



Window of Opportunity

*Nutrition to Maximize
Human Potential*

Window of Opportunity Annual Report 2009



List of Acronyms

A4A	Agenda for Action
ACF	Action Contre le Faim
AED	Academy for Educational Development
BCC	Behavior Change Communication
BFC	Breastfeeding Counseling
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Centers for Disease Control and Prevention
CF	Complementary Feeding
CFE	Complementary Feeding in Emergencies
CHC	Community Health Club
CHW	Community Health Worker
CI	CARE International
CMAM	Community Management of Acute Malnutrition
CTC	Community Therapeutic Care
EBF	Exclusive Breastfeeding
ECD	Early Childhood Development
EHAU	Emergency and Humanitarian Assistance Unit
ENN	Emergency Nutrition Network
EPI	Expanded Program on Immunization
FSAG	Food Security Action Group
GAIN	Global Alliance for Improved Nutrition
GIFA	Geneva Infant Feeding Association
GTZ	Gesellschaft für Technische Zusammenarbeit (German Development Agency)
HKI	Helen Keller International
IASC	Interagency Standing Committee
IBFAN	International Baby Food Action Network
ICDDR	International Center for Diarrheal Disease Research, Bangladesh
IFE	Infant Feeding in Emergencies Core Group
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
IMMPaCt	International Micronutrient Malnutrition Prevention and Control Group
IRC	International Rescue Committee
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOHS	Ministry of Health and Sanitation
MSF	Médecins sans Frontières
MtMSG	Mother to Mother Support Group
NCKK	National Council of Kenya Churches
rMN	Related Maternal Nutrition
SC UK	Save the Children, United Kingdom
SC US	Save the Children, United States
TBA	Traditional Birth Attendant
UNHCR	United Nations High Commission for Refugees

UNICEF	United National Children's Funds
WABA	World Alliance for Breastfeeding Action
WBW	World Breastfeeding Week
WFP	World Food Program
WHO	World Health Organization

Letter from the Director

This has been a productive and fulfilling year for the *Window of Opportunity* program as we continued to promote, protect and support maternal, infant and young child nutrition in Kenya, Indonesia and Nicaragua and started work in Sierra Leone and Bangladesh. The advantage of having activities at different stages of maturity and in such different settings has been the ability to incorporate lessons learned in the design of newer country programs. We have learned how robust our strategies and materials are and how to most effectively adapt them in different political, cultural and geographical contexts.

In Kenya, the *Window of Opportunity* focused on sustaining and expanding IYCF coverage in the Dadaab refugee camps, integrating nutrition into multi-sector programming. A joint work plan between CARE, UNHCR, IRC, GTZ, NCKK, and MSF Swiss facilitated inter-agency coordination and was particularly critical at a time of a large influx of new refugees. Monitoring data has shown significant and consistent improvement in nutrition indicators even at a time when new refugees who have not been exposed to program activities might have been expected to dilute out any gains. This success reflects the effectiveness of IYCF promotion activities and the growing capability to reach new arrivals to increase their awareness and affect behaviors.

In late 2008 and early 2009, we launched program activities in Bangladesh and Sierra Leone, conducting design workshops and situational analyses. In Bangladesh, the government is rethinking the National Nutrition Program making now an opportune time to define an effective strategy that can be used as a national model. The *Window* project in Bangladesh is focusing on one upazila (sub-district), Karimgonj, where IYCF activities will be combined with a CARE program on food security for the ultra-poor and where rigorous monitoring of impacts will provide information to the government, others stakeholders, and the international community. In Sierra Leone, the *Window* program is building on results of a child survival program in two districts (Koinadugu and Tonkolili). Through a participatory process, the team there has conducted a baseline survey and formative research in addition to providing support to ongoing IYCF program activities implemented by the Ministry of Health and Sanitation.

Capacity building has been a major component of *Window* activities during the past year. Mary Lung'aho and Kirk Dearden (Boston University) are completing a Step-by-Step Guide for measuring infant and young child feeding indicators, based on 2008 updated interagency (WHO, UNICEF, et al.) standards. The guide was piloted as part of the *Window of Opportunity* baselines conducted by local staff in Sierra Leone, Indonesia and Nicaragua. Survey data and anthropometric results are currently being analyzed. The 40 hour breastfeeding counseling course was held in Nicaragua and Indonesia, with training provided to both CARE and Ministry of Health staff who in turn trained community-based counselors. CARE staff continues to follow-up with the counselors who are reaching out to pregnant and lactating mothers in their homes. Formative

research training also was held in Sierra Leone and mother-to-mother support group training in Nicaragua.

