



CDSC4ECD ENDLINE EVALUATION

Evidence Brief **Zambia**



Community Driven Systems Change for Early Childhood Development

Kaoma, Kalabo, Mongu and Senanga district

Baseline 2023 | Endline 2026

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Community-driven support reached households at a time of layered crisis

Zambia's population is among the youngest in the world. Roughly one in six people is a child under three, and early adversity, poverty, HIV exposure and limited access to health, nutrition and early learning services continue to shape long term outcomes. Government leads ECD policy, but most services on the ground are designed and delivered by non-state actors.

The Firelight's Community Driven Systems Change for Early Childhood Development (CDSCforECD) is a year-long initiative aimed at building local CBOs' capacities to catalyse their efforts to improve the nurturing care of children in their communities. The initiative started in 2019-2023 as phase 1 and 2023-2026 as phase. During this period, households in Kaoma, Mongu, Kalabo and Senanga districts lived through a polycrisis: COVID-19 disruption, severe drought and extensive electricity rationing, at times just two hours of power a day. Firelight Foundation's Community Driven Systems Change for Early Childhood Development initiative (CDSC4ECD) worked through six local community-based organisations to strengthen nurturing care for children aged 0 to 6 under these conditions.

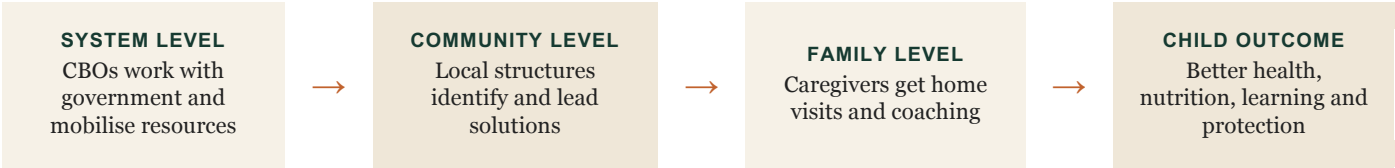


This brief summarises what changed for children and caregivers, what the evidence says drove that change, and what it means for Firelight, CBOs and government partners going forward. It draws on the full endline evaluation report; see that report for detailed indicator tables, qualitative excerpts and statistical tests.

WHAT WAS DONE

CBOs strengthened nurturing care by acting at three levels at once

CDSC4ECD is not a single service delivery activity. It is a systems change model. CBOs worked simultaneously with government and other stakeholders, with community structures, and directly with families, on the premise that durable change in child outcomes requires movement at all three levels together.



In Zambia, six CBOs, Kaoma Wise Trust, NAMUSO, SESH, TRACA, WICS and YCCF, delivered the initiative across Kaoma, Mongu, Kalabo and Senanga districts. The evaluation used a repeated cross sectional, pre and post design with a comparison group: 271 households at baseline and 388 at endline. Because CBOs could not reach every eligible household in their catchment areas, the evaluation deliberately compared CBO-visited households against non-visited households in the same communities, which strengthens confidence in attributing observed differences to direct CBO contact rather than location alone.

Data collection combined household surveys, key informant interviews, focus group discussions and ECD centre observations. CBO staff were cross-assigned across communities to reduce bias, and CBO grantee partners were involved throughout, from indicator design to results validation.

WHAT CHANGED

Gains were consistent, and consistently larger where CBOs visited

Across almost every domain of nurturing care, endline scores improved on baseline, and the improvement was largest among households a CBO had directly visited. Where an indicator declined overall, for example birth registration or father accompaniment to antenatal visits, the evaluation traces the decline to constraints outside CBO control, such as processing backlogs at the National Registration Office, rather than to weaker implementation.

Indicator	Baseline → Endline	CBO visited HH	Interpretation
GOOD HEALTH			
Satisfied with health services received	38.5% → 89.7%	91.7%	Large, broad-based gain
Access to health services when needed	73.3% → 88.5%	89.0%	Consistent improvement
Applying at least two pieces of health advice	61.6% → 86.8%	93.2%	Strongest among CBO visited
Children sleeping under a treated mosquito net	41.5% → 52.0%	n/a	Persistent gap despite gains
NUTRITION			
Children receiving a daily balanced diet	33.4% → 47.3%	56.0%	Strongest among CBO visited
Underweight children, card verified	8.9% → 0%	0%	Linked to growth monitoring
Knowledge of preparing nutritious meals	77.0% → 84.3%	88.0%	Corroborated by knowledge test
Exclusive breastfeeding, 0 to 6 months	80.6% → 76.1%	81.0%	Declined overall, held among CBO visited
WATER, SANITATION AND HYGIENE			
Improved drinking water source	54.1% → 71.0%	n/a	Driven by borehole access
Non shared improved toilet facility	67.6% → 86.1%	85.5%	Unprotected well use also fell
Safe water storage, covered with two cup system	71.0% → 94.0%	94.0%	Near universal at endline
RESPONSIVE CAREGIVING			
Knowledge of a positive child development environment	77.2% → 100%	n/a	Ceiling reached at endline

