeu especificamente nas reuniões do grupo?</p> <p>e) O que aprendeu nas visitas domiciliárias</p> <p>f) Houve algum tema que não tenha ficado claro para si?</p>
3	<p>a) O que mais gostou neste programa?</p> <p>b) O que não gostou do programa?</p>
4	<p>Com quem é que aprendeu estas mensagens como parte do programa MTM?</p> <p>h) O que é que aprendeu especificamente com os promotores de DPI?</p> <p>i) O que aprendeu especificamente com os líderes religiosos?</p> <p>j) Aprendeu sobre desenvolvimento infantil ou parentalidade com mais alguém na comunidade? Se sim, com quem e em que contexto?</p>
5	<p>Qual é a sua opinião sobre a capacidade dos promotores de DPI para dirigirem as sessões?</p> <p>c) O que eles fazem bem? Como é que podem melhorar as suas capacidades de facilitação?</p> <p>d) Sonda sobre as competências dos líderes religiosos</p>
6	<p>Qual é a sua opinião sobre a duração, a frequência e o horário das sessões?</p> <p>d) Conseguiu assistir a todas as sessões?</p> <p>e) Foi fácil ou difícil para si participar?</p> <p>f) Que alterações, se for caso disso, faria à duração/frequência/tempo do programa?</p>
7	<p>Como é que o programa mudou a sua forma de ser pai ou mãe??</p> <p>e) aplicou, se é que aplicou alguma, desde que iniciou o programa?</p> <p>f) Houve alguma alteração no seu filho ou na sua família desde o início do programa?</p> <p>g) O programa ajudou a resolver outros problemas pessoais ou familiares?</p> <p>h) E na sua relação com o seu parceiro? Ou na forma como o seu parceiro masculino cuida da criança?</p>
8	O que é que torna difícil ou fácil pôr em prática as lições aprendidas nas sessões na sua própria vida?
9	<p>Como é que os pais e outros prestadores de cuidados do sexo masculino participaram no programa, se é que participaram?</p> <p>c) O que é que facilita ou dificulta o envolvimento dos pais no programa?</p> <p>d) O que pode ser feito para tornar o programa mais atrativo para os pais?</p>
10	<p>Acha que outros prestadores de cuidados vão querer participar neste programa? Por quê?</p> <p>b) O que pode ser feito para tornar o programa mais envolvente para os prestadores de cuidados no futuro?</p>
11	<p>Para além deste programa MTM, participa noutras reuniões de grupo ou debates na sua comunidade?</p> <p>e) Onde e com que frequência ocorre?</p> <p>f) O que aprendeu com estas reuniões?</p>
12	Qual é a sua experiência com o comité CED e as líderes religiosas?
13	Há mais alguma coisa que gostaria de partilhar sobre este programa?

Annex B: Informed Consent

Study Title: MTM project evaluations Nampula, Mozambique

Interviewee ID: _____

Read or share this form with each participant before starting

Good morning/ Afternoon. I am from Maraxis working on behalf of Episcopal Relief & Development and the Anglican Diocese of Nampula as part of the Moments That Matter® (MTM) program. MTM is a parenting empowerment program for primary caregivers of children 0-3 years, focusing on responsive care, early learning, and child safety & security. MTM uses a community-led social and behavior change approach, with trained grassroots ECD volunteers, trained faith leaders and local ECD committees. We appreciate your participation in this survey. Your contribution will help the project and the government to improve early child development services in the community. As part of the survey, we would like to ask some questions about you, and the children [0-36 month] you take care of. Participation in this survey is voluntary and you are not required to answer all questions. If there are any questions you do not want to answer, please tell us and we will move on to the next question. You are free to interrupt the interview at any time. If there is something in this Consent Document that you do not understand, don't hesitate to ask them. We are asking you to take part in this study because have been identified by the Anglican Diocese of Nampula as you are a caregiver of a child up to 36 months.

What will happen if you decide to be part of this study?

If you agree, we will ask some questions about you and the child you take care of. It is possible that some questions might make you feel uncomfortable. If so, you can choose not to answer them. There are no right or wrong answers. We ask just to better understand the context in which you and your child live in. We just need your honest answers.

What are the risks you run when participating in this study?

Some of the survey questions may make you feel uncomfortable. You can refuse to answer any question you do not want to answer. You can interrupt your participation in this survey at any time. In the meantime, the study team will take all steps to keep your study information protected. The study team will take care to ensure that your answers do not get lost or are accidentally viewed by people outside of the study team. The study team will keep all tablets used for data collection in closed archives. Computer records will be protected by a password, so that only study staff have access to them.

Are there benefits resulting from participation in this study?

The study does not guarantee direct benefits.

Costs of participation

Your participation does not have any cost and will not be compensated.

What alternatives are there to participation in the study?

It is your choice to decide whether to participate or not. If you do not want to participate, there is no problem and it will not affect your participation in community-level programming in any way.

What health information will be collected and kept confidential?

If you choose to be in this study, all information collected from you will be kept confidential, including your name, address, telephone number, survey data. This information will only be used by study personnel and will be retained until the follow-up data collection and analyses are complete -about one year from now. You may change your mind and revoke (turn back) your permission to collect or use your health information at any time. To revoke your permission, you should contact Rotafina Donco at 84 331 9428. The results of this study could be published in reports, scientific journals, or presented at scientific meetings. No publication or presentation about the above-described study will reveal your, or

your child's identities. By signing this consent form, you are allowing the use of the health information noted above for the purpose described in this form. If you refuse to give the information, you will not be able to participate in this study.

What are your rights if you participate in this study?

Participating in this study is your choice. Your participation is completely voluntary. If you decide to participate, you can still leave the study at any time. There will be no penalty against you and you will not lose any benefit to which you are entitled. The withdrawal from the study has no repercussions. If you withdraw from the study, no additional information will be collected. Your participation in this study may be terminated at any time by researchers without your consent if you cannot be contacted for any ethical consideration.

What happens if you have questions about the study?

Do not sign this consent form unless you have had the opportunity to ask questions and have received satisfactory answers to all your questions. You should contact the following individuals to answer any additional questions: Rotafina Donco at 84 331 9428.

