“CARE’s Window of Opportunity staff are dedicated and motivated to improve the nutritional status and well-being of women and children in the world’s poorest places. Now, more than ever, we have the knowledge, innovative approaches and proven tools to make a lasting difference.”

-Bethann Witcher Cottrell, PhD
Director, Child Health and Nutrition
CARE
LETTER FROM THE DIRECTOR

This has proven to be another productive and rewarding year for CARE’s Window of Opportunity (Window) program as we continue to promote, protect and support optimal infant and young child feeding (IYCF) and related maternal nutrition practices in Indonesia, Nicaragua, Sierra Leone, Bangladesh and Peru. Now in our third year, we have learned valuable lessons from program implementation in those countries that have allowed us to tailor our strategy to support optimal infant and young child nutrition in resource-poor settings and develop tools and materials relevant to the needs of each Window country. Especially valuable this year was our ability to build in time for the countries that began implementing earlier in the lifecycle of the program (Indonesia, Nicaragua, and Sierra Leone) to share their experiences with their counterparts in countries in the start-up phase (Bangladesh and Peru). The staff appreciated the opportunity to share ideas and experiences with one another and they feel that the knowledge gained will lead to better programming as we move ahead.

In early 2010, CARE Window staff Carlos Rojas and Lenette Golding led a design workshop and situational analysis which launched activities in Peru with the newly selected Window staff. The Peru team moved quickly to strengthen their presence in the Andean communities, where they have worked to bolster CARE’s relationship with the Ministry of Health and UNICEF. This has been a busy year for the CARE Window team in Peru, as they have identified key communities, initiated partnerships, have been trained in both quantitative and qualitative research, and completed both their baseline survey and formative research.

In early 2010, the Window team at CARE headquarters in Atlanta collectively decided that it was not feasible to implement the Window of Opportunity program in Niger as planned, due to leadership challenges and the geo-political climate in the country. Instead, we are now offering technical assistance to CARE staff in select African countries, facilitating their incorporation of sound nutrition programming within their food security programs.

Developing and testing our materials has been a major component of Window activities during the past year. Mary Lung’aho of CARE and Kirk Dearden of Boston University completed the Infant and Young Child Feeding Practices: Collecting and Using Data, a Step-by-Step Guide, based on updated interagency (World Health Organization, et al.) IYCF indicators from 2008. The Guide provides assistance with selection of indicators, choice of sampling strategy, entering and cleaning IYCF data, analyzing data and reporting results. Subsequently, our baseline data and anthropometric results indicate that wasting1 and underweight cases remain serious problems in the Window of Opportunity intervention areas in Indonesia (9.8 percent and 50.7 percent respectively) and Sierra Leone (13.2 percent and 34.9 percent respectively) while stunting2 is the more serious problem in Nicaragua (19.8 percent). Exclusive breastfeeding rates were also low in Indonesia (63.1 percent), Nicaragua (54.1 percent) and Sierra Leone (51.2 percent).

Some of CARE’s most exciting work this year has been around the training and start-up of mother-to-mother-support groups (MtMSGs). At the community level, MtMSGs are a key mechanism for behavior change. Furthermore, these groups provide substantive roles for women to serve other women in their own communities, and to develop leadership skills. MtMSG training was held in Indonesia and Sierra Leone, with participants from both CARE and the Ministry of Health (MOH). The three-part trainings are a highly participatory training of trainers,

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1 Wasting is defined as having low weight for one’s height.
2 Stunting is defined as having a low height for one’s age.
a cascade training of mother facilitators, and direct observation of mother facilitators leading MtMSGs in their communities. Santi Wulundari, Window program manager in Indonesia, commented that the MtMSG training provided an excellent model for organizing, training, supervising and motivating mother facilitators in a cost-effective, sustainable manner. She anticipates that MtMSGs will achieve broad, deep and lasting community change. CARE staff follow up and support the mother facilitators who have organized support groups for pregnant and nursing women.

The Window of Opportunity staff has continued efforts to permeate nutrition programming throughout CARE, not just in health, but in other areas as well. Due to ongoing advocacy work on the part of Window staff in Atlanta, the CARE International Food Security strategy now has a strategic objective centered around designing programs that will have a positive impact on maternal, newborn and child nutrition. Also, the Early Childhood Development program’s *Essential Package for Orphans and Vulnerable Children in HIV Context* focuses on food and nutrition, along with health, child rights, education, and economic strengthening, working with the child, the household, the care center, the community and the national institutions. Additionally, the work across sectors in the area of emergency and humanitarian response and nutrition has been strengthened through the expansion of efforts to include children 0 to 3 years of age, focusing on exclusive breastfeeding and appropriate and acceptable complementary feeding. When the earthquake hit Haiti and the floods occurred in Pakistan this year, key Window staff provided technical assistance to the CARE teams on the ground to support infant and young child feeding in emergencies.

Implementing a global nutrition program like the Window of Opportunity in resource-poor countries is complex. Many factors such as a challenging physical environments, political instability, food insecurity and weak policies greatly affect community health. Decades of insufficient resources and neglect have rendered health systems dangerously deficient. Lack of telecommunication infrastructure means that country teams can go multiple days without Internet or phone connectivity. Distances make it difficult to reach rural, communities; Window staff often have to travel long hours on motorcycles, by foot and sometimes even by canoe to reach remote and dispersed communities. Furthermore, the local environment of each country varies widely, presenting unique challenges to program implementation. As such, all of CARE’s activities need to be tailored and responsive to the needs of the specific beneficiaries. Lastly, implementing an IYCF and related maternal nutrition program requires a cadre of professionals with technical and programmatic skills, requiring ongoing training and technical assistance.

Despite the challenges, the Window staff at CARE’s headquarters, as well as in each country office, are dedicated and motivated to improve the nutritional status and well-being of women and children in the world’s poorest places. Now, more than ever, we have the knowledge, innovative approaches and proven tools to make a lasting difference. From Matagalpa, Nicaragua to Atambua, Indonesia, our efforts are appreciated by those we serve. As 2011 fast approaches, we look forward to the challenges and discoveries our work will bring.

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OVERARCHING OBJECTIVES AND STRATEGIES

Maternal and child nutrition during the first 1,000 days — from conception through the age of 2 — shapes a child’s future. During this critical window of opportunity, nutrition can have a measurable, lasting impact on growth and brain development, as well as on prevention of diseases. The impact of malnutrition during the first 1,000 days is largely irreversible, but these consequences are preventable. With adequate nourishment in the earliest years of life, children have an opportunity to grow, learn, become productive adults and break the cycle of poverty. In light of this, CARE places a special focus on infant and young child feeding (IYCF) and related maternal nutrition practices. Funded by a generous grant from a private family foundation, the Window of Opportunity program achieves improved growth and development through an innovative combination of service delivery, capacity building, facilitation and advocacy. Specifically, the Window strategy consists of three key areas that lead to increased optimal IYCF and related maternal nutrition 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. **Strengthening the Health system to support IYCF and related maternal nutrition**: 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 that work with existing government infrastructures.

3. **Empowering individuals and communities to make optimal IYCF and related maternal nutrition choices**: Window’s activities are participatory and gender-sensitive, especially at the community level. Community members are invited to participate in the planning, implementation, delivery, and evaluation phases of the Window program, in order to foster ownership, sustainability, and empowerment.