Indicator	Baseline → Endline	CBO visited HH	Interpretation
Father accompaniment to antenatal visits	46.8% → 25.0%	30.9%	Declined overall, CBO visited fared better
At least two trusted sources of child-related support	78.1% → 80.0%	85.9%	Clear CBO visited advantage
EARLY LEARNING			
Books or play materials at home	36.1% → 43.3%	53.0%	Clear CBO visited advantage
Play materials made from local materials	49.5% → 87.3%	94.2%	Near universal among CBO visited
ECD centres supported by CBOs	2 → 18 centres	n/a	511 to 658 children served
ECD caregivers with tertiary qualifications	58.3% → 91.7%	n/a	Rapid gain in centre workforce
SAFETY AND SECURITY			
Safe indoor and outdoor play spaces	70.0% → 87.7%	88.7%	Broad gain across households
Child abuse, neglect or harsh punishment	17.2% → 6.7%	6.8%	Broad decline, not CBO-specific
Physical abuse specifically	15.7% → 4.1%	n/a	Sharp fall
Birth registration	74.9% → 56.2%	60.2%	Declined, government processing delay
GENDER, BELIEFS AND VALUES			
Men responsible and involved in childcare	20.1% → 33.8%	35.9%	Male respondent agreement nearly doubled
Daily male caregiver involvement	36.8% → 78.0%	76.5%	Broad shift across households
Households reporting no male involvement	43.7% → 1.6%	n/a	Near elimination of non involvement
COMMUNITY SYSTEMS			
Community cohesion and ownership score	10.35 → 12.18*	12.18	Moderate effect, Cohen's d = 0.79
Shared action and implementation score	9.30 → 12.10*	12.10	Large effect, Cohen's d = 0.91
Governance and accountability score	13.20 → 17.80*	17.80	Large effect, Cohen's d = 1.21

*Control versus CBO implementing household comparison, not baseline versus endline.

Direct household contact is the strongest thread running through the evidence

The evaluation cannot claim a controlled experiment. But the repeated comparison between CBO visited and non-visited households within the same communities, combined with qualitative accounts from caregivers and CBO staff, points to a consistent mechanism: where a CBO reached a household directly, knowledge translated into practice more often than where it did not.

KEY FINDING

Direct household contact, not geographic proximity alone, is what converts programme activity into changed caregiving practice.

Illustrative pathway, nutrition domain:



The same pattern recurs across domains. CBOs becoming a named source of health support nearly quadrupled overall, and reached 39% among CBO-visited households specifically. Caregivers applying at least two pieces of professional health advice rose to 93.2% among CBO-visited households, against a lower overall figure. Play materials made from local materials rose to 94.2% among CBO-visited households compared with 63.9% among non-visited households in the same communities.

Some gains, however, were broad-based rather than CBO-specific, for example the fall in child abuse and neglect, and the rise in daily male caregiver involvement, both of which improved similarly among visited and non-visited households. This suggests these particular shifts reflect wider social change, community-level diffusion, or national trends running alongside the programme, and the evaluation is careful not to claim sole programme attribution for them.

Community ownership drove results. Structural conditions capped them.

ENABLERS

- Trusted, ongoing CBO presence inside communities, not a one-off visit
- Peer-to-peer exchange between CBOs, spreading specific practices between catchment areas
- Concrete government entry points: a CBO chair on a Constituency Development Fund committee, and Ministry of Education alignment through its satellite ECE hub policy
- Low cost, community-owned solutions such as locally made play materials and growth monitoring
- Livelihood and savings groups linked to ECD activity, freeing household resources

BARRIERS

- A 2021 to 2025 polycrisis: COVID 19 disruption, severe drought and heavy electricity rationing
- Health system capacity gaps outside CBO control, especially medication stock outs
- Government processing delays for birth certificates, despite strong CBO led registration campaigns
- No CBO reported a funded, time bound plan for scaling either horizontally or vertically
- Low transparency in transition planning: only 30% of CBO implementing households felt the process was openly communicated

These constraints are structural rather than programme specific. The evaluation is explicit that most of the factors limiting further progress sit outside what a CBO can control on its own, which has direct implications for where Firelight and government partners should focus support.