I confirm that I have read/read the information sheet to the participant and that I understood all the issues described in it and that they also explained to me the objectives and what will be done in this survey. I understood all the information and they gave me the opportunity to ask questions.

I know that participation in this study is voluntary and that I can stop participating at any time without any harm to me.

Does the eventual participant agree to participate in the survey? ☐ Yes ☐ No

Participant: Date: Signature of Participant:

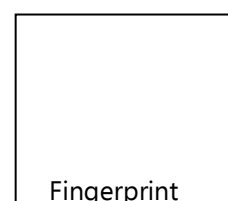
For participants who cannot sign: Fill in the name of the person who gave consent and the date. Then request the fingerprints of that person and get the signature of a witness below.

Name of participant: Date:

The above consent was read and the participant agreed to the terms.

Signature of witness:

Name of witness: Date:



Member of the study team obtaining consent (to be recorded for all participants):

Interviewer's signature: Date:

Name of interviewer:

Annex C: Indicator calculations

Indicator calculation 1a: % of caregivers who have **ANY** confidence = (% of caregiver that take more time/energy + % of caregivers that are overwhelmed + % of caregivers that are worried doing enough) / 3

Table 67: Indicator 1a Percent of primary caregivers who have ANY confidence in handling parenting responsibilities successfully.

ID	Any confidence (1a)	Calculation
I1a1	% of caregiver that take more time/energy	= % of caregivers that answered Question 7.11: "In the last month, have you felt that caring for your child(ren) has taken more time and energy than you have to give?" with " No, not very often " OR " No, not very often "
I1a2	% of caregivers that are overwhelmed	= % of caregivers that answered Question 7.12: "In the last month, have you felt overwhelmed by the responsibilities of being a primary caregiver?" with " No, not very often " OR " No, not very often "
I1a3	% of caregivers that are worried doing enough	= % of caregivers that answered Question 7.13: "In the last month, have you felt worried about whether you are doing enough for your child(ren)?" with " No, not very often " OR " No, not very often "
I1a	% of caregivers who have ANY confidence	= (I1a1+I1a2+I1a2) / 3

Indicator calculation 1b: % of caregivers who have **FULL** confidence = % of caregivers that take do NOT taken more time/energy AND are NOT overwhelmed AND are NOT worried doing enough.

Table 68: Indicator 1b Percent of primary caregivers who have FULL confidence in handling parenting responsibilities successfully

ID	Full confidence (1b)	Calculation
I1b	% of caregivers who have FULL confidence	<p># Caregivers that answered:</p> <p>(Question 7.11: "In the last month, have you felt that caring for your child(ren) has taken more time and energy than you have to give?" with "No, not very often" OR "No, hardly ever"</p> <p>AND</p> <p>Question 7.12: "In the last month, have you felt overwhelmed by the responsibilities of being a primary caregiver?" with "No, not very often" OR "No, hardly ever"</p> <p>AND</p> <p>Question 7.13: "In the last month, have you felt worried about whether you are doing enough for your child(ren)?" with "No, not very often" OR "No, hardly ever"</p> <p>) / Total number of caregivers</p>

Calculation Indicator 2a: % of caregivers who have **ANY** parental stress = (% of caregiver that take more time/energy + % of caregivers that are overwhelmed + % of caregivers that are worried doing enough) / 3

Table 69: Indicator 2a: Percent of primary caregivers who report any parental stress

ID	Any parental stress (2a)	Calculation
I2a1	% of caregiver that take more time/energy	= % of caregivers that answered Question 7.11: "In the last month, have you felt that caring for your child(ren) has taken more time and energy than you have to give?" with "Yes, some of the time" OR "Yes, most of the time"
I2a2	% of caregivers that are overwhelmed	= % of caregivers that answered Question 7.12: "In the last month, have you felt overwhelmed by the responsibilities of being a primary caregiver?" with "Yes, some of the time" OR "Yes, most of the time"
I2a3	% of caregivers that are worried doing enough	= % of caregivers that answered Question 7.13: "In the last month, have you felt worried about whether you are doing enough for your child(ren)?" with "Yes, some of the time" OR "Yes, most of the time"
I2a	% of caregivers who have ANY parental stress	= (I2a1+I2a2+I2a2) / 3

Calculation Indicator 2b: % of caregivers who have **FULL** confidence = % of caregivers that take do taken more time/energy AND are overwhelmed AND are worried doing enough.

Table 70: Indicator 2b: Percent of primary caregivers who report FULL parental stress

ID	Parental stress (2b)	Calculation
I2b	% of caregivers who have FULL parental stress	<p># Caregivers that answered:</p> <p>(Question 7.11: "In the last month, have you felt that caring for your child(ren) has taken more time and energy than you have to give?" with "Yes, some of the time" OR "Yes, most of the time"</p> <p>AND</p> <p>Question 7.12: "In the last month, have you felt overwhelmed by the responsibilities of being a primary caregiver?" with "Yes, some of the time" OR "Yes, most of the time"</p> <p>AND</p> <p>Question 7.13: "In the last month, have you felt worried about whether you are doing enough for your child(ren)?" with "Yes, some of the time" OR "Yes, most of the time"</p> <p>) / Total number of caregivers</p>

Table 71: Indicator 3a: Percent of primary caregivers who use of physical punishment with their children 0-3.