This annual report describes key Window achievements during 2010 in each participating country, as well as on a global scale.

CROSS-COUNTRY MATERNAL AND CHILD HEALTH WORKSHOPS

This past year the staff from all five Window countries had the chance to collaborate with the larger Child Health and Nutrition technical team and the Sexual And Reproductive Health technical team during two regional workshops titled, *Working Together for Maternal Child Health*. One workshop was held for Latin America staff in Peru, and one for Asia staff in India. Participants received training in CARE’s Program Approach, learned how to use data for programmatic decision-making and presented technical updates. During the workshop, Window staff shared their

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*CARE’s Program Approach focuses on efficient, empowering and accountable programs that will achieve significant and long-lasting impact on poverty and social injustice, especially for women and girls.*
work with colleagues through poster sessions, presentations and informal discussions. CARE staff from Nicaragua provided the new Window staff from Peru with many insights on overcoming challenges, strategic implementation and best practices. The time to reflect and share knowledge was useful and appreciated by the participants.

In Asia, CARE staff from Indonesia shared their experiences with baseline studies and formative research with CARE staff from Bangladesh. During both workshops, key staff were trained on the Program Approach, data for decision making, and social analysis and action. Additionally, during the Asia workshop, a special session was held for Window staff and other country staff interested in nutrition to familiarize them with the Nutrition Program Design Assistant: A Tool for Program Planners. This tool helps country staff utilize actual data for program design.

**Strengthening Capacity**

Knowledge from the baseline studies and the formative research, in addition to lessons learned during the lifecycle of the Window of Opportunity program, have led the Window teams to concentrate on building a support system for optimal IYCN in resource-poor settings that are rural, remote and dispersed. This has involved intensive training of staff in all five countries on behavior change communication, counseling, mother-to-mother support group (MtMSG) methodologies and monitoring and evaluation, including thorough use of quantitative and qualitative research methods. In turn, the staff have trained and coached community members in counseling and support group methodologies.

This year the teams in Indonesia, Nicaragua and Sierra Leone started building a cadre of MtMSG facilitators. Training and support will continue in 2011, which will result in approximately 600 MtMSG facilitators across all five countries by the end of the year. Additionally in 2010, Window teams trained close to 400 IYCF counselors in Bangladesh, Indonesia and Nicaragua. Training of IYCF counselors will continue in all five countries in 2011, which will result in more than 800 counselors trained across the five countries. The following tables represent 2010 achievements and 2011 projections.

**2010 Achievements to Date**

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>Indonesia</th>
<th>Nicaragua</th>
<th>Sierra Leone</th>
<th>Peru</th>
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<tbody>
<tr>
<td>IYCF counselors trained</td>
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<td>41</td>
<td>130</td>
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<tr>
<td>counseling/support sessions</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MtMSG facilitators trained</td>
<td>0</td>
<td>96</td>
<td>79</td>
<td>36</td>
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<tr>
<td>Monthly MtMSG sessions held</td>
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<td>23</td>
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2011 Projections

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<th>Strategies</th>
<th>Bangladesh</th>
<th>Indonesia</th>
<th>Nicaragua</th>
<th>Sierra Leone</th>
<th>Peru</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYCF counselors trained</td>
<td>361</td>
<td>140</td>
<td>130</td>
<td>120</td>
<td>103</td>
<td>854</td>
</tr>
<tr>
<td>Monthly individual counseling/support sessions held*</td>
<td>361</td>
<td>140</td>
<td>130</td>
<td>120</td>
<td>103</td>
<td>854</td>
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<tr>
<td>MtMSG facilitators trained</td>
<td>241</td>
<td>140</td>
<td>79</td>
<td>120</td>
<td>20</td>
<td>600</td>
</tr>
<tr>
<td>Monthly MtMSG sessions held*</td>
<td>241</td>
<td>140</td>
<td>79</td>
<td>120</td>
<td>20</td>
<td>600</td>
</tr>
</tbody>
</table>

*Minimal projections reflecting one season per month per IYCF counselor and MtMSG facilitator

COUNTRY UPDATES

While the work of the Window of Opportunity program is conducted in five distinct countries at different stages of programmatic maturity, these countries are unified by a common vision and implementation framework. Each country program, within its own political, social, cultural and geographic context, seeks to improve the maternal child nutritional status in the poorest regions with the greatest need of their countries.

The following pages include brief updates on activities achieved in Window of Opportunity intervention countries.

**Bangladesh**

Window’s program in Bangladesh, known as *Akhoni Shomay*, was launched in mid-2009. Window activities take place in one sub-district, Karimganj, in the Kishoreganj district, with a total population of 258,266 people. CARE specifically focuses on supporting approximately 25,413 ultra poor women and 15,496 children under 2.

**Accomplishments:**

- **Collaboration:** In Bangladesh, collaboration with partners is key to Window’s implementation strategy. CARE partners with a local nongovernmental organization (NGO), People’s Orientation for Program Implementation (POPI). This partnership creates an opportunity to strengthen the capacity of local NGOs and ultimately, individual capacity locally. In Bangladesh, CARE is also partnering with PATH, Global Alliance for Improved Nutrition (GAIN) and a local distributor, Renata, to provide micronutrient powders to young children 6 to 23 months. This partnership will build knowledge and develop messaging around marketing a complementary food supplement as part of adequate and appropriate complementary feeding.

<table>
<thead>
<tr>
<th>Nutritional Status for Children under 2-years old in Bangladesh*</th>
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<tbody>
<tr>
<td>&lt; 2 Underweight 43 %</td>
</tr>
<tr>
<td>&lt; 2 Stunting 45 %</td>
</tr>
<tr>
<td>&lt; 2 Wasting 18.2 %</td>
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</table>

*National level data for rural areas was collected using DHS indicators (2007)
This work represents a shift to a more holistic approach to address complementary feeding issues, while attending to the immediate issue of correcting anemia. Distribution of the supplement is planned for January 2011, with bi-monthly distribution to children during growth monitoring and promotion activities. Lastly, CARE’s Window team is collaborating with Emory University and the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B), to facilitate a longitudinal cohort study to explore the intentions and follow-through of breastfeeding and complementary feeding of mothers within Karimganj and a non-intervention site.

- **Communication and coverage:** Window supported the Ministry of Health and Family Welfare’s (MOHFW) commemoration of World Health Day on April 7, and the national Vitamin A+ campaign. Window’s participation in these events demonstrated a commitment to the MOHFW initiatives, as well as presented an opportunity to integrate infant, young child and maternal nutrition information into other health activities. Additionally, the initiatives helped to improve coverage of Vitamin A for children under 5.

- **Celebrating World Breastfeeding Week:** Window worked with the MOHFW on the commemoration of World Breastfeeding Week, August 1 through 7, by supporting mobilization of breastfeeding legislation at the union and sub-district levels, in partnership with the Bangladesh Breastfeeding Foundation.