Some of the most exciting work this year has been the formative research which has allowed the populations we serve to inform us about their barriers to optimal maternal, infant and young child nutrition and to teach us the very strategies that they believe will work to change behavior. Upon arriving in the small, hilltop village of Sengbe Bendugu in the northern district of Koinadugu, Sierra Leone, the *Window* team was warmly greeted by the chief. After formal introductions all the pregnant and lactating women in the village were summoned from the fields by the town crier with the chief's drum. The women gathered and discussed enabling factors and barriers to optimal IYCF and rMN. One theme emerged repeatedly: the tremendous influence that fathers and mother-in-laws have over their choices of infant and young child feeding. As such, the team is developing methods on how to use that influence to overcome taboos and other cultural norms to support optimal feeding behaviors.

In El Cua, Jinotega in Nicaragua, Israel, our outreach worker, gathered 4 mothers in the community plaza to "play cards." The cards were a "pile sort" deck consisting of all available local foods based on a market analysis completed by the staff. As the women placed each food into groupings of what they would and wouldn't eat after delivery, Israel probed, discovering all the taboos and traditional beliefs that restrict women to a diet of corn drink, tortillas and soft cheese for 40 days after delivery. Now he can work with these mothers through a problem tree to identify changes they are willing to make to enhance their post-partum health and well-being.

Making progress in field work in *Window* countries has not been our only accomplishment. We have been busy at home as well. The expertise developed by CARE Atlanta staff through the *Window of Opportunity* program has contributed to integrating nutrition as a major component of CARE's evolving food security strategy. The early childhood development program which brings together health, education, and economic strengthening now has a strong nutrition focus, becomes even more critical as the target age group for these activities expands to include children from birth through three years of age. We also have engaged with the Emergency and Humanitarian Response sector which has begun to look beyond simple food distribution in crisis situation to a holistic approach to food and nutrition for women and children.

Along with many accomplishments, we still face many challenges. Our communities are rural, remote, and dispersed and often take many hours to reach on motorcycles, boats and by foot. Our human resources in country need a great deal of capacity building and follow-up to understand the most effective ways of working through counseling and support groups. The people we serve are bound by traditions, taboos and cultural barriers that impede optimal use of their own resources. And food insecurity, whether year-round for the most poor or seasonal, poses a challenge that may become greater due to the effects of population growth and climate change. Yet, little-by-little we teach each other and move forward in the on-going mission of improving nutrition,

health and well-being, contributing to reduced poverty by empowering women and girls in their care of each other and their children.

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Overarching Objectives and Strategies

The **window of opportunity** for impacting child growth and development is short – from conception through the first two years of life. Thus CARE places a special focus on infant and young child feeding (IYCF) and related maternal nutrition (rMN) practices. By impacting the lives of children and mothers on multiple levels, the *Window of Opportunity (Window)* program achieves improved growth and development for children at a critical juncture in their lives. At the individual level, the program enhances mothers' knowledge and care-giving skills. At the community level, the training of counselors and facilitators and establishment of Mother to Mother Support Groups (MtMSGs) creates a circle of support for mothers. At the district and national level, participation in program activities by government and advocacy to government on the importance of maternal nutrition and supportive IYCF policies advance an enabling environment for optimal practices. On a global level, *Window* is building models for integrating nutrition across sectors while emphasizing how vital IYCF and rMN are to the improved health of children and mothers, thus critical to reaching the Millennium goals.

The *Window* strategy consists of three key areas that lead to increased optimal IYCF and rMN practices:

1. *Improving the enabling environment:* By catalyzing the formation of networks and providing an evidence base for policy decisions, *Window* builds a foundation for improved practices. Ultimately, an environment that supports mothers is one where improved IYCF practices take root.
2. *Health system strengthening to support IYCF and rMN:* To create lasting change, *Window* builds capacity and understanding of health system personnel at the local, district and national levels. A key component of this strategy is the creation of supervisory and referral systems working with existing government infrastructures.
3. *Empowerment of individuals and communities to make optimal IYCF and rMN choices:* *Window* facilitates participatory social analysis that allows communities to solve problems effectively through self-discovery and to reconsider harmful practices, such as delayed initiation of breastfeeding and food taboos for pregnant women. Mobilization around IYCF groups also creates a forum for social change.

Cross-country achievements

In the past year, *Window* continued to build its programs in Kenya, Indonesia, Nicaragua, Sierra Leone and Bangladesh. While each country is unique in context and approach, some cross-cutting successes have emerged.