ID	Physical punishment (3a)	Calculation
I3a	% of caregivers who use of physical punishment with their children 0-3	<p># Caregivers that answered for any child (#1, #2)</p> <p>(. Question 5.1 "Shook child" with "Yes"</p> <p>OR</p> <p>Question 5.3 "Spanked, hit or slapped child on the bottom with bare hand?" with "Yes"</p> <p>OR</p> <p>Question "5.4 Hit any child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?" with "Yes"</p> <p>OR</p> <p>Question "5.6 Hit or slapped [child name] on the face, head or ears?" with "Yes"</p> <p>OR</p> <p>Question "5.7 Hit or slapped [child name] on the hand, arm, or leg?" with "Yes"</p> <p>OR</p> <p>Question 5.8 "Beat child up – that is, hit child over and over as hard as possible?" with "Yes"</p> <p>) / Total number of caregivers</p>

Table 72: Indicator 3b: Average types of applied physical punishments average over all children

ID	Physical punishment (3b)	Calculation
I3b-c1	Average types of applied physical punishments for child#1 [score between 0-6]	<p>For each caregiver count the number of following questions that are answered with "Yes" for child #1</p> <p>(Question 5.1 "Shook child"</p> <p> Question 5.3 "Spanked, hit or slapped child on the bottom with bare hand?"</p> <p> Question "5.4 Hit any child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?"</p> <p> Question "5.6 Hit or slapped [child name] on the face, head or ears?"</p> <p> Question "5.7 Hit or slapped [child name] on the hand, arm, or leg?"</p> <p> Question 5.8 "Beat child up – that is, hit child over and over as hard as possible?"</p> <p>) / Total number of caregivers</p>
I3b-c2	Average types of applied physical punishments for child#2 [score between 0-6]	<p>For each caregiver count the number of following questions that are answered with "Yes" for child #2</p> <p>(Question 5.1 "Shook child"</p> <p> Question 5.3 "Spanked, hit or slapped child on the bottom with bare hand?"</p> <p> Question "5.4 Hit any child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?"</p> <p> Question "5.6 Hit or slapped [child name] on the face, head or ears?"</p> <p> Question "5.7 Hit or slapped [child name] on the hand, arm, or leg?"</p> <p> Question 5.8 "Beat child up – that is, hit child over and over as hard as possible?"</p> <p>) / Total number of caregivers</p>
I3b	Average types of applied physical punishments average over all children [score between 0-6]	= (I3b-c1+I3b-c2) / 2

Table 73: Indicator 4: Primary Caregivers parenting practices in responsive care, early learning, and child safety & security

ID	Parenting practices (4)	Calculation
I4	Primary Caregivers parenting practices in responsive care, early learning, and child safety & security, with a score [0-10] where 0 is lowest and 10 highest.	For each caregiver = $(1/3 * I4a + 1/3 * I4b + 1/3 * I4c)$

Table 74: Indicator 4a: Responsive care [with a score 0-10] is based upon a) Child supervision: 1) leaving child alone and 2) leaving child under care of other child <10 years; b) positive corrective behavior

ID	Responsive care (4a)	Calculation
I4a	Responsive care with a score [0-10] where 0 is lowest and 10 highest	For each caregiver = $1/2 \times N-I4a + 1/2 \times N-I4b$

ID	Child supervision (4a1)	Calculation
I4a1	Child supervision with a score [0-10] where 0 is lowest and 10 highest	For each caregiver = $1/2 \times N-I4a11 + 1/2 \times N-I4a12$

ID	Leaving child alone (4a11)	Calculation	
I4a11-c1	Number of days child #1 left alone [0-7]	For each caregiver: (Question 3.14) the number of days in the past week child 1 was left alone for more than one hour	
I4a11-c2	Number of days child #1 left alone [0-7]	For each caregiver: (Question 3.14) the number of days in the past week child 1 was left alone for more than one hour	
I4a11	Average number of days children left alone [0-7]	For each caregiver = $(I4a11-c1 + I4a11-c2) / 2$	
N-I4a11	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4a11	Normalized score N-I4a11
		0	10
		> 0 and < = 1	6
		> 1 and < = 2	5
		> 2 and < = 3	4
		> 3 and < = 4	3
		> 4 and < = 5	2
		> 5 and < = 6	1
		> 6	0

ID	Leaving child under care of other child (4a12)	Calculation	
I4a12-c1	Number of days child #1 left alone [0-7]	For each caregiver: (Question 3.14) the number of days in the past week child 1 was left alone for more than one hour	
I4a12-c2	Number of days child #1 left alone [0-7]	For each caregiver: (Question 3.14) the number of days in the past week child 1 was left alone for more than one hour	
I4a12	Average number of days children left alone [0-7]	For each caregiver = (I4a12-c1+I4a12-c2) / 2	
N-I4a12	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4a12	Normalized score N-I4a12
		0	10
		> 0 and < = 1	6
		> 1 and < = 2	5
		> 2 and < = 3	4
		> 3 and < = 4	3
		> 4 and < = 5	2
		> 5 and < = 6	1
		> 6	0

ID	Positive corrective behavior (4a2)	Calculation	
I4a2-c1	Average types of applied positive corrective behavior for child#1 [score between 0-6]	For each caregiver count the number of following questions that are answered with "Yes" for child #1 Question 5.9 "Distracted the child child by giving the child something else to do?" Question 5.10 "S Took away a privilege for child?" Question 5.11 "Sent the child to a time out/go to another space and sit quietly for a short while?" Question 5.12 "Ignored the behavior of child?" Question 5.13 "Explained why the behavior was wrong/bad" Question 5.14 "Praised good behavior instead of correcting bad behavior"	
I4a2-c2	Average types of applied positive corrective behavior for child#2 [score between 0-6]	For each caregiver count the number of following questions that are answered with "Yes" for child #2 Question 5.9 "Distracted the child child by giving the child something else to do?" Question 5.10 "S Took away a privilege for child?" Question 5.11 "Sent the child to a time out/go to another space and sit quietly for a short while?" Question 5.12 "Ignored the behavior of child?" Question 5.13 "Explained why the behavior was wrong/bad" Question 5.14 "Praised good behavior instead of correcting bad behavior"	
I4a2	Average types of applied physical punishments average over all children [score between 0-6]	For each caregiver = (I4a2-c1+I4a2-c2) / 2	
N-I4a2	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4a2	Normalized score N-I4a2
		0	0
		> 0 and < = 1	4
		> 1 and < = 2	6
		> 2 and < = 3	7
		> 3 and < = 4	8
		> 4 and < = 5	9
		> 5	10

Table 75: Indicator 4b: Early learning [with a score 0-10] is based upon: a) Different stimulating activities per child; b) Total number of stimulating activities per week per child; c) Number of different play materials; d) Number of books in the household