**Capacity Strengthening:**

- **Behavior change communication:** As part of the process of designing the behavior and social change communication (BCC) strategy, Window staff participated in a five-day training workshop in June based on the Designing for Behavior Change curriculum. The workshop was facilitated by CARE Communications Advisor Lenette Golding from Atlanta, in partnership with a BRAC development organization consultant. This training introduced the team to tools and techniques to help them plan, implement, monitor and evaluate BCC strategies.

- **IYCF counseling:** CARE Technical Advisor Abigail Beeson and facilitators from the Bangladesh Breastfeeding Foundation conducted training-of-trainers and the first round of the participant cascade training in October, 2010. Participants for the TOT included the Bangladesh Window team and representatives from the Food Security for the Ultra Poor project. Participants from the training-of-trainers then trained the first round of community health workers. During both trainings, participants were trained in experiential learning approaches that enhance effective skill transfer, facilitate conceptual and attitudinal development, and encourage appropriate changes in the learners’ behavior. This is accomplished in a learning environment, which is intended to replicate the counseling process of listening, learning, building confidence and active dialogue to determine achievable actions. The curriculum used incorporated the CARE and University Research Company/Center for Human Services Infant and Young Child Feeding Counseling: A Community-Focused Approach and Integration of IYCF Support into Community Management of Acute Malnutrition (CMAM) training packages. Counselors in Bangladesh will include 44 community health and nutrition workers and a cadre of 317 community counselors who have already been identified through a vigorous selection process at the community level. The cascade trainings have begun and will continue through January 2011.
Cross-country workshop: At the cross-country maternal and child health workshop in India, key Window staff were trained on CARE’s Program Approach, data for decision making, and social analysis and action.

Challenges:
- Overall quality of health care services is lacking and not consistent throughout the Karimganj sub-district. Motivation and accountability are poor within the health system. Remoteness of communities increases the challenge. Window aims to overcome these challenges by strengthening linkages between the community and health system through growth monitoring and promotion and distribution of micronutrient powder during expanded monthly immunization programs.
- There is no dedicated national nutrition policy or strategy and no budget allocation for nutrition. To tackle malnutrition, a national nutrition policy with a multi-sector approach that integrates nutrition programs throughout is required. Window is facilitating an evidence based intervention that can provide data for advocacy at the national level on best ways to proceed with interventions that address malnutrition.

Lessons Learned:
- Data from Window’s formative research indicates that most women marry and have their first child by the time they are 16- or 17-years old, according to cultural norms, and she is sent to live with her husband’s family, where her mother-in-law leads household decision making and her husband maintains control over finances. Young mothers in Bangladesh often lack autonomy and/or self-confidence. In light of this, the Window team not only increases adolescent girls’ and women's knowledge, but they also promote women’s ability to take active steps to improve their own nutrition and that of their children and family. CARE has learned from our work in Indonesia, Nicaragua and Sierra Leone that unless women believe they can produce desired effects by their actions, they have little incentive to engage in activities or to persevere in the face of difficulties. Thus, Window will install a strong sense of efficacy through mastery experiences. Further, while skill and confidence building for young women is necessary, experience has shown that it is typically insufficient because of failure to address environmental barriers specifically. Thus, Window activities also involve men and older women.

Next Steps:
- The baseline study will be completed in December. Results of both the baseline study and formative research will be shared with national-level partners in early 2011.
- Labeling negotiations for the micronutrient powders will be completed by end of December and distribution will begin at growth monitoring and promotion events in January for children aged 6 to 23 months.
- Training of mother-to-mother support group (MtMSG) facilitators will begin in February 2011 and 241 MtMSG facilitators will be trained by May.
- Cross visits between Indonesia and Bangladesh are planned to enhance monitoring and evaluation systems and quality of capacity-building exercises with counseling and MtMSG facilitators.

Story from the field:
When Hameem was delivered via cesarean section at the Kishoreganj District Hospital, he weighed only 2.2 pounds. Breastfeeding was initiated soon after he was born. Fortunately, everyone in his family supported his mother, Habsa, in her efforts to feed her new son. Habsa’s
mother-in-law had been working for Window of Opportunity for five months and understood the importance of early initiation. Upon returning home, Habsa (pictured left with Hameem) faced many challenges with exclusively breastfeeding her son. Nevertheless, her mother-in-law and husband were supportive, even occasionally helping with the household chores so that she could spend more time feeding Hameem. Now, months later, Hameem is a happy, healthy little boy. Habsa is thankful for his health and all the support her family has provided her.

**Indonesia**

The Window of Opportunity program is called *Prima Bina* in Indonesia and started in 2008. Target Window activities take place in two districts, East Nusa Tenggara and Belu, on the island of Timor.

**Accomplishments:**

- **Celebrating World Breastfeeding Week:** This year, the Window team expanded World Breastfeeding Week activities to the entire month of August. The three main activities included: a national radio talk show on the importance of supporting exclusive breastfeeding for mothers; a breastfeeding commitment ceremony, whereby more than 1,000 people attended and agreed to breastfeed their infants; and a workshop for district-level health officers and other decision makers. During the month, Window staff targeted and engaged men through radio shows and commitment ceremonies. This work garnered attention from the National Press Corps, resulting in a press release in the largest Indonesian English language daily newspaper.

- **One Asia Breastfeeding Partners Forum 7:** CARE Indonesia was an organizing partner of the One Asia Breastfeeding Partners Forum, themed, “A Call for an End to Baby Food Promos” that took place in Jakarta, November 9 through 12, 2010. The objective of this meeting was to enable participants to share the status of breastfeeding in their countries and confront current violations to the *International Code for Marketing of Breast milk Substitutes* and other actions of their governments. International participants worked to build national and international networks and strengthen civil society and government collaboration for protecting, promoting and supporting breastfeeding. The work of the conference resulted in a draft policy for consideration by the Indonesian government to protect IYCF against inappropriate marketing of breast milk substitutes and complementary food products, such as “junk food.”

Nutritional status for Children under 2-years old in the Window program area in West Timor, Indonesia*

- < 2 Underweight 50.7%
- < 2 Stunting 34.5%
- < 2 Wasting 9.8%

*Window baseline data was collected using WHO indicators
• **Ongoing research:** CARE’s team in Indonesia conducted a market analysis this year to determine what food is available in a given community, in what quantities, the price of the food items and seasonal food shortages. In traditional markets, food was not always readily available and stalls depleted their stocks of fresh fruits and vegetables more quickly than in the urban areas. In the Window project area, households depend primarily on food that they grow or that can be sourced nearby their home.

**Capacity Strengthening:**

• **Mother-to-mother support group methodology:** Early in the year, a training-of-trainers workshop provided instruction to Window staff on how to facilitate MtMSGs. Once training was complete, the Window staff facilitated several support groups with trainer coaching. Participants were also instructed on how to mentor and coach MtMSG facilitators. Subsequently, 21 MtMSGs meet on a regular basis in the two districts. Training for an additional 20 MtMSG facilitators is scheduled for the end of 2010, for a total of 96 MtMSG facilitators.

• **Counseling methodology:** In April, CARE Technical Advisor Abigail Beeson traveled to West Timor to co-facilitate a training-of-trainers course on **Infant and Young Child Feeding Counseling: Community Focused Approaches** with an integration of IYCF support into community management of acute malnutrition. The goal of this training was to equip participants with basic counseling skills and technical knowledge of key practices and messages related to IYCF. There are currently 15 trained and practicing counselors in the Window intervention area. An additional 125 counselors will be trained in 2011.