A key aspect of *Window* program design is a process built on participatory social analysis. Through formative research *Window* staffs in country offices learn more about

their communities and in turn communities engage in self-reflection. Sierra Leone explored the main cultural practices that impede exclusive breastfeeding success. Analysis revealed that fathers and grandmothers are key influencers in this process, leading to a program strategy that will target these groups to create a more supportive environment for breastfeeding mothers. Programs in Indonesia and Nicaragua also build on this type of process that not only provides critical information for program activities but also empowers communities.

Another cross-country success has been the engagement of partners. In Bangladesh, GAIN and ICCDR, B, two renowned nutrition organizations, are engaged with CARE on implementation and evaluation. In Sierra Leone, we are working closely with UNICEF on a country wide IYCF Behavior Change Communication strategy building on CARE's expertise in community engagement. In Indonesia, we work with some of the nation's top breastfeeding counseling experts yielding the best knowledge of local practices and innovative problem solving. In Nicaragua, work with the Ministry of Health and the Nicaragua Breastfeeding Alliance contributes to an improved understanding of IYCF issues and increases the likelihood that the successes and lessons learned from this program will be sustained and replicated. Partnership in Nicaragua also means community health workers are trained in breastfeeding counseling skills. The beneficiary of these activities is the mother in community that gains access to a resource person for breastfeeding questions without traveling many hours to a health post or health center.

With staff members in Atlanta and seven countries, the *Window* team is a global network. This past year the team built a common understanding of our mission and strategies through several events. At the Child Health and Nutrition Workshop in Indonesia, our staff shared experiences, discussed potential approaches to overcome challenges, and enhanced their capacity in monitoring, documentation and presentation. At the June IYCF Symposium in Atlanta, *Window* staff developed a broader understanding of IYCF issues. Additionally, Country Office participants were challenged to consider maternal nutrition and psycho-social aspects of feeding in their programming in workshops by expert facilitators Judiann McNulty and Cécile Bizouerne (Action Contre le Faim). Upon their return the Dadaab Kenya team initiated a training series on iron-deficiency anemia for support group leaders and health workers. At the social analysis workshop following the Symposium, staff also built their skills in participatory social analysis to identify key practices and barriers to optimal IYCF and rMN in communities. Ultimately, these skills help staff build better programs because they are able to deconstruct underlying causes of sub-optimal practices and engage communities in developing strategies to address them.

Finally, the *Window of Opportunity*, by increasing the profile of IYCF at CARE and building staff capacity has fomented discussions on integrating nutrition throughout CARE. *Window* successfully advocated for the inclusion of Nutrition as a key component of the comprehensive Agenda for Action for Food Security. Nutrition is also a key component of the Early Childhood Development (ECD) strategy, a cross-team

collaboration engaged in creating an Essential Package for ECD in HIV contexts. The EHAU team included nutrition as a key pillar of its strategic plan.

Cross-country opportunities and challenges

As *Window* programming continues in 2010, reflection on opportunities and challenges is important to success. Each country's program has different needs and complex cultural factors affecting IYCF and rMN are not easily addressed. As a comprehensive program, *Window* is continually exploring the balance between global and country specific approaches. For example, a program-wide behavior change strategy was developed by Headquarters staff. While country offices use this broad strategy for guidance, they are often challenged to adapt the strategy to their local programs. Lessons learned from this process will improve the guidance and support provided to country offices in nutrition as well as more broadly.

Similarly, the *Window* team recognizes the need for rigorous monitoring and evaluation that generates data on outcomes that can be compared across countries. Skill building in these areas is important but in the past has often been neglected as immediate program and implementation needs take priority. *Window* is creating tools and engaging all staff in learning opportunities to assure the capacity for ongoing quality improvement during implementation and accurate assessment of program impacts. One example of this is the development of the Step by Step Guide for Measuring IYCF Indicators. This tool provides easily understood instructions for measuring and analyzing globally accepted indicators on IYCF practices.

Country Updates:

Following below are brief updates on activities in *Window of Opportunity* intervention countries.

Kenya

Accomplishments:

- CARE conducted orientation sessions for 69 partner agency medical staff on IYCF practices, providing concise, practical (but non-technical) guidance to ensure appropriate infant and young child feeding in emergencies.
- CARE staff trained MtMSG facilitators, GTZ medical staff and Traditional Birth Attendants (TBAs) on infant feeding in HIV contexts.
- MtMSG leaders participated in further training on IYCF, anemia, micronutrients, and the importance of hygiene and sanitation in the control of diarrheal disease.
- IYCF promotion activities were conducted frequently in the Dadaab camps targeting new arrivals to increase their awareness of optimal IYCF practices.
- At the end of 2008, staff conducted a survey of mothers assessing their knowledge, attitudes and practices. Results were compared with the 2007 health and nutrition surveys. In 2007, an average of 66.2% of mothers from Hagedera, Dagahaley and

Ifo camps initiated breastfeeding within 1 hour of birth, whereas in 2008, an average of 76.5% initiated breastfeeding within that time period.