ID	Early learning (4b)	Calculation
I4b	Early learning with a score [0-10] where 0 is lowest and 10 highest	For each caregiver $= 0.25 \times N-I4b1 + 0.25 \times N-I4b2 + 0.25 \times N-I4b3 + 0.25 \times N-I4b4$

ID	Different stimulating activities (4b1)	Calculation	
I4b1-c1	Different stimulating activities for child #1 [score between 0-11]	For each caregiver count the number of following questions that are answered with "Once or twice a week" OR "Multiple times a week" OR "Every day or nearly every day" for child #1 as follows: Question 3.1 "Read books or look at picture books with child?" Question 3.2 "Sing songs to child?" Question 3.3 "Take child out of home (e.g., to the field, market, or for a walk)? Question 3.4 "Play with child?" Question 3.5 "Name or count things with child?" Question 3.6 "Draw things with child (e.g., on the sand)? Question 3.7 "Tell stories to child?" Question 3.8 "Provide child with object to grasp or pick up?" Question 3.9 "Encourage [child name] to crawl, run, or jump up?" Question 3.10 "Hug or kiss child?" Question 3.11 "Praise child?"	
I4b1-c2	Different stimulating activities for child #2 [score between 0-11]	For each caregiver count the number of following questions that are answered with "Once or twice a week" OR "Multiple times a week" OR "Every day or nearly every day" for child #2 as follows: Question 3.1 "Read books or look at picture books with child?" Question 3.2 "Sing songs to child?" Question 3.3 "Take child out of home (e.g., to the field, market, or for a walk)? Question 3.4 "Play with child?" Question 3.5 "Name or count things with child?" Question 3.6 "Draw things with child (e.g., on the sand)? Question 3.7 "Tell stories to child?" Question 3.8 "Provide child with object to grasp or pick up?" Question 3.9 "Encourage child to crawl, run, or jump up?" Question 3.10 "Hug or kiss child?" Question 3.11 "Praise child?"	
I4b1	Average different stimulating activities average over all children [score between 0-11]	For each caregiver = (I4b1-c1+I4b1-c2) / 2	
N-I4b1	Normalized to mapping to a score in the range of [0-	Values of I4b1	Normalized score N-I4b1
		0	0
		> 0 and < = 1	1

	10] values, where 0 is lowest and 10 highest	> 1 and < = 2	2
		> 2 and < = 3	3
		> 3 and < = 4	4
		> 4 and < = 5	5
		> 5 and < = 6	6
		> 6 and < = 7	7
		> 7 and < = 8	8
		> 8 and < = 9	9
		> 10	10

ID	Total number of stimulating activities (I4b2)	Calculation	
I4b2-c1	Total number of activities for child #1 [score between 0-72]	For each caregiver calculate the number of weekly activities for questions 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11 for child #1 if answered: "Once or twice a week" add 1,5 "Multiple times a week" add 4 "Every day or nearly every day" add 6,5	
I4b2-c2	Total number of activities for child #2 [score between 0-72]	For each caregiver calculate the number of weekly activities for questions 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11 for child #2 if answered: "Once or twice a week" add 1,5 "Multiple times a week" add 4 "Every day or nearly every day" add 6,5	
I4b2	Average total number of activities over all children [score between 0-11]	For each caregiver = (I4b2-c1+I4b2-c2) / 2	
N-I4b2	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4b2	Normalized score N-I4b2
		< 15	0
		< 20	1
		< 25	2
		< 30	3
		< 35	4
		< 40	5
		< 45	6
		< 50	7
		< 55	8
		< 60	9
		60 >	10

ID	Different play materials (4b3)	Calculation	
I4b3-c1	Number of different play materials for child #1 [score between 0-11]	<p>For each caregiver count the number of following question that is answered with "Yes" for child #1</p> <p>Question 4.1 "In the past 7 days, has child played with home-made toys? (e.g., home-made dolls, home-made cars, home-made ball, or other toys made at home)</p> <p>Question 4.2: In the past 7 days, has [child name] played with played with store- bought toys or manufactured toys? (e.g. pencils, plastic ball, store-bought car, blocks, etc.)</p> <p>Question 4.3 In the past 7 days, has [child name] played with household objects? (e.g., boxes, bottle caps, capulana (old wraps) etc.)</p> <p>Question 4.4 In the past 7 days, has [child name] played with objects in the natural environment? (e.g., sticks, rocks, dirt, etc.)</p>	
I4b3-c2	Number of different play materials for child #2 [score between 0-11]	<p>For each caregiver count the number of following question that is answered with "Yes" for child #2</p> <p>Question 4.1 "In the past 7 days, has child played with home-made toys? (e.g., home-made dolls, home-made cars, home-made ball, or other toys made at home)</p> <p>Question 4.2: In the past 7 days, has [child name] played with played with store- bought toys or manufactured toys? (e.g. pencils, plastic ball, store-bought car, blocks, etc.)</p> <p>Question 4.3 In the past 7 days, has [child name] played with household objects? (e.g., boxes, bottle caps, capulana (old wraps) etc.)</p> <p>Question 4.4 In the past 7 days, has [child name] played with objects in the natural environment? (e.g., sticks, rocks, dirt, etc.)</p>	
I4b3	Average number of different materials over all children [score between 0-11]	For each caregiver = (I4b3-c1+I4b3-c2) / 2	
N-I4b3	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4b3	Normalized score N-I4b3
		0	0
		> 0 and < = 1	3
		> 1 and < = 2	6
		> 2 and < = 3	8
		> 3	10

ID	Number of books (4b4)	Calculation	
I4b4	Number of books	For each caregiver Question 4.6: "How many children's books or picture books are there in the household?"	
N-I4b4	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4b3	Normalized Score N-I4b4
		0	0
		1	5
		2	7
		3+	10

Table 76: Indicator 4c: Child safety [with a score of 0-10] is based upon: a) Level of physical punishment (averaged over both children); b) Level of verbal punishment (averaged over both children) and c) birth registration

ID	Child safety (4c)	Calculation
I4c	Child safety with a score [0-10] where 0 is lowest and 10 highest	For each caregiver = $\frac{1}{3} \times N-I4c1 + \frac{1}{3} \times N-I4c2 + \frac{1}{3} \times N-I4c3$