• **Monitoring and Evaluation:** In 2010, the Window team in Indonesia rolled out their monitoring and evaluation system, including monthly observations of facilitators and counselors. Ongoing work continues to better understand how to define and measure quality counseling and its impact on improved feeding practices.

**Lessons Learned:**

• Given Indonesia’s history of natural disasters and a civil war on the island of Timor, both NGOs and the populations they work with are used to distributing and receiving commodities. Window offers somewhat novel programming in West Timor in that it is not preoccupied with meeting physical or material needs. Rather, it calls for activities that enable communities to identify linkages between social factors and health, and then empowers them to determine how to address them. This change in programming has meant a paradigm shift in a relatively short amount of time. CARE’s experience has taught us that Window staff, much like the populations they work with, must address how their social conditions perpetuate their health challenges. To this end, the Window team has incorporated CARE’s social analysis and action tools into their work, as a means to help themselves and encourage community members to think about health in a more integrated manner.
Challenges:

- High staff turnover due to the difficulty in locating and retaining suitable and experienced personnel within the allotted salaries has plagued the team in Indonesia. Additionally, staff were accustomed to providing commodities to communities and had never addressed the underlying causes of malnutrition. Based on their ability to actively engage in new ways of working with community members, such as incorporating CARE’s social analysis and action tools into their work, some staff were promoted to a management learning track under the mentoring and coaching of the program manager, while the other staff were dismissed. A team restructuring was completed in September.

- Training MtMSG facilitators and counselors has been a major focal point this year for the team in West Timor. Challenges remain in getting all trainees to complete the five-day training, and with creating a comfort level among them to adopt adult learning methodologies, as opposed to a top-down teaching style.

Next Steps:

Prima Bina has been granted a no-cost extension through December of 2011 to utilize unallocated funds. The no-cost extension will support the following activities:

- Meeting coverage needs for the community, in terms of having the appropriate number of trained and active counselors and MTMSG facilitators in both districts in West Timor.
- Promoting an advocacy agenda at the national level to inform a roll-out of IYCF activities at the community level.
- Completing operational research on MtMSGs that is scheduled for the summer. This research will identify the key variables that influence the effectiveness of MtMSGs in a rural setting and test different program solutions to overcoming identified problems.
- Organizing a cross visit between Indonesia and Bangladesh, which is planned to enhance monitoring and evaluation systems and quality of capacity-building exercises with IYCF counselors and MtMSG facilitators.
- Hosting a regional meeting between CARE Indonesia, CARE Nepal and CARE India, as well as invited guests from United Nations Children’s Fund (UNICEF), and the Indonesian Ministry of Health. The meeting will focus on participation of community actors as critical to social and behavior change to improve maternal, newborn and infant nutritional status through capacity building, advocacy, monitoring and evaluation.

Story from the field:

It is common for West Timorese to give their babies supplementary food at the age of two months, or even younger. Social norms dictate that breast milk alone is not enough to support proper growth and despite government-sponsored health services offered at the village level, early initiation and exclusive six-month breastfeeding remain a social and behavioral challenge for many mothers.

CARE’s Window of Opportunity program offers MtMSGs for women facing such challenges. In the groups, women are invited to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions and learn new ways of thinking about the feeding and care of young
children. “I have to say I had doubts at first. It is against everything I have ever known,” said Ludol Don Bosco Seran, a 43-year old government official at the Industry Office in Belu, East Nusa Tenggara. “But my wife insisted on giving only breast milk to our youngest until he turned six months old.” Ludol and his wife, Maria Rosamestika Sulistyowati, 38, have three children aged 10, 7 and 10 months. His older children were initially breastfed, but were given instant porridge at three months old. Ludol has noticed a difference between his older and younger children’s development. “Our youngest is more responsive when we interact with him.”

Nicaragua

The Window of Opportunity program in Nicaragua, known as Ventana de Oportunidad, launched in 2008. Window activities take place in two rural districts: Jinotega and Matagalpa. This year the team took strides to address maternal malnutrition, inadequate breastfeeding and inappropriate complementary feeding, through a variety of activities.

Accomplishments:

- **Celebrating World Breastfeeding Week**: This year’s World Breastfeeding Week activities took place in rural clinics, hospitals and birth waiting homes in Window’s program areas, and at a national fair in Managua. Additionally, at a special forum designed to raise awareness among men on the importance of supporting women in their breastfeeding efforts, Freddy Espinoza, Window of Opportunity Program Manager, led a presentation on breastfeeding as a strategy to reduce stunting.

Capacity Strengthening:

- **Mother-to-mother support group (MtMSG) methodology**: After participating in a training-of-trainers session late last year, the Window team has continued to train MtMSG facilitators. This year, 79 MtMSG facilitators were trained and working in pairs, have established and maintained 37 MtMSGs. Support group sessions increased from 14, in the first quarter, to 70 in the third quarter.

- **IYCF Counseling methodology**: Currently there are 130 community health workers in 40 target communities conducting regular IYCF counseling sessions. Window staff provide support and coaching to the IYCF counselors on a routine basis.

- **Strengthening of growth monitoring/promotion (GMP)**: Window staff trained 31 community health workers, employed through the Ministry of Health, on how to properly collect anthropometric data on infants and young children. The data will be used for monitoring and program management.

- **Entertainment-education**: The Window team has developed a series of six pre-recorded radio soap operas, each eight minutes in length. The series follows a newly married young couple from pregnancy through their child’s second birthday. Each episode touches on the characters’ emotional needs, thoughts, choices, decisions and consequences of their behavior. The series will air on national radio in 2011.

- **Research conducted**: A study was conducted by Emory University Master of Public Health student, Allison Ingalls, to examine the influence of social capital (cohesiveness...
within a community) on IYCF behaviors in the Window intervention areas. Results indicate that community health workers (CHWs) provide a source of structural social capital for pregnant and nursing women; however, they are inhibited by the voluntary nature of their work and interpersonal issues related to the fact that the majority of CHWs are male.

- **Sharing data:** Window’s baseline study and formative research data was presented to representatives from the Nicaraguan Ministry of Health, Pan American Health Organization (PAHO), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID) and representatives from national and international NGOs at a special joint meeting in September.

**Lessons Learned:**

- A culture-centered approach envisions culture as transformative, constantly metamorphosing, and constitutive in the realm of health meanings. Window utilizes a culture-centered approach and thus values community members as equal contributors to the program, foregrounds the voices of cultural participants in regards to the messages we disseminate, and seeks to transcend the traditional barriers between NGO staff and community members by creating rational spaces for the conceptualization of health (e.g., MtMSGs, participatory group education activities and IYCF counseling sessions). In CARE’s experience in Nicaragua, it has been critical to involve community members every step of the way. As a result of our efforts, we are encouraging greater participation in our activities and building a sense of ownership that will help to ensure that the activities are implemented in a meaningful way.