- Preliminary results from the 2009 survey show that rate of early initiation increased to 81.7%. The nutrition surveys also showed an improvement in exclusive breastfeeding (EBF) from 4.1% in 2005 to an average of 25.6% in 2008. In 2009, preliminary data also show a continued increase to well over 40%. It should be noted that the camp population increased dramatically during the project period, making the improvement in practices even more impressive.
- Consistent with improved breastfeeding practices, rates of global acute malnutrition decreased from 22% in 2006 to 11% in 2008 in children under five years of age as indicated by indicated by a standard height for weight index measurement.

Challenges:

- Since 2008, the Dadaab camps experienced rapid population growth requiring formation of additional MTMSGs and straining personnel capacity. Between June and July 2009, camp size increased by 22%: from 235,455 to 268,962 and new arrivals still continue at a rate of almost 8,000 a month.
- Interagency coordination is time-consuming and results in delay of activities.

Lessons Learned:

- The creation of more than 700 MTMSGs has disseminated knowledge, created a forum for peer-support, empowered women, and helped to sustain the continued improvement in infant and young child feeding practices.
- A joint work plan between CARE, UNHCR, IRC, GTZ, NCKK, and MSF Swiss allowed for inter-agency coordination around nutrition and ICYF activities in the camps during population influx.

Next Steps:

- CARE involvement in the IYCF program in Dadaab will end on December 31, 2009. In preparation, CARE has created transitional work plans with UNHCR, IRC, GTZ, NCKK, and MSF Swiss.

Program Highlight:

To highlight the importance of IYCF, the Dadaab team actively engaged in World Breastfeeding Week celebrations. The week featured a traveling road show, infant and young child feeding counseling sessions, and MtMSG sessions.



A crowd of onlookers are addressed during a World Breastfeeding Week 2009 road show

The program in Dadaab is featured in a Postscript by Mary Lung'aho in the July 2009 edition of Field Exchange, a publication by the Emergency Nutrition Network. The piece, co-written by Allison Oman from UNHCR, highlights the inter-agency IYCF work in the Dadaab refugee camps and offers suggestions for continued improvements in agency collaborations. The article can be found online: <http://www.enonline.net/fex/>.

Indonesia

Accomplishments:

- The Indonesia baseline was completed in August 2009. In total, 2,415 households were included with anthropometry and surveys of mothers regarding their nutrition during pregnancy and lactation, infant and young child feeding practices, and household food security.
- *Window* outreach workers have begun living in communities in order to build better relationships and to be able to truly assess behavioral outcomes of IYCF practices.
- Among 240 trained breastfeeding counselors in Belu, individuals trained by CARE are the only ones actively engaged in their role.

Challenges:

- Midwives often blame mother's lack of awareness of optimal IYCF practices on low literacy levels but do not take the necessary steps to appropriately engage a low-literacy audience.
- Geographic limitations make certain areas, particularly in Belu, hard to reach for CARE staff and the midwives.
- Midwives predominantly focus on early initiation and exclusive breastfeeding with little attention to complementary feeding.

- Health care workers perceive their role as more for curative rather than for preventative services.
- The hierarchical nature of Indonesian society impedes authentic counseling. The trend is for counselors to provide education and mothers remain passive.
- Counseling sessions are primarily on breastfeeding with little or no information on complementary feeding or maternal nutrition

Lessons Learned:

- Some midwives have been successful with improving breastfeeding practices within the community.
- *Window* must work closely with counselors to ensure that messaging on complementary feeding and maternal nutrition is included.
- Language barriers (Bahasa to Dawan and Tetun) can affect information dissemination, education and counseling.
- Due to earlier interventions mothers in TTU are more receptive to the IYCF related messages than those in Belu and are ready for community led initiatives with counseling and support groups.
- Mothers defer to the decision making power of grandmothers and fathers rather than listening to midwives or others in the community.

Next Steps:

- The analysis and report from the baseline study will be completed in October 2009.
- Research the competencies of midwives who have been successful in improving breastfeeding practices in their communities and replicate these behaviors in other communities.
- Train MTMSG facilitators to provide mothers to form support groups at the community level.
- Establish 15 active MTMSGs by June 2010 with a goal of at least one per village by the end of 2010.
- Use the Emory intern research to motivate existing counselors and identify means to move forward with the counseling strategy with a special focus on Belu, where uptake on IYCF messages has not been as strong.
- Create materials to simplify continued breastfeeding, complementary feeding and maternal nutrition messages with a focus on using locally available foods to optimize diets.
- Roll out activities for information, education and communication that are translated and accepted by the communities.

