



Window of Opportunity

*Nutrition to Maximize
Human Potential*

Project Name: *Window of Opportunity: Infant and Young Child Feeding and related Maternal Nutrition Activities*

Reporting Period: November 2007 - October 2008

Introduction

This report outlines the major activities that have taken place at CARE USA headquarters, within CARE country offices and in the global infant and young child feeding (IYCF) community during the transition from the *Infant and Young Child Feeding in Emergencies* (IYCF-E) project to the start-up of the *Window of Opportunity Program*. This transition heralds a shift in focus from nutrition in emergencies to a focus on countries that move along the development-emergency continuum. Activities emphasize a short but critical period of time known as “the window of opportunity”¹ – the period from pregnancy through the first two years of a child’s life, when nutrition has profound effects on physical and cognitive development processes.

Better nutrition for infants and young children means stronger immune systems, less illness and improved health. Nonetheless, the window of opportunity for improving nutrition is small, and, if missed, the damage to physical growth, brain development, and human capital formation can be severe and largely irreversible. During this short time, it is important to ensure that women’s nutritional status is not undermined, not only for the potential effects it may have on her offspring, but for her own health and wellbeing.

The goal of the *Window of Opportunity* program is to promote, protect, and support optimal infant and young child feeding and related maternal nutrition (rMN) practices. Specifically, the program’s interventions will focus on improving the enabling environment, strengthening health systems to support optimal IYCF and rMN, and empowering communities and individuals to make optimal choices regarding breastfeeding, complementary feeding and nutrition for women during pregnancy and lactation.

¹ World Bank Nutrition Strategy, April 2006,

Over the past year, the *Window of Opportunity* team has made great strides toward building relationships, developing materials that will be shared with the larger community of practice and integrating our work into other CARE program areas. This report outlines the work accomplished during this reporting period – from November 2007 to October 2008.

Project Activities

CARE USA Headquarters

Staff

Initial activities in Atlanta have focused on recruitment and hiring of the headquarters staff. The current staff and their positions are as follows: Director, Bethann Cottrell (50 percent); Monitoring and Evaluation Advisor, Ibrahim Parvanta (50 percent); Communications Advisor, Lenette Golding (100 percent); Advocacy Advisor, Carlos Rojas (30 percent); Coordination and country office support, Abigail Beeson (100 percent); Nutrition Advisor, Senior Technical Advisor, Mary Lung'aho (50 percent); and Program Associate, Sylvia Alford (100 percent). Each member of the team brings with them a wealth of knowledge and a specific set of skills, to provide an exceptional level of capacity building and technical assistance that facilitates program design, support and monitoring to CARE country offices.

Program Design, activities and collaboration

During this reporting period, the Atlanta-based *Window of Opportunity* team designed the program's overall strategic framework, outlining program goals and strategies. The main goal is to improve the nutritional status of children less than 2 years of age through improved infant and young child feeding and related maternal nutrition practices. The strategies include advocacy, capacity building, behavior change communication, monitoring and evaluation, and organizational learning and knowledge sharing. A diagram of the strategic framework is included along with this report as an annex.

During the past few months the team has also developed the *Window of Opportunity Formative Research Toolkit* for use by country offices. This unique toolkit lays out specific steps for conducting research and will be translated and adapted to cultural contexts for in-country use. The modular design is meant to make it easy for field staff to find information about a particular research method quickly. Each of the modules contains an overview of the method being discussed, step-by-step instructions, helpful tips, and suggestions for additional resources.

Formative research activities have already taken place in Indonesia and Nicaragua and will start early in 2009 in Sierra Leone. The data from the research expand information on current perceptions and IYCF and rMN practices and identify obstacles or barriers (informational, attitudinal, practical) to moving closer to optimal practices. It will be used to create messages and programs specific to the needs of the communities that are appropriate, acceptable and feasible for beneficiaries.