ID	Physical punishment (4c1)	Calculation	
I4c1-c1	Average types of applied physical punishments for child#1 [score between 0-6]	<p>For each caregiver count the number of following questions that are answered with "Yes" for child #1</p> <p>Question 5.1 "Shook child" with "Yes"</p> <p>Question 5.3 "Spanked, hit or slapped child on the bottom with bare hand?" with "Yes"</p> <p>Question 5.4 "Hit any child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?" with "Yes"</p> <p>Question 5.6 "Hit or slapped [child name] on the face, head or ears?" with "Yes"</p> <p>Question 5.7 "Hit or slapped [child name] on the hand, arm, or leg?" with "Yes"</p> <p>Question 5.8 "Beat child up – that is, hit child over and over as hard as possible?" with "Yes"</p>	
I4c1-c2	Average types of applied physical punishments for child#2 [score between 0-6]	<p>For each caregiver count the number of following questions that are answered with "Yes" for child #2</p> <p>Question 5.1 "Shook child" with "Yes"</p> <p>Question 5.3 "Spanked, hit or slapped child on the bottom with bare hand?" with "Yes"</p> <p>Question 5.4 "Hit any child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?" with "Yes"</p> <p>Question 5.6 "Hit or slapped [child name] on the face, head or ears?" with "Yes"</p> <p>Question 5.7 "Hit or slapped [child name] on the hand, arm, or leg?" with "Yes"</p> <p>Question 5.8 "Beat child up – that is, hit child over and over as hard as possible?" with "Yes"</p>	
I4c1	Average types of applied physical punishments average over all children [score between 0-6]	For each caregiver = (I4c1-c1+I4c1-c2) / 2	
N-I4c1	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4c1	Normalized score N-I4c1
		0	10
		> 0 and < = 1	5
		> 1 and < = 2	4
		> 2 and < = 3	3
		> 3 and < = 4	2
		> 4 and < = 5	1
		> 5	0

ID	Verbal punishment (4c2)	Calculation	
I4c2-c1	Average types of applied Verbal punishments for child#1 [score between 0-2]	For each caregiver count the number of following questions that are answered with "Yes" for child #1 Question 5.2 "Shouted, yelled at or screamed at child?" with "Yes" Question 5.5 "Called child dumb, lazy, or another name like that?" with "Yes"	
I4c2-c2	Average types of applied Verbal punishments for child#2 [score between 0-2]	For each caregiver count the number of following questions that are answered with "Yes" for child #2 Question 5.2 "Shouted, yelled at or screamed at child?" with "Yes" Question 5.5 "Called child dumb, lazy, or another name like that?" with "Yes"	
I4c2	Average types of applied Verbal punishments average over all children [score between 0-6]	For each caregiver = (I4c2-c1+I4c2-c2) / 2	
N-I4c2	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4c2	Normalized Score N-I4c2
		0	10
		> 0 and < = 1	4
		> 1	0

ID	Birth registration (4c3)	Calculation	
I4c3-c1	Birth registration for child #1	For each caregiver count the number of following question that is answered with "Yes" for child #1 Question 6.2 "Has child's birth been registered with the civil authorities?"	
I4c3-c2	Birth registration for child #2	For each caregiver count the number of following question that is answered with "Yes" for child #2 Question 6.2 "Has child's birth been registered with the civil authorities?"	
I4c3	Number of birth registrations [0-2]	For each caregiver = (I4c3-c1+I4c3-c2)	
N-I4c3	Normalized to mapping to a score in the range of [0-10] values, where 0 is lowest and 10 highest	Values of I4c3	Normalized Score N-I4c3
		0	0
		1	5
		2	10

Indicator I5: Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group.=> Calculated as [Connected = 7.1 = (Strongly) agree AND 7.2 Others care= (Strongly) agree AND Feel Supported = 7.3 = (Strongly) agree

Table 77: Indicator 5 Percent of primary caregivers who report feeling connected to and supported by peer caregivers in their group.

ID	Feeling connected (5)	Calculation
I5	% of caregivers who have feel connected and supported by peer caregivers	<p># For each caregiver count the number of following questions that are answered with "Strongly agree" or "Agree":</p> <p>(Question 7.1: "How much do you feel like you have in common with other caregivers in your community (in your group)?"</p> <p>AND</p> <p>Question 7.2: "How much do you feel like other caregivers in your community (in your group) care about you?"</p> <p>AND</p> <p>Question 7.3: "Do you feel that you are supported by your own community as caregiver of children?"</p> <p>) / Total number of caregivers</p>

Indicator I6: Total number of fathers as secondary caregivers who spent 3 or more days interacting or playing with their children 0-3 in the last week.

Table 78: Indicator 6: Fathers (as secondary caregivers) who intentionally interacting/playing with children 0-3.

ID	Fathers playing (6)	Calculation
I6a	# of interviewed biological fathers who spend 3 or more days interacting and playing with their children	For each interviewed caregiver that is the biological father count the number of following questions that are answered for any of their children with "3-4 days" or "5-6 days" or "Every day (7 days)" Question 7.21a "In the last week, how often did you/as father find time to interact or play with your child?"
I6b	# of interviewed caregivers (not being the biological father) that indicated that the biological spend 3 or more days interacting and playing with their children	For each interviewed caregiver that is NOT the biological father: count the number of following questions that are answered for any of their children with "3-4 days" or "5-6 days" or "Every day (7 days)" Question 7.21b "In the last week, how often did the father find time to interact or play with his child?"
I6	% of fathers who spend 3 or more days interacting and playing with their children	$= (I6a + I6b) / \text{Total number of caregivers}$

Indicator 7 is the percent of savings group members who have started or expanded micro-businesses using loans or savings.

Table 79: Indicator 7: Percent of savings group members who have started or expanded micro-businesses using loans or savings

ID	Start / expand business	Calculation
I7a	Number of caregivers that started who have started or expanded micro-businesses using loans or savings	For each interviewed caregiver count the number of following questions that are answered with "Yes" for (Question 9.3 "Did you start a new business using loans or savings from being a Savings with Education group member?" OR Question 9.3 "Did you start a new business using loans or savings from being a Savings with Education group member?")
I7b	Total number of savings group members	For each interviewed caregiver count the number of the following question that are answered with "Yes" for Question 8.1 "Are you part of a Savings with Education savings & loan program?"