**Challenges:**

- Keeping mothers engaged and ensuring that they comprehend the benefits of participation in MtMSGs has been a challenge for MtMSG facilitators in Nicaragua. Other organizations in the area encourage regular meeting attendance by offering incentives such as food, seeds, animals and gardening tools. Since handing out incentives is not a sustainable activity, the Window team is developing a comprehensive tool that will enable our MtMSG facilitators to become engaged members of the MtMSG meetings. This tool will include group activities, conversation starters, games and ice-breakers related to IYCF and related maternal nutrition.

**Next Steps:**

*Ventana de Oportunidad* has been granted a no-cost extension through December of 2011 to utilize unallocated funds. The no-cost extension will support the following activities:

- Continuation of training and support of MtMSG facilitators and IYCF counselors;
- Development and broadcast of additional radio soap operas on national radio;
- Operational research on MtMSGs is scheduled for the summer. This research will identify key variables that influence the effectiveness of MtMSGs in a rural setting, and test different program solutions to overcoming any identified problems;
- A cross visit between IYCF counselors and MtMSG facilitators in Nicaragua and Peru is planned to enhance monitoring and evaluation systems and quality capacity building exercises;
- Final evaluation and closing activities; and
- Dissemination of results campaign.
**Story from the field:**
At 17, Mayerling Martinez delivered her first child at home in Buenos Aires, a small, remote village in Rancho Grande in the Matagalpa district. Mayerling had difficulty breastfeeding her first daughter, so she fed her mostly cow’s milk and chaya, a cucumber-like vegetable. She planned to do the same with her second child before meeting a community health worker, Diana Zeledon, who has been trained in counseling skills by the Window of Opportunity program. In one of their first meetings, Mayerling lamented, “I don’t have enough milk; my milk has dried.” Diana replied, “I can support you to be successful.”

Through individual counseling sessions, Diana worked with Mayerling on proper attachment and showed her different breastfeeding positions. After six months of exclusively breastfeeding, Mayerling feels confident in her breastfeeding skills and is pleased with her child’s development. “I see it clearly. My second child, who is now eight months old, is healthier than my first — more focused and more alert, and this is because of breastfeeding,” she says. Diana feels good about her interactions with Mayerling as well. “Because of this experience, more mothers are following my recommendations for exclusive breastfeeding and appropriate and timely complementary feeding. This case has helped me to convince others.”

**Peru**

The Window of Opportunity program in Peru, known as Ventana de Oportunidad, launched in March 2010. Window activities take place in two districts: Ayachucho and Apurimac. This year, the program laid groundwork for its introduction and implementation, positioning itself as an important national and regional ally in the fight against child malnutrition.

**Accomplishments:**
- **Seizing an opportunity:** 2010 was an electoral year for regional and local authorities. In coordination with other civil society organizations, Window actively engaged sub-national government candidates to sign an agreement that indicates child malnutrition prevention as a top regional priority for incoming governments, acknowledging their ongoing support for the fight against malnutrition. In addition, Window advocated for the re-institution of breastfeeding support in area hospitals.
- **Celebrating World Breastfeeding Week:** World Breastfeeding Week was launched in Peru in collaboration with the Ministry of Health. Window’s activities educated communities about the importance of breastfeeding, and positioned Window as an important child health ally with national and regional government efforts, to prevent malnutrition. Events were held in Lima, Apurimac and Ayacucho, and were

**Nutritional status for children under 2-years old in Peru***

- < 2 Underweight 7.5%
- < 2 Stunting 40.3%
- < 2 Wasting 0.6%

*National level data was collected using DHS indicators (2009)
covered by the local press.

- **Setting standards:** The Window team actively participated in drafting guidelines for regional and district governments in Peru to work directly with communities on health, nutrition and development matters. The team also helped to mobilize community funding in favor of nutrition through the participatory budget planning process, which grants additional budget appropriations to local governments that invest in nutrition.

**Capacity strengthening:**

- **Counseling methodology:** Window staff and selected Ministry of Health staff were trained in counseling skills. Cascade trainings are being conducted for rural health workers and community volunteers.
- **IYCF education:** Window worked to strengthen the health systems’ capacities to protect, promote and support optimal IYCN and related maternal nutrition by training community health workers in food preparation and breastfeeding practices. The community health workers replicated these demonstration sessions for their communities.
- **Technical assistance:** CARE’s Window staff provided technical assistance to organizations implementing nutrition programs at the national, regional and local level. Furthermore, CARE and the Ministry of Health in Peru provided an informational session for health workers on the Baby Friendly Hospital initiative. Community volunteers and high schools students were also trained.
- **Conducting research:** Formative research including focus groups, key informant interviews and analysis of barriers is being completed and analyzed. Consultant Hillary Creed of the Instituto de Investigación Nutricional (Nutritional Research Institute) led the collection of baseline data utilizing the *Step-by-Step Guide*. Analysis of the data is currently underway.

**Lessons Learned:**

- One of the mistakes that many programs make is guessing the appropriate activities for a given behavior or target audience. They just jump from the behavior and target audience straight to the activities, without giving much thought to why people do what they do currently, and what may be preventing them from adopting healthy behavior. Those programs typically fail to meet their goals. To ensure a better chance for success, Window introduced staff to the necessary tools to identify key factors that influence behavior change. Behavior change activities are selected based on their potential ability to address these key factors and to effect long-term, sustainable behavior change within the shortest time period possible. Our capacity building activities have resulted in staff who are better equipped to plan, implement, monitor and evaluate effective behavior change strategies. Staff from our initial countries found training in behavior change communication and participatory learning approaches extraordinarily helpful. Thus, in Peru, we made sure that this was one of the first capacity strengthening exercises staff were exposed to.

**Challenges:**

- **The political season:** The 2010 electoral campaigns influenced the introduction of Window at the local level, as local authorities and public discourse focused on partisan

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4 The Baby-Friendly Hospital Initiative is a global program sponsored by the World Health Organization and the United Nations Children’s Fund to assist hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely.
political interests aimed at re-election. This distraction resulted in delays in planned activities and reduced commitments of local authorities.

Next Steps:
- Collection and analysis of the data from the baseline study and formative research is currently underway. A preliminary report will be submitted in late December or January and a final report will be available in February 2011.
- In 2010, the Window team from Nicaragua were in Peru for the regional workshop. In 2011, the Window staff from Peru will visit the Nicaragua Window program, in order to share and learn best practices.

Story from the Field:
As regional coordinator for Window of Opportunity in Ayacucho, Lia Garcia Leon (pictured below) knows the power of engagement. Already experienced in promoting breastfeeding, Lia has conducted World Breastfeeding Week activities in Peru for five consecutive years. This year, as Window’s coordinator, her task was to engage and coordinate every participating institution’s involvement in the two-week celebration.

“More organizations mean more money, more reach and more participants,” she said. “This year, many government organizations participated,” Lia continued. “Hundreds of people took part in the parade and fifty communities participated in a breastfeeding knowledge contest.” Incentives are key. “Contests allow people to get involved personally,” explained Lia. Mothers participating in the breastfeeding contest were judged on seven criteria, such as length of breastfeeding, technique and ability to answer breastfeeding questions and disprove breastfeeding myths. Sixty mothers participated in the five initial contests, with winners moving on to the final competition. This year’s final winners, mother Olinga and her daughter Tatiana, received a hundred diapers, a large bag of baby clothes and a basket of food including lentils, flour, tuna, milk, rice, sugar and oil.