Program Highlight:

The story of a mother and her healthy baby from Kabuna - Belu by Epifania Lio (Community facilitator):

Elisabeth Putriani Mesak is the third child of Imelda Funan. She was born 30 May 2008

with birth weight 2.7 kg. Imelda was very happy because for the first 6 months she didn't spend any money purchasing SUN (instant baby porridge) and formula milk. The baby cried and her husband insisted on providing food to their baby, but Imelda refused. Imelda has a cousin who is a midwife who provided information to Imelda's husband about exclusive breastfeeding. Compared with the first and second child, this child is more active, rarely sick, and her weight has increased each month. When the baby was born, Imelda was unable to do the breast crawl, but Imelda did breastfeed an hour after delivery. Imelda is very proud and happy that she exclusively breastfed her child.

Nicaragua

Accomplishments:

- CARE *Ventana de Oportunidad* (Window of Opportunity) field staff supported counseling activities of community health volunteers in the departments of Jinotega and Matagalpa.
- In April Jacqueline Morales, Ventana nutritionist along with trained MOH staff led a WHO 40 hours breastfeeding counseling course for CARE field staff and the Ministry of Health community personnel.
- Two levels of formative research have been completed. The first level involved focus groups and key informant interviews around IYCF practice. The second phase involved a market analysis, a pile sort to identify nutrition practices and a problem-objective tree to formulate solution. Results revealed two major issues for programming: lack of exclusive breastfeeding beyond 3-4 months and inadequate post-partum diet.
- With the assistance of the Monitoring and Evaluation advisor, Ventana undertook additional baseline activities
- CARE staff and extensions agents participated in an intensive training on the MtMSG methodology. Trained staff persons are now engaging facilitators from rural communities to create a network of support for women.
- World Breastfeeding Week activities were held in all 4 municipalities and CARE Ventana staff participated in the National Breastfeeding Fair in Managua.
- Prepared counseling cards adapted from previously validated UNICEF cards.

Challenges:

- Communities are rural and dispersed across great distances.
- The community health workers (CHWs or brigadistas) are primarily male due to social norms regarding appropriate roles for wives and mothers although rural Nicaraguan women are more comfortable discussing IYCF concerns with other women.
- Attrition of CHWs.
- Frequent turn-over of Ministry of Health (MOH) staff.
- Inability of MOH staff to follow through with *Window* activities due to being overloaded by their own jobs.

- Women have little voice and little power within their homes and communities due to a traditional culture of male domination
- Cultural taboos on food for pregnant and lactating women are deeply ingrained. For example, a woman's post partum diet is restricted to tortilla, quajada (a soft cheese) and pinol (a corn based drink).
- Many women work in the coffee plantations which do not offer a supportive environment for women with young children.

Lessons Learned:

- *Window* has given the CHWs a new role and provided training and recognition. This has motivated them to be more involved with pregnant and lactating mothers.
- Women are willing to participate in group activities and there are women who will assume leadership.
- The methodologies of counseling and support groups are new to CARE Nicaragua staff, requiring intensive training and follow-up.
- Participatory formative research methodologies such as pile sort and problem tree elicit active participation and provide valuable information from women who find them game-like and enjoyable.
- Lack of diverse nutritious foods within households is related to utilization rather than availability or access; nutritious foods are available but are sold or simply not consumed in favor of staple foods.
- Exclusive breastfeeding is shortened and solids are introduced early because women must work outside the home.

Next Steps:

- The analysis of all qualitative and quantitative data will be completed this fall
- On-going training on MtMSG for women in additional municipalities
- Formation of MtMSG in all communities throughout the 4 municipalities where *Window* is working
- Finalize and print counseling cards adapted from validated UNICEF cards using the CARE Community-focused Approach curriculum as a model Next Steps

Program Highlight:

Staff in Nicaragua developed a pile sort deck of cards that features locally available foods. The aim is to use these cards to identify local practices on complementary feeding and maternal nutrition. The exercise was valuable in determining post-partum nutrition practices and food taboos and understanding the trend towards early introduction of solid foods. During the next phase of the program, staff will work with women in communities to negotiate behavior change to give them the best nutrition possible for optimal infant and young child feeding.