I7	Percent of savings group members who have started or expanded micro-businesses using loans or savings	$= (I7a) / (I7b)$
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Indicator 8 is the percentage of household that purchased household items using loans or savings from being in the savings & loan program is used.

Table 80: Indicator 8: Number of assets of a household bought with a loan from the program

ID	Start / expand business	Calculation
I8a1	Number of furniture items bought with a loan from the program	For each interviewed caregiver count the number items ticked from the following question: Question 8.3 "Which furniture items?"
I8a2	Number of household appliances bought with a loan from the program	For each interviewed caregiver count the number items ticked from the following question: Question 8.4 "Which household appliance items?"
I8a	Number of assets a household bought with a loan from the program	$= (I8a1 + I8a2)$
I8b	Total number of savings group members	For each interviewed caregiver count the number of the following question that are answered with "Yes" for Question 8.1 "Are you part of a Savings with Education savings & loan program?"
I8	Percent of savings group members who have started or expanded micro-businesses using loans or savings	$= (I8a) / (I8b)$

Annex D: Data details of midline and endline

D1. PART 1: Demographics – background

Question 1.4

Table 81: Number of surveys per community, disaggregated per community (midline n= 160, endline n= 159)

Community	Midline	Endline	Same primary caregivers surveyed during midline and endline
Ihoane	40	40	34
Micolene	40	39	31
Munhavara	40	40	33
Nacololo Sede	40	40	35
Total	160	159	133

Question 1.7

Table 82: Gender primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Gender of primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Female	97.5%	95.1%	92.7%	92.7%	96.3%
Male	2.5%	2.4%	4.9%	4.9%	3.8%
Endline					
Female	95.0%	94.9%	100%	97.5%	96.9%
Male	5.0%	5.1%	0%	2.5%	3.1%

Question 1.8

Table 83: Relationship primary caregiver with child, disaggregated per community (midline n= 160, endline n= 159)

Relationship primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Mother (Biological)	95.0%	97.5%	95.0%	95.0%	95.6%
Father (Biological)	2.5%	2.5%	5.0%	5.0%	3.8%
Grandmother	2.5%	0%	0%	0%	0.6%
Endline					
Mother (Biological)	95.0%	94.9%	100%	97.5%	96.9%
Father (Biological)	5.0%	5.1%	0%	2.5%	3.1%

Question 1.9

Table 84: Age category primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Age primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
[15 - 35] years	82.5%	77.5%	76.9%	85.0%	80.5%
[36 - 49] years	15.0%	22.5%	23.1%	15.0%	18.9%
[50 - 64] years	2.5%	0%	0%	0%	0.6%
Endline					
[15 - 35] years	87.5%	82.1%	80.0%	85.0%	83.6%
[36 - 49] years	12.5%	17.9%	20.0%	15.0%	16.4%

Question 1.10

Table 85: Number of children to take care of as primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Number of children to take care of as primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
0	0%	0%	0%	2.5%	0.6%
1	15.4%	20.0%	22.5%	10.0%	17.0%
2	17.9%	7.5%	22.5%	27.5%	18.9%
3	23.1%	15.0%	7.5%	25.0%	17.6%
4	17.9%	17.5%	17.5%	12.5%	16.4%
5	12.8%	15.0%	10.0%	10.0%	11.9%
6	7.7%	7.5%	5.0%	10.0%	7.5%
7	5.1%	12.5%	7.5%	2.5%	6.9%
8 or more	0%	5.0%	7.5%	0%	3.2%
Endline					
1	10.0%	2.6%	12.5%	7.5%	8.2%
2	20.0%	25.6%	22.5%	32.5%	25.2%
3	30.0%	25.6%	15.0%	22.5%	23.3%
4	20.0%	7.7%	12.5%	17.5%	14.5%
5	7.5%	15.4%	17.5%	12.5%	13.2%
6	5.0%	7.7%	10.0%	7.5%	7.5%
7	2.5%	10.3%	5.0%	0%	4.4%
8 or more	5.0%	5.2%	5.0%	0%	3.7%

Question 1.11

Table 86: Number of children under 36 months to take care of as primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Number of children under 36 months to take care of as primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
0, but caregiver is pregnant	0%	2.5%	0%	2.5%	1.3%
1	92.5%	90.0%	85.0%	85.0%	88.1%
2	7.5%	7.5%	15.0%	12.5%	10.6%
Endline					
1	90.0%	94.9%	90.0%	87.5%	90.6%
2	10.0%	5.1%	10.0%	12.5%	9.4%

Questions 1.11a-b-c-d

Table 87: Average number children per primary caregiver per age category, disaggregated per community (midline n= 160, endline n= 159)

Number of children under 36 months to take care of as primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
0-3 years	1.08	1.05	1.15	1.10	1.09
3-5 years	0.75	0.88	0.73	0.64	0.75
6-11 years	0.95	1.25	0.95	0.92	1.02
12-18 years	0.65	0.80	0.60	0.56	0.65
Endline					
0-3 years	1.10	1.05	1.10	1.13	1.09
3-5 years	0.70	0.74	0.73	0.60	0.69
6-11 years	1.03	1.08	1.13	1.05	1.07
12-18 years	0.60	1.13	0.80	0.40	0.73

Question 1.12

Table 88: Marital status of the primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Marital status of the primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Married or living with a partner	80.0%	82.5%	90.0%	90.0%	85.6%
Divorced or separated	10.0%	5.0%	7.5%	5.0%	6.9%
Single or not living with a partner	10.0%	12.5%	2.5%	5.0%	7.5%
Widowed	0%	0%	0%	0%	0%
Endline					
Married or living with a partner	85.0%	74.4%	87.5%	85.0%	83.0%
Divorced or separated	12.5%	17.9%	5.0%	5.0%	10.1%
Single or not living with a partner	2.5%	7.7%	7.5%	10.0%	6.9%