Sierra Leone

In 2010, CARE completed the first full year of program implementation in Sierra Leone. This year, the team took great strides to address maternal malnutrition, inadequate breastfeeding and inappropriate complementary feeding through a variety of activities.

Accomplishments:
- Creating synergy and integration: People in Sierra Leone suffer from seasonal food insecurity for an average of four out of twelve months. The Window team is working in conjunction with a $1.7 million Sustainable Agricultural Development project funded by Howard G. Buffett, to address issues of food security, improve access to adequate and appropriate complementary foods and strengthen women’s IYCF Nutritional Status for Children under 2-years old in Sierra Leone in the Window program area:

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2 Underweight</td>
<td>34.9%</td>
</tr>
<tr>
<td>&lt; 2 Stunting</td>
<td>22.8%</td>
</tr>
<tr>
<td>&lt; 2 Wasting</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

*Window baseline data collected using WHO indicators
decision-making power. Window recently hosted a one-day basic nutrition workshop for Sustainable Agricultural Development and partner project staff to discuss ways to integrate nutrition activities into livelihood interventions. Window will continue to collaborate with the Sustainable Agricultural Development team on nutrition-related activities during 2011.

- **Celebrating World Breastfeeding Week:** This year’s World Breastfeeding Week, August 1 through 7, was commemorated in the two Window intervention districts of Koinadugu and Tonkolili. CARE collaborated with the Ministry of Health and Sanitation and United Nations Children’s Fund on a number of activities, including radio programming and community-level activities. Participants included MtMSG members, MtMSG facilitators, youth and women, peripheral health unit local council representatives, paramount chiefs, and other non-governmental organization representatives.

- **Supporting free healthcare scheme implementation:** On Sierra Leone’s Independence Day, April 27, 2010, the Sierra Leonean government launched free healthcare for pregnant women, nursing mothers and children under 5. The healthcare policy abolishes fees paid for medical care and provides drugs and treatments free of charge in every public health facility in the country. The Window team collaborated with the Ministry of Health and Sanitation (MOHS) via District Health Management Teams (DHMT) on implementation of the free national healthcare scheme. In particular, Window staff have worked with their MOHS counterparts to make sure that IYCF activities are integrated into the standard healthcare package and have provided the MOHS feedback on ways to systematically monitor and document activities. The Window staff have also collaborated with peripheral health unit staff on outreach activities, and worked with community members to help them better understand the free healthcare system. This work is a testament to the ongoing efforts of CARE to strengthen the healthcare system in Sierra Leone.

**Capacity strengthening:**

- **Mother-to-mother support group methodology:** In May, a training-of-trainers workshop provided Window staff and a representative from the district health management team instruction on how to facilitate MtMSGs. The training emphasized group facilitation skills. Window staff were provided the opportunity to facilitate several support groups themselves with coaching assistance from the trainer. Afterwards, participants received instruction on how to mentor and coach MtMSG facilitators. Subsequently, 36 MtMSG facilitators were trained and are actively facilitating support groups in the two Window intervention areas.

- **Integration of IYCF in community management of acute malnutrition (CMAM):** CARE staff Mary Lung’aho and Mondie Tharp spent a week in Sierra Leone facilitating a workshop on how to integrate IYCF into CMAM. This training strengthened the team’s capacity to plan, organize and conduct cascade trainings for MtMSG facilitators, IYCF counselors, community health workers, and Ministry of Health and Sanitation staff. The training will help to assist IYCF counselors in identifying points within CMAM programming where IYCF messaging can be integrated during community-based growth promotion sessions, counseling home visits and clinic visits. Training will continue through December of 2010.

**Challenges:**

- While the free healthcare program in Sierra Leone is a laudable venture to reduce the high infant and child mortality rate in the country, it comes with challenges in the areas of infrastructure and human resource capacity. The Ministry of Health and Sanitation,
along with the United Nations Children’s Fund (UNICEF), World Bank and non-governmental organizations like CARE are working to chart a way forward. Nevertheless, the lack of trained healthcare workers has forced Window to postpone many of its capacity-building activities it had planned in the two districts. In return, this has led to a shortage of trained IYCF counselors. Window is hopeful that the new year will bring a new cadre of healthcare workers to Koinadugu and Tonkolili districts.

**Lessons Learned:**
- Seasonal farming activities mean that community members cannot always effectively participate in Window activities. CARE is utilizing strategies to enhance program participation by making small changes in the way programming is implemented. Simple actions like re-scheduling activity times and increasing mobilization by program staff to offer support and guidance to counselors and MtMSG facilitators have resulted in greater participation in Window’s activities.

**Next Steps:**
- Early in the upcoming year Window staff will complete a mid-term review;
- Results from the mid-term review will be used to make necessary adjustments in program activities to ensure optimal outcomes; and
- Several trainings are planned to increase the numbers of IYCF counselors and MtMSG facilitators.

**Story from the field:**
Community health volunteer Bondie Kamara, 36, lives in Yataya, a village near the main town of Kabala in Sierra Leone’s Koinadugu district. When six of her nine children died in succession – perceived to be from “witchcraft induced” high fevers – Bondie fled to her uncle’s house with her seventh child on her back and leaving her belongings behind. She dared not announce her departure, lest the witches would target her, too.

In her uncle’s village, Bondie remarried and became a devoted member of the CARE-initiated community health club. She bore two more children and was appointed as a growth promotion volunteer, responsible for conducting monthly weighing and monitoring sessions for all children under 2 in the village.

On her second day of training, Bondie learned the signs of malnutrition and realized that her two youngest children – with protruding stomachs and thin, yellowish hair – were malnourished. She brought them to the training for observation and their condition was confirmed. Bondie shared the news with her husband Nyama, who furiously challenged the idea. Nyama claimed that Bondie’s relatives had caused this by giving the children “witch-water” at night and declared he would no longer spend any money on the children. Distraught, Bondie sought transportation allowance from CARE and took her children to the district hospital in Kabala, where both boys were diagnosed with severe malnutrition and medical complications. After two weeks of rehabilitation at a stabilization center, Bondie took her recovering boys home, where her husband witnessed the difference in the children and later apologized for his accusations.
CONFERENCE PRESENTATIONS

CORE Group Spring Meeting 2010

We've Collected the Data. Now What? A tool for health systems strengthening through entering, cleaning, analyzing and using Infant and Young Child Feeding (IYCF) data.
Participants included:
- Kirk Dearden, Consultant and Associate Professor, Boston University
- Bethann Witcher Cottrell, PhD, Director, Child Health and Nutrition, CARE USA
- Carlos Rojas, Senior Advisor, Monitoring, Evaluation and Advocacy, CARE (invited)

American Public Health Association’s Annual Meeting 2010

Malnutrition as an indicator of social justice: A comparison between three countries.
Participants included:
- Abigail Beeson, MPH, Child Health and Nutrition, CARE USA, Atlanta, GA
- Lenette Golding, MPH, Child Health and Nutrition, CARE USA, Atlanta, GA
- Sayoh Francis, Window of Opportunity, CARE International Sierra Leone
- Santi Wulandari, MD, Window of Opportunity, CARE International Indonesia

Social analysis and action for an infant and young child feeding program in Nicaragua.
Participants included:
- Bethann Witcher Cottrell, PhD, Director, Child Health and Nutrition, CARE USA, Atlanta, GA
- Lenette Golding, MPH, Child Health and Nutrition, CARE USA, Atlanta, GA
- Sergio Jose Amador, MD, Ventana de Oportunidad, CARE Nicaragua
- Judiann McNulty, DrPH, Nutrition Consultant

LEVERAGING NUTRITION WITHIN CARE

During the last year, Window has worked throughout CARE, both in Atlanta and at the international level, to better address nutrition through a multi-sectoral lens.