Women participate in a pile sort exercise using the colorful cards

Sierra Leone

Accomplishments

- *Window* team with the technical assistance from Kirk Dearden (Boston University) conducted a baseline survey in March 2009. The results from this survey are contributing to program planning and provide a reference against which program accomplishments can be measured.
- CARE staff and community partners were trained on qualitative formative research skills.
- Qualitative research identified barriers to optimal feeding practices, food availability, beliefs about health and nutrition, and social norms related to IYCF and related maternal nutrition.
- *Window* staff facilitated a national level behavior change communication (BCC) strategy development workshop at the CARE-SL headquarters in Freetown in collaboration with UNICEF and the MOHS. Key *Window* staff and staff from other international non-governmental organizations such as Concern, Catholic Relief Services, World Food Program, and Food and Agriculture Organization participated.
- UNICEF is developing a national behavior change communication (BCC) strategy based on *Window of Opportunity* input.

Challenges

- Seasonal farming activities mean that community members can not always effectively participate in project activities.
- Finalization of the baseline report is delayed due to problems with data entry and analysis.
- Food taboos for pregnant and lactating women hinder optimal nutrition.

- People in Sierra Leone suffer a seasonal food insecure “hunger season” between June and October, with the month of August being the time of greatest food insecurity.
- Limited autonomy on the part of the woman/mother who is subject to the directives of her husband, her mother-in-law, and community health advisors.

Lessons Learned:

- Scheduling community activities on Fridays means higher participation since most people in the community are Muslim and do not work on Fridays.
- The *Window* program in Sierra Leone must factor issues of food security into their program strategy.
- Addressing cultural taboos on maternal diet is a key aspect of improving mothers’ nutritional status and her perceived ability to breastfeed.

Next Steps:

- Programmatic collaboration with the MOHS specifically with the District Health Management Team (DHMT) and fifty- eight peripheral health units in 12 operational chiefdoms in the two districts of Koinadugu and Tonkolili.
- Data from formative research and baseline will be used to create messages on breastfeeding, complementary feeding and maternal nutrition.
- Utilization of community health clubs (CHCs), community based growth promotion (CBGP) volunteers and village development committees (VDCs) as an entry point for IYCF and rMN programming.
- Education activities will be used to impart knowledge and develop skills to maximize use of locally-available, high-quality foods, as well as to improve infant and young child feeding practices.
- Special emphasis will be placed on coping strategies for the hungry season and how IYCF practices can mitigate the impact.
- Messaging to key influencers of IYCF practices and maternal nutrition, including fathers and mothers in law.
- Training on MtMSG facilitation for the community volunteers from the CHCs.

Activity Highlight

The team in Sierra Leone hosted World Breastfeeding Week activities during the first week in August. Specific activities included airing a radio jingle throughout the week on a community radio station in the Koinadugu District, community rallies, live performances from a drama club in several communities, and a quiz competition for pregnant and lactating mothers. Prizes offered during the quiz competition included, baby diapers, cups, spoons, soap and baby powder.



A rally in one of the communities in the Koinadugu District during WBW, 2009



A mother breastfeeding during a community meeting during WBW, 2009



Women receiving prizes from a local council representative after winning a IYCF quiz competition

Bangladesh

Accomplishments:

- After meetings with UNICEF, ICCDR, and taking into consideration the outcomes of the *Lancet* series from January 2008, it was determined that the *Window* project in Bangladesh would focus on one upazila (sub-district), Karimgonj in order to build a model for program replication at the national level.
- Completed situational analysis and work plan are complete.
- CARE is collaborating with PATH and GAIN to deliver multiple micronutrient powders (sprinkles) with enhanced messaging on optimal complementary feeding practices in intervention area.

- Formation of a consultative group on nutrition issues in Bangladesh with the Ministry of Health, USAID and other stakeholders.

Challenges:

- High rates of malnutrition and food insecurity in the intervention area.

Lessons Learned:

- Intensive communication and frequent trips to the field are required to ensure that country office personnel have the skills and confidence to successfully implement *Window* programming.
- *Window* staff should invest more time in global nutrition advocacy by leveraging the coordinated effort of stakeholders in Bangladesh.

Next Steps:

- Conduct baseline and formative research to determine enhancers and barriers to optimal IYCF and rMN and utilize the results to develop targeted messages for negotiated behavior change and establish best practices.
- The *Window* project will work with the USAID funded IYCN project and GAIN to distribute micronutrient powders (sprinkles) to families with children between 6 and 23 months of age. The goal will be distribution of sprinkles with associated complementary feeding messages that motivate behavior change to improve complementary feeding.
- Sprinkles distribution to mothers of six month old infants at the expanded program for immunization (EPI) community outreach activities and follow-up at home with counseling to ensure that optimal complementary feeding strategies are being applied and that breastfeeding is continuing.