Question 1.13

Table 89: Highest education level attended by the primary caregiver, disaggregated per community (midline n= 160, endline n= 159)

Education of the primary caregiver	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Did not attend school	85.0%	85.0%	77.5%	72.5%	80.0%
Primary	15.0%	12.5%	15.0%	22.5%	16.3%
Secondary	0%	2.5%	7.5%	2.5%	3.1%
Tertiary or higher education	0%	0%	0%	2.5%	0.6%
Endline					
Did not attend school	45.0%	46.2%	47.5%	27.5%	41.5%
Primary	55.0%	51.3%	45.0%	65.5%	54.1%
Secondary	0%	2.6%	7.5%	5.0%	3.8%
Tertiary or higher education	0%	0%	0%	2.5%	0.6%

Question 1.14

Table 90: Occupation of the primary caregiver (midline n= 160, endline n= 159)

Occupation of the primary caregiver	Midline	Endline
Agriculture	96.3%	97.5%
Self-employed	0%	0%
Employed - Formal (Salaried)	0%	0.6%
Employed – Informal	1.2%	1.9%
Unemployed	1.2%	0%

D2. PART 2: Demographics - human resilience survey

Question 2.2

Table 91: Number of members in the household, disaggregated per community (midline n= 160, endline n= 159)

Members in the household	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
2	0%	5.0%	0%	2.5%	1.9%
3	15.0%	15.0%	20.0%	2.5%	13.1%
4	15.0%	17.5%	17.5%	20.0%	17.5%
5	35.0%	15.0%	27.5%	35.0%	28.1%
6	17.5%	15.0%	12.5%	7.5%	13.1%
7	10.0%	12.5%	7.5%	12.5%	10.6%
8	5.0%	7.5%	12.5%	10.0%	8.8%
9	0%	7.5%	2.5%	5.0%	3.8%
10+	2.5%	5.0%	0%	5.0%	3.1%
Average members in household	5.20	5.44	5.32	5.75	5.43
Average members in household younger than 14	3.18	3.08	3.10	2.98	3.08
Endline					
2	2.5%	0%	2.5%	2.5%	1.9%
3	10.0%	5.1%	10.0%	5.0%	7.5%
4	20.0%	20.5%	17.5%	20.0%	19.5%
5	32.5%	25.6%	15.0%	27.5%	25.2%
6	20.0%	10.3%	27.5%	27.5%	21.4%
7	7.5%	17.9%	15.0%	7.5%	11.9%
8	2.5%	7.7%	10.0%	2.5%	5.7%
9	0%	10.3%	2.5%	5.0%	4.4%
10+	5.0%	2.6%	0%	2.5%	2.5%
Average members in household	5.35	5.92	5.53	5.60	5.57
Average members in household younger than 14	3.00	3.38	3.18	3.20	3.19

Question 2.4

Table 92: All household members ages 6 to 12 are currently attending school, disaggregated per community (midline n= 160, endline n= 159)

Household members ages 6 to 12 currently attending school	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Yes	63.6%	71.0%	50.0%	64.7%	62.7%
Endline					
Yes	63.9%	62.9%	60.6%	70.3%	65.5%

Yes	52.5%	55.0%	35.0%	55.0%	49.4%
No	30.0%	22.5%	35.0%	30.0%	29.4%
No one aged [6 to 12] in the household	17.5%	22.5%	30.0%	15.0%	21.3%
N was 4x 40 = 160	N=33	N=31	N=28	N=34	N=126
Recalculated with different n (160 - # no children in age group]	63.6%	71.0%	50.0%	64.7%	62.7%

Question 2.5

Table 93: Highest education level attended by the spouse, disaggregated per community (midline n= 160, endline n= 159)

Education level spouse	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Did not attend school	47.5%	55.0%	57.5%	47.5%	51.9%
Primary	30.0%	25.0%	27.5%	27.5%	27.5%
Secondary	7.5%	2.5%	10.0%	10.0%	7.5%
Tertiary or higher education	0%	0%	0%	2.5%	0.6%
Don't know/No answer	15.0%	17.5%	5.0%	12.5%	12.5%
Endline					
Did not attend school	27.5%	23.1%	30.0%	7.7%	22.2%
Primary	50.0%	43.6%	45.0%	48.7%	46.8%
Secondary	7.5%	5.1%	12.5%	10.3%	8.9%
Tertiary or higher education	0%	0%	0%	2.6%	0.6%
Don't know/No answer	15.0%	28.2%	12.5%	30.8%	21.5%

Question 2.6-27-28

Table 94: Main construction material of the outer wall, floor and roof of the residence (midline n= 160, endline n= 159)

Part of the house	Materials	Midline	Endline
Outer wall material	Mud bricks/earth, wood, bamboo, metal sheet/slate/asbestos, palm leaves/thatch (grass/raffia)	98.1%	98.1%
	Cement/concrete blocks, landcrete, stone, or burnt bricks	1.3%	1.9%
Floor material	Dirt	95.6%	98.1%
	Cement bricks	1.3%	1.3%
Roof material	Iron sheets, tiles, concrete, or asbestos	21.3%	13.2%
	Grass, leaves, or mud	78.8%	86.8%

Question 2.9

Table 95: Toilet facility used by the household, disaggregated per community (midline n= 160, endline n= 159)

Toilet facility used	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
No toilet facility (bush, beach), or other	42.5%	30.0%	15.0%	22.5%	27.5%
Pit latrine, bucket/pan	57.5%	70.0%	85.0%	77.5%	72.5%
Endline					
No toilet facility (bush, beach), or other	17.5%	12.8%	15.0%	5.0%	12.6%
Pit latrine, bucket/pan	82.5%	87.2%	85.0%	95.0%	87.4%

Question 2.10

Table 96: Source of water used by the household (midline n= 160, endline n= 159)

Source of water	Midline	Endline
Public network	0%	60.4%
Other	100%	39.6%

Questions 2.11, 2.13, 2.14, 2.15

Table 97: Household appliance (midline n= 160, endline n= 159)

Household	Midline	Endline
Possesses a Television	7.5%	10.1%
Possesses a Refrigerator	0%	0.6%
Possesses a cooker (gas, kerosene, electric)	0%	0%
Is connected to the electricity grid	15.0%	11.9%