SUSTAINABILITY AND SCALING

The foundations for sustained change are stronger than the plan to fund it

CBO implementing households scored consistently higher than control households across all five sustainability dimensions measured. Transparency was the weakest dimension across every group, signalling that exit and transition communication needs the most deliberate strengthening going forward.

Continuity



Ownership and obligation



Predictability



Inclusion



Scaling showed genuine but uneven progress in both directions:

- Horizontal scaling is happening organically. CBOs learn from each other through exchange visits, and community demand pulls expansion forward once infrastructure becomes visible.

- Vertical scaling has real but early entry points: a CBO seat on a Constituency Development Fund committee, alignment with the Ministry of Education's satellite ECE hub policy, and independent national scale-up of school feeding.
- No CBO reported a funded, time-bound scaling plan of either kind, and the initiative's credibility depends partly on government follow-through that sits outside CBO control, for example, birth certificate issuance.

WHAT WE LEARNED

Five lessons for future community-driven ECD programming

1

Community engagement has real limits

Community engagement strengthens ECD outcomes and community systems, but it cannot by itself overcome structural constraints such as poverty, climate shocks and weak service capacity. Pair behaviour change work with tangible resource support.

2

Quality and timing outweigh contact frequency

How and when contact happens matters more than how often. Emergency responses, such as those triggered by drought, need to stay aligned with core programme messages rather than compete with them.

3

Knowledge without means does not become practice

Knowledge gains do not automatically translate into sustained practice where households lack the resources to act on what they know. Nutrition knowledge rose sharply, but daily balanced diets only for some.

4

Low-cost solutions still need durable systems

Community owned, low cost solutions generate strong gains, but their sustainability depends on institutionalisation, system capacity and durable infrastructure, not on community goodwill alone.

5

Structures are not the same as authority

Community systems strengthening is strongest where structures translate into coordinated action. The existence of a committee or governance structure does not by itself demonstrate meaningful decision-making authority.

WHAT SHOULD HAPPEN NEXT

Thirteen actionable recommendations, five shared priorities

The full evaluation sets out thirteen actionable recommendations assigned to Firelight, CBOs and communities, or government stakeholders, with a management response matrix tracking each. Five priorities cut across all three groups:

1. Reinforce, do not substitute

- Strengthen linkages between CBO community engagement and formal health, nutrition and child protection systems, rather than positioning CBOs as a parallel channel.

2. Pair messaging with resources

- Combine behaviour change communication with tangible resource support, agricultural inputs, durable infrastructure and consumables, so that knowledge can convert into practice.

3. Sustain male engagement and positive discipline

- Continue and extend approaches that are already showing strong results, including father accompaniment to health visits and positive discipline practices.

4. Fix cross-institutional bottlenecks

- Address delays in birth registration, child protection referral and health commodity supply, where CBOs depend on government systems outside their direct control.

5. Formalise transition planning

- Build transparent, predictable communication with communities from the outset of any transition, and adopt the community-driven systems change model as the design standard for future Firelight-funded initiatives.

A NOTE ON METHOD AND LIMITATIONS

How to read confidence into these findings

This evaluation used a repeated cross sectional, pre and post design with a comparison group, not a longitudinal panel. Findings reflect population level shifts between separate baseline (n=271) and endline (n=388) samples, not change tracked within the same individuals over time.

Non-visited comparison households lived inside the same communities as CBO-visited households, so spillover cannot be ruled out. Where visited and non-visited households show similar gains, the evaluation treats this as evidence of broader community-level or contextual change rather than direct CBO attribution, and this brief reflects that distinction throughout.

Quantitative findings were triangulated with qualitative data from key informant interviews and focus group discussions, analysed thematically against the initiative's expected areas of change. The evaluation was cleared by the University of Zambia Humanities and Social Sciences Research Ethics Committee (IRB No. 00006464).

Source

Participatory Endline Evaluation, CBO Capacity Support Report, Zambia. Impact Managers for Firelight Foundation, August 2026.