Food Security:
The Window of Opportunity staff continues to work to permeate nutrition programming throughout CARE, not only in health, but also in other areas. Due to the strong advocacy work of Window staff in Atlanta, the CARE International Food Security strategy now has a strategic objective centered around designing programs to have a positive impact on maternal, newborn and child nutrition. Nutrition thus becomes an integral part of CARE’s food security, climate change, social protection and gender work. The Window team has contributed extensively to the development of the Title II Multi-Year Assistance Programs (MYAP), assuring that nutrition programming for pregnant and nursing women, infants and children under two is appropriately reflected in the proposals. SHOUHARDO II, which already has been granted in Bangladesh, looks at nutrition through links to livelihoods, women’s empowerment and disaster risk reduction. Another MYAP currently under development with Ethiopia looks at nutrition in terms of links to graduation from protective safety nets.

Early Childhood Development:
In partnership with Save the Children, CARE is developing the Early Childhood Development (ECD) “Essential Package” for orphans and vulnerable children (OVC) in an HIV/AIDS context (though still applicable in non-HIV contexts). Recent grants from the Hilton Foundation
(Zambia, Mozambique) and Merck (India and Central America) have strengthened CARE’s ECD work. While much of the ECD programming and expertise globally is around children from age 3 until the beginning of primary school, we are working to develop models and expand our expertise among children who are younger than 3-years old. In nutrition, we will focus on developing models and educating families and communities to promote and enable exclusive breastfeeding and appropriate and acceptable complementary feeding. A new USAID Child Survival Grant in Rwanda integrates management of childhood illnesses and ECD with major levels of effort focused on maternal, newborn and infant nutrition. In this program, we are working with Tulane University to document the benefit of our ECD approach on nutritional and developmental outcomes.

**Mothers Matter:**
Nutrition is integrated into CARE’s MOTHERS MATTER Signature Program activities through a focus on improving nutrition among women who are pregnant and nursing mothers, as well as improving birth spacing and addressing maternal anemia. Through participation on the Advisory Board for the Gates Foundation-funded assessment of maternal nutrition being conducted by Emory University, CARE has had the opportunity to contribute to the direction of that work and benefit from the evidence-based reviews of maternal nutrition being developed. CARE has received Gates Foundation funding to implement a Family Health Initiative program in Bihar, India, with goals to increase maternal, newborn and child survival. Nutrition is one of the five key technical areas, along with reproductive, maternal and newborn health, and immunization, and we have partnered with Emory as our sub-grantee in this program. What is most exciting about this program is not only that our work will reach the entire population of Bihar (about 100 million people), but given the Gates Foundation’s emphasis on innovation, we will also have the opportunity to develop and test cutting-edge strategies to improve the delivery of services in the household, community and first-level facilities.

**Emergency Humanitarian Response:**
When the earthquake struck Haiti and the floods occurred in Pakistan in 2010, Window staff provided technical assistance to the Emergency and Humanitarian Response sector to increase their ability to assist with IYCF in emergencies by supporting baby-friendly tents. We have also provided support to programs in Laos and Myanmar to ensure adequate and nutritionally appropriate food rations for pregnant and nursing women, as well as to ensure that food distribution and relief efforts support appropriate IYCF practices. All work has been guided by the *Operational Guidance for Emergency Relief Staff and Programme Managers.*

**EXTERNAL INTERAGENCY COLLABORATIONS**

**Bangladesh**
Over the past year, the *Window of Opportunity* program has worked to foster relationships with a number of international NGOs and research institutions. In Bangladesh, Window is partnering with leading researchers from International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) to support baseline and endline research and to facilitate a longitudinal cohort study that explores the intentions and outcomes of exclusive breastfeeding and appropriate and...
adequate complementary feeding. The cohort study also includes a partnership with faculty and graduate students from Emory University. Window has also partnered with the Bangladesh Breastfeeding Foundation to facilitate counseling training, and with the global development agency BRAC for the Designing for Behavior Change training.

From an intervention perspective, Window in Bangladesh is partnering with the People’s Orientation Program for Implementation (POPI) for implementation. POPI provides support in the way of staff for frontline interventions with the community. For the distribution of micronutrient powders in Bangladesh, Window has partnered with PATH and GAIN, who are responsible for providing the resources to procure the product, and with Renata which will support local production and distribution to Karimganj.

**Peru**
Other research and capacity-strengthening partnerships have been created in Peru with Instituto de Investigación Nutricional (IIN-Nutritional Research Institute). IIN provided support to the baseline assessment and co-facilitated the counseling training.

**Indonesia**
Window in Indonesia partnered with Sentra Lactasi again this year to work on advocacy efforts with the government during World Breastfeeding Week and the One Asia Forum.

**Counseling Cards**
The CARE USA Window team has worked with an illustrator to adapt a set of counseling cards for use in West Timor, which should be ready for use in Indonesia by end of December 2010. The cards are adapted from *The Community Infant and Young Child Feeding (IYCF) Counseling Package*, which was developed under a strategic collaboration between the UNICEF New York, Nutrition Policy Practice (NPP) and the Center for Human Services, a not-for-profit affiliate of University Research Co., LLC (URC/CHS). The *Community IYCF Counseling Package* was field-tested by UNICEF with Window staff, and in Window communities in Sierra Leone. In addition, these resources are undergoing field-testing in Peru, and CARE is working in collaboration with UNICEF Peru and the Ministry of Health to adapt the images to the local context.

**Step-by-Step Guide**
Working in collaboration with a researcher from Boston University, Kirk Dearden, staff from the Window of Opportunity program compiled a guide entitled *Infant and Young Child Feeding Practices: Collecting and Using Data, a Step-by-Step Guide*. This Guide provides instruction to help CARE staff and personnel from other agencies adapt WHO operational guidance for use with smaller-scale surveys among children 0-23 months of age. The Guide provides assistance with selecting indicators, choosing a sampling strategy, analyzing data, and reporting research results. The Guide and its accompanying tools are cross-sectoral – while the Guide is aimed at staff that collect data on IYCF behaviors, staff can easily adapt it to collect data on other topics. The Guide has been widely disseminated among public health practitioners, researchers, professors and graduate students.