Question 2.12

Table 98: Number of mobile phones in the household, disaggregated per community (midline n= 160, endline n= 159)

Number of mobile phones are owned by all members of the household	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
0	60.0%	55.0%	42.5%	41.0%	49.7%
1	37.5%	45.0%	52.5%	48.7%	45.9%
2	2.5%	0%	5.0%	10.3%	4.4%
3+	0%	0%	2.5%	0%	0%
Endline					
0	57.5%	41.0%	50.0%	37.5%	46.5%
1	37.5%	48.7%	37.5%	40.0%	40.9%
2	5.0%	7.7%	12.5%	12.5%	9.4%
3+	0%	2.6%	0%	10.0%	3.1%

Question 2.16

Table 99: Main occupation spouse, disaggregated per community (midline n= 160, endline n= 159)

Occupation spouse	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Farmer, rancher, agricultural worker, or no male head/spouse	77.5%	90.0%	87.5%	82.1%	84.3%
Shop owner, salesperson, service worker, transport and storage operator, or worker in textiles, construction, mechanics, graphics, chemicals, food processing, etc.	5.0%	2.5%	5.0%	5.1%	4.4%
Office worker, transportation operator, professional, technician, director, manager, administrator, or related job	0%	0%	0%	2.6%	0.6%
No data or no main occupation	7.5%	2.5%	7.5%	5.1%	5.7%
Don't know / No answer	10.0%	5.0%	0%	5.1%	5.0%
Endline					
Farmer, rancher, agricultural worker, or no male head/spouse	100%	79.5%	92.5%	67.5%	84.9%
Shop owner, salesperson, service worker, transport and storage operator, or worker in textiles, construction, mechanics, graphics, chemicals, food processing, etc.	0%	0%	0%	7.5%	1.9%

Office worker, transportation operator, professional, technician, director, manager, administrator, or related job	0%	0%	0%	5.0%	1.3%
Other	0%	5.1%	0%	5.0%	2.5%
Don't know / No answer / No data or no main occupation	0%	15.4%	7.5%	15.0%	9.4%

Questions 2.17a-b

Table 100: Household (midline n= 160, endline n= 159)

Household	Midline	Endline
Cultivated any crops in the last 12 months	98.8%	99.4%
Currently owns any bulls, cows, steers, heifers, male calves, female calves, or oxen	6.3%	1.3%

Questions 2.18

Table 101: Main fuel used for cooking (midline n= 160, endline n= 159)

Household	Midline	Endline
Wood, crop residue, sawdust, animal waste, or other	98.1%	98.7%
Charcoal or kerosene	1.9%	1.3%

Question 2.19

Table 102: Household owns transport vehicle, disaggregated per community (midline n= 160, endline n= 159)

Owning transport vehicle	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Bicycle	7.5%	34.1%	27.5%	32.6%	25.6%
Motorcycle	10.0%	12.2%	12.5%	9.3%	11.0%
Car	0%	0%	0%	0%	0%
Endline					
Bicycle	7.5%	38.5%	20.0%	30.0%	23.9%
Motorcycle	0%	7.7%	12.5%	10.0%	7.5%
Car	0%	0%	0%	0%	0%

Question 2.20

Table 103: Self-reported economic status (1 =lowest – 10= highest), disaggregated per community (midline n= 160, endline n= 159)

Self-reported economic status	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
1	82.5%	70.0%	65.0%	64.1%	70.4%

2	12.5%	27.5%	22.5%	28.2%	22.6%
3	5.0%	2.5%	12.5%	7.7%	6.9%
4	0%	0%	0%	0%	0%
5 or more	0%	0%	0%	0%	0%
Average	1.23	1.33	1.48	1.44	1.36
Endline					
1	10.0%	10.3%	65.0%	5.0%	8.8%
2	25.0%	17.9%	22.5%	10.0%	18.9%
3	27.5%	12.8%	12.5%	15.0%	17.6%
4	27.5%	33.3%	0%	35.0%	32.7%
5	10.0%	23.1%	22.5%	20.0%	15.7%
6	0%	2.6%	12.5%	10.0%	5.0%
7	0%	0%	0%	2.5%	0.6%
8	0%	0%	0%	2.5%	0.6%
9 or more	0%	0%	0%	0%	0%
Average	3.03	3.49	3.35	4.08	3.48

Question 2.21

Table 104: Household access to bank account (midline n= 160, endline n= 159)

Household access to bank account	Midline	Endline
Primary caregiver has by themselves or with other has a bank account	1.3%	1.3%

Question 2.22

Table 105: Household has savings, disaggregated per community (midline n= 160, endline n= 159)

Household has savings	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
Anyone in household currently has money set aside as savings	15.0%	19.5%	12.5%	27.5%	18.6%
Endline					
Anyone in household currently has money set aside as savings	55.0%	53.8%	50.0%	72.5%	57.9%

Question 2.23

Table 106: Anyone hungry to bed in the last 7 days, disaggregated per community (midline n= 160, endline n= 159)

Hungry to bed	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
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Midline					
Anyone in the household went to bed going hungry in the last 7 days	52.5%	43.9%	35.0%	37.5%	42.2%
Endline					
Anyone in the household went to bed going hungry in the last 7 days	70.0%	71.8%	80.0%	60.0%	70.4%

Question 2.24

Table 107: Number of meals eaten per a day, disaggregated per community (midline n= 160, endline n= 159)

Number of meals eaten per day	Ihoane	Micolene	Munhavara	Nacololo Sede	Total
Midline					
1	10.0%	2.5%	2.5%	2.5%	4.0%
2	75.0%	92.5%	90.0%	88.8%	87.0%
3	15.0%	5.0%	7.5%	8.8%	9.0%
Average	2.05	2.03	2.05	2.07	2.05
Endline					
1	5.0%	0%	2.5%	7.5%	3.8%
2	87.5%	97.4%	97.5%	62.5%	86.2%
3	7.5%	2.6%	0%	12.5%	5.7%
No answer	0%	0%	0%	17.5%	4.4%
Average	2.03	2.03	1.98	1.70	1.93