Niger

In 2010, the *Window of Opportunity* program will be programming in Niger. *Window* staff travelled to Niamey in October 2009 to engage in program design and completed an annual work plan with CARE Niger staff and partners. The department of Mirriah in the Zinder region will be a key intervention area. Since the famine in 2005, Niger has been a priority country for nutrition interventions with multiple NGOs and agencies operating country-wide. The *Window* program in Niger will rely on lessons learned from the food crisis in 2005. A USAID study in 2006 identified lack of access to varied diet, socio-cultural/behavioral/care practices and a sudden decrease in purchasing power as key factors in the crisis. Delayed mitigating responses exacerbated the crisis which occurred during a season gap in food security. The program in Niger will therefore emphasize partnership, social analysis, investigation of the underlying causes of poor infant and young child nutrition to optimize this IYCF program in a food insecure area. A priority in Niger will be innovative interventions in the context of a protracted emergency and food insecurity and close work with the Ministry of Health. Already, staff has engaged with the Centers for Disease Control and Prevention (CDC), Helen

Keller International (HKI) to learn more about their qualitative research investigating supplementary feeding practices in emergency settings in Niger

Peru

The *Window of Opportunity* program is also set to begin in 2010 in Peru. The contiguous Andean highlands areas of Ayacucho and Apurimac have been selected as an intervention areas based on their high rates of malnutrition in the country. In November, Lenette Golding and Carlos Rojas will participate in program design with CARE Peru staff. The *Window of Opportunity* program will build on the National Nutrition Strategy and CARE Peru's national nutrition advocacy campaign. The Peru *Window of Opportunity* program will work to establish optimal IYCF and rMN practices with women in indigenous communities. Since the Andean region is a priority area for the Mothers Matter, the *Window of Opportunity* will explore integrating maternal nutrition within this signature program in Peru.

Leveraging Nutrition within CARE

The *Window of Opportunity* program has resulted in greater expertise in nutrition within CARE and a renewed scope of nutrition related activities. The *Window of Opportunity* program has also increased the emphasis on integrating nutrition in programs throughout CARE. The following section describes these activities.

Strategic Framework for Nutrition

In April 2009, CARE USA sponsored a meeting to develop CARE's strategic plan for nutrition. Participants included CARE USA staff, CARE Country Office staff and external nutrition experts. The draft strategic framework has been disseminated for feedback. Once finalized, the strategy will be disseminated throughout CARE and serve as the overarching guidance for nutrition activities within CARE USA, CARE International, regions and country offices.

Food Security

In 2008, CARE International members formed a Food Security Advisory Group (FSAG) to coordinate efforts in responding to rising global food prices. The group recognized that the vast amount of work on food security taking place across CARE International remained uncoordinated and opportunities for synergy were being missed. In response, the *Agenda for Action (A4A)* was developed and presented at the Global Conference in Johannesburg. After Johannesburg, the FSAG met in London in February 2009. Dr. Cottrell and Abigail Beeson attended the London meeting and successfully placed nutrition centrally within the A4A, utilizing indicators that reflect progress on Millennium Development Goal 1, halving the proportion of people who suffer from hunger.

Whereas the global strategy is not yet complete, the Asia Regional management unit met to develop a regional strategy to determine if the A4A really addressed the needs of Country Offices. A representative from the *Window* team in Atlanta attended this regional food security meeting in Nepal. A key recommendation from the group was that the food security strategy should be a food security and nutrition strategy. This sentiment has echoed back to the core group in Atlanta and is currently being followed up.

Early Childhood Development (ECD)

CARE has been identified as a co-convenor of developing an “Essential Package for ECD in HIV Contexts” on behalf of the ECD Consultative Group. The Essential Package being developed provides guidance on program planning and implementation across multiple domains of nutrition, child development, economic strengthening, and child rights and protection as well as at various levels including the household, ECD center, community, and nation. Previous ECD program development and field tests have focused on children between 3 and 6 years of age. As we develop guidance and materials to improve developmental outcomes for children from birth to 3 years old, nutritional interventions are critical and the strategies and lessons learned from *Window* will be directly applicable. Recently, Dr. Ben Schwartz and Abigail Beeson attended a CARE-convened meeting that brought together key stakeholders for the Essential Package in Washington, DC. The meeting focused on sharing strategies and outcomes for each technical area and planning next steps toward completion of the package in 2010 with funding from the Hilton Foundation.