**IYCN, GNC, CORE Group**
Window continues to partner with the IYCN Project, the United States Agency for International Development's (USAID) project on infant and young child feeding and nutrition. CARE USA Window staff are active participants in the Global Nutrition Cluster and with the CORE Group. Bethann Witcher Cottrell is currently acting as the co-chair of the Nutrition Working Group.
**Rollins School of Public Health**

As in years past, Window has been working with Master’s degree students from Rollins School of Public Health at Emory University on an assortment of research projects. This year, three Window interns will be traveling to Indonesia, Nicaragua and Peru to conduct operational research on MtMSGs. This research will identify the key variables that influence the effectiveness of MtMSGs in a rural setting and test different program solutions to overcome any identified problems. An additional intern has been brought on board to support the cohort study in Bangladesh.

**FINANCIAL STATEMENT**

The grant this project is funded by is helping mothers and their children live healthier lives. The table below outlines the 2010 expenditures as allocated in support of the activities mentioned in this report. A more detailed, cumulative financial statement is included in Annex I.

<table>
<thead>
<tr>
<th>Item</th>
<th>2010 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$395,504</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$335,794</td>
</tr>
<tr>
<td>Materials, Services and Consumables</td>
<td>$19,910</td>
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<tr>
<td>Equipment</td>
<td>$7,748</td>
</tr>
<tr>
<td>Travel and Transportation</td>
<td>$136,023</td>
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<tr>
<td>Rent and Utilities</td>
<td>$660</td>
</tr>
<tr>
<td>Country Office Allocations</td>
<td>$1,918,814</td>
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<tr>
<td>Operational Research</td>
<td>$150,000</td>
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<tr>
<td>CARE Technical and Administrative support (9% of gift total)</td>
<td>$254,564</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$3,219,017</strong></td>
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</table>

**Budget Narrative:**

All 2010 spending has been verified against CARE’s central financial system for the year 2010. Expenses are monitored on a monthly basis and discrepancies are reported to finance staff. Country offices submit quarterly reports on expenditures.

**2010 Expenditures**

**Personnel:**
- From January 1, 2010 until July 3, 2010, CARE USA headquarters staff salaries were reduced by 4 percent as a cost saving measure during a time of economic flux.
- From July 3, 2010 until December 31, 2010, CARE USA headquarters staff salaries were restored to their original amounts.
- The program associate/technical coordinator position was open between January 2010 and the end of July 2010.
- The projected Senior Technical Advisor position was not filled due to unsatisfactory applicants.

**Professional Services:**
- Total professional services represent consultant fees paid for: supporting country office research (formative, baseline, mid-term review and data analysis); training on MtMSG methodology; training on IYCF practices; training on incorporating IYCF practices into CMAM; and regional workshops in India and Peru.
Equipment
• Equipment purchases in 2010 included two laptops.

Materials, Services, and Consumables
• These items reflect printing, supplies, postage and miscellaneous office costs.

Travel and Transportation
• Travel costs for 2010 include technical assistance visits to country offices, travel for the CORE group meeting in Washington, DC, and attendance at regional trainings in India and Peru.

Occupancy
• This figure includes communications and occupancy costs at Headquarters.

Financing and Depreciation
• Financing and depreciation costs in 2010 relate to bank fees charged during travel.

Sub-grants
• There have been no sub-grants during 2010.

Country Office Allocations
• The amount here reflects allocations to country offices for 2010 based on Memoranda of Understanding.

Country Offices
In 2010, there were five country offices receiving Window funding – Bangladesh, Indonesia, Nicaragua, Peru and Sierra Leone. As in 2009, each country office received $50,000 less than the original budgeted country office allocation. This was a strategic decision, as the $50,000 taken out of the allocations will be provided to the country offices toward the end of the program (in 2011 or 2012) to support final evaluations, the dissemination of lessons learned, development of tools and materials on a national, regional, and international scale and allotments for no-cost extensions.

2011 Projections
Projections for 2011 are based on the original proposal and spending from 2010.

Personnel
• In 2011, the Window team anticipates maintaining current staffing. In addition, we plan to hire a regional technical advisor, who will be located in Accra, Ghana.

Professional Services
• In 2011, we are projecting expenditures of $250,000 for professional services, including research consultants, MtMSG trainers and an IYCF special advisor.

Equipment Purchases
• Our projections for 2011 reflect the amount budgeted in the proposal.

Materials, Services, and Consumables
• Our projections for 2011 reflect the amount budgeted in the proposal.
Travel and Transportation
- Our projections for 2011 reflect a higher rate than originally proposed. This is due to the fact that we will be operating in five countries in 2011 instead of three as originally proposed (Indonesia and Nicaragua will be operating under no-cost extensions). Also, there will be additional travel costs associated with the regional technical advisor position.

Occupancy
- Our projections for 2011 reflect the amount spent in 2010.

Financing and Depreciation
- Our projections for 2011 reflect the amount spent in 2010.

Sub-grants
- Our projections for 2011 reflect the amount spent in 2010.

CONCLUSION

In the next year, Window of Opportunity will operate in five countries around the world, although our work in Indonesia, Nicaragua and Sierra Leone will come to a close at the end of 2011. The Window team remains committed to advancing the cause of nutrition across all CARE programming, with a particular focus on integration with food security, early childhood development and emergency and humanitarian response. The generous funding provided by a private family foundation to support the Window of Opportunity program is allowing CARE to reach the most vulnerable populations of women and children in countries with high rates of poverty and food insecurity. Simultaneously, we are integrating nutrition as a key component throughout CARE’s programming. On behalf of the mothers and babies who now have a chance to thrive, CARE thanks the private family foundation for its support of these accomplishments and continued commitment to our mission.

December 2010
## Annex I: Detailed Budget

**Window of Opportunity 2010 Expenditure Report and 2011 Budget Projections**

Prepared for: The private family foundation  
Reporting Period: January 1, 2010 through December 31, 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget (Years 1-3)</th>
<th>Previously Reported Expenditures (January 1, 2008 - December 31, 2009)</th>
<th>2010 Expenditures (January 1, 2010 - December 31, 2010)</th>
<th>Inception to Date Expenses</th>
<th>Year 4 Pro Expenditures ()</th>
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</thead>
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<tr>
<td>Personnel Costs</td>
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<td>Grants/Subgrants/Seed Capital</td>
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<td>Country Office Allocations</td>
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<td>150,000</td>
<td>150,000</td>
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<tr>
<td><strong>Total Direct Costs</strong></td>
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<td><strong>3,208,885</strong></td>
<td><strong>2,964,453</strong></td>
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<tr>
<td>CARE HQ Technical and Administrative Support</td>
<td>614,435</td>
<td>359,901</td>
<td>254,564</td>
<td>614,465</td>
<td></td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>7,370,616</strong></td>
<td><strong>3,568,786</strong></td>
<td><strong>3,219,017</strong></td>
<td><strong>6,787,803</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total Payments** 7,370,616  
**Total Expenditures** (includes current expenditures and outstanding expenditures) 6,787,803  
**Balance** 582,813
<table>
<thead>
<tr>
<th>CY 2011 Scheduled Payment</th>
<th>2,351,035</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2010 Available Balance + CY2011 Scheduled Payment</td>
<td>2,933,848</td>
</tr>
<tr>
<td>CY2011 Surplus [(CY 2010 Available Balance + CY2011 scheduled payment) - CY 2010 projected total expenses]</td>
<td>241,003</td>
</tr>
<tr>
<td>CY2011 Revised Payment</td>
<td>2,110,032</td>
</tr>
</tbody>
</table>