Breastfeeding Workplace Policy

Currently, the *Window* team in Atlanta is leading the development of a CARE workplace breastfeeding policy. The draft policy includes having a designated space for breastfeeding, and permitting infants up to 6 months old to be brought to the office and infants and young children to travel with their mother to allow for continued and exclusive breastfeeding. The policy is on track to be adopted by CARE USA before the end of the year after which it will be vetted in Country Offices and CARE International members.

Emergency and Humanitarian Assistance

Building from the experience in Dadaab, Kenya, and other emergency settings collaboration has been on-going with the emergency humanitarian assistance unit (EHAU). Joint action plans have been created around food security and nutrition interventions. Focus areas include increasing organizational capacity around nutrition and assessment of nutritional status in chronic and acute emergencies. EHAU’s current food security work is focusing on rapid onset emergencies, as well as addressing chronic situations where better monitoring and evaluation is needed to identify changes in nutritional status or “triggers” for response. This includes the targeting of

moderately malnourished children. Niger has been identified as a country for collaboration.

EHAU has also been working with the Emergency Nutrition Network to support a pilot of new interagency minimum reporting standards. The countries selected for this pilot are Ethiopia and Niger.

External Interagency collaborations

World Breastfeeding Week

CARE collaborated with several organizations to highlight activities during World Breastfeeding Week (WBW). The *Window of Opportunity* was featured in a series of mailings by the USAID funded Infant and Young Child Nutrition (IYCN) project. Additionally, *Window of Opportunity* WBW activities were reported by WABA on their website. WBW increased recognition of CARE's engagement in IYCF and potential opportunities for collaboration. The article in WABA can be found at: http://worldbreastfeedingweek.org/worldwide_09.htm

Micronutrient Forum

In May 2009, Mary Lung'aho and Sylvia Alford represented CARE at the Micronutrient Forum in Beijing, China. The event brought together key stakeholders to discuss latest research and innovative programming on micronutrients. Technical updates at this meeting, such as the discussions on maternal iron supplementation in malaria prevalent regions are important to assure best practices in nutrition programming. CARE staff engaged with a variety of potential partners including Helen Keller International, AED (Alive and Thrive), GAIN, CDC, and several universities. *Window* staff has set the goal of presenting at the Micronutrient Forum in 2011 which will be held in Dakar, Senegal.

Revision and development of training packages and related materials: IFE Module 1

Infant Feeding in Emergencies (IFE) Module 1 (2001) is an essential orientation on Infant Feeding in Emergencies that targets all emergency relief staff working at both national and international levels. During the past year, the IASC has funded the revision of IFE Module 1, which is close to completion. CARE has been actively involved in the process of developing these materials and reviewing training resources on complementary feeding in emergencies.

Training Materials Development: Integration of Support for IYCF into Community Therapeutic Care/Community Management of Acute Malnutrition (CTC/CMAM)

Over the past year, the IASC has funded the development and pilot testing of training content to integrate support for IYCF into CTC/CMAM. The initial materials, with a format like that developed in the Dadaab Camps, were piloted in Sierra Leone (with

participation of CARE SL staff) earlier in the year. The materials are in the final stages of layout and will be ready for introduction to country offices in the next month.

Review of Training Resources to Address Complementary Feeding of Infants and Young Children in Emergencies (ICYF-E)

The gap in comprehensive training content for addressing the challenges of complementary feeding in emergencies (CFE) has been a longstanding concern of the IFE Core Group. The Core Group (current members are UNHCR, WHO, UNICEF, WFP, IBFAN-GIFA, CARE USA, ACF, SC US, SC UK, and the Emergency Nutrition Network [ENN]), has therefore commissioned a review to evaluate existing guidance, training materials and resources related to CFE to determine what is required to fill the gap in training content. CARE USA was one of the agencies that provided input into the scope and content of the review, *Evaluating the Requirement for a Training Module on Complementary Feeding in Emergencies: A Scoping Review of Current Resources*, funded by the IASC Global Nutrition Cluster.

Future Directions

In the next year, *Window of Opportunity* will operate in six countries around the world: Niger, Sierra Leone, Peru, Nicaragua, Bangladesh, and Indonesia. We will continue to conduct social analysis to understand the barriers and enhancers to optimal IYCF and rMN such that we target messages and negotiate effective behavior change. The *Window* team remains equally committed to advancing the cause of nutrition across all CARE programming with a particular focus on integration with food security, emergency and humanitarian response and early childhood development. Funding provided to support the *Window of Opportunity* program is allowing CARE to impact the most vulnerable populations of women and children in countries along the emergency development continuum as well as to integrate nutrition as a key component throughout CARE programming.