Additionally, staff have continued to participate in rich collaborative work with other sectors within CARE, including the:

- “Mothers Matter” signature program,² to develop programmatic synergy;
- Food Resource Coordinating team to develop a strategic framework on nutrition within CARE;
- Early Childhood Development (ECD) Technical Advisory Committee to incorporate infant and young child feeding into the minimum standards being developed in partnership with UNICEF, Save the Children and Cal Poly; and
- Emergency and Humanitarian Assistance team to include a chapter on infant and young child feeding in their Complex Emergency Toolkit (CET).

Launch and lunch

To raise the profile of the *Window of Opportunity* program within CARE USA, Window staff participated in the Child Health and Nutrition Team “Launch and Lunch” event which featured posters on IYCF-E, the *Window of Opportunity* program, case studies and other supporting materials on related activities. The event, held in October at our Atlanta headquarters, was attended by more than 100 staff members. Discussions at the event highlighted potential collaborations within CARE with external relations.



IYCF symposium

The team has also been engaged in planning for the *Infant and Young Child Feeding Symposium* to be held at the Atlanta Sheraton on June 3, 2009. We have confirmed Dr. Miriam Labbok (University of North Carolina) and Dr. Rey Martorell (Emory University) as featured speakers. We are awaiting confirmation on other featured speakers and are inviting partners from Emory, the Centers for Disease Control and Prevention (CDC), and key CARE USA and CARE country office staff. Overall, the symposium aims to update participants on IYCF and rMN research and evidence-based practice, integrate the *Window of Opportunity Program* within other CARE sectors, and identify linkages between the *Mothers Matter* signature program and the *Window of Opportunity* program.

Early childhood development initiative

On October 31, 2008, the ECD core advisory team met at CARE to begin discussions on the creation of a minimum intervention package as seen from a service provider

² CARE recently launched three new signature programs, including *Mothers Matter*, which aims to reduce persistently high maternal mortality rates in the world’s poorest countries. Over the next decade, the *Mothers Matter* initiative will make pregnancy and delivery safe for 30 million women in 10 countries.

perspective. This group includes high-level representatives from UNICEF, Georgetown University, and several other partner organizations and consortiums. The *Window of Opportunity* team's participation in the ECD initiative positions nutrition as a central intervention for successful cognitive development and growth and addresses the prevention of childhood illnesses.

The main focus of the ECD initiative is interventions targeted toward young children living in HIV prevalent areas. The inter-sectoral collaboration between the Child Health and Nutrition, HIV/AIDS, and Basic and Girls Education units at CARE USA was instrumental in the development of the 5x5 model for ECD.³ The representation of *Window of Opportunity* in the initiative helped to steer the nutrition strategy. The initiative has created successful external partnerships with UNICEF, the CDC, Emory University, Georgia State University, World Health Organization (WHO) and the U.S. President's Plan for AIDS Relief (PEPFAR). Next steps and future collaborations are being explored.

Dadaab Camps, Kenya

In the Dadaab camps, CARE continues to lead capacity building activities using the IYCF community-focused approach and the support group curriculum. Ongoing mentoring ensures that trained staff and community members continue to build their skills post-training.



The collection of age disaggregated data in the UNHCR health information system (HIS) continues through December 2008. This pilot is strengthening local capacity to collect and analyze disaggregated data, which are more complex but ultimately more valuable for informing program strategies. This pilot activity includes training *Gesellschaft for Technische Zusammenarbeit (GTZ)*⁴-trained health workers and CARE IYCF staff to ensure their understanding of the value of collecting disaggregated data.

In collaboration with GTZ and the UN High Commissioner for Refugees (UNHCR), the CARE Kenya IYCF team has developed a community growth monitoring tool incorporating IYCF indicators. Growth monitoring activities will be rolled out this fall. In addition, maps have been developed in the three refugee camps to improve the

³ CARE's 5x5 model involves integrated ECD interventions at five different levels (individual child, child care setting, caregiver, community and national level) in five key areas (nutrition, education, health, child rights protection and economic empowerment).

⁴ The GTZ is a German-based international cooperation enterprise for sustainable development with worldwide operations.

selection of mother-to-mother support group facilitators and to track the number and geographic coverage of trained health workers. Currently, all blocks in the camps have at least one mother-to-mother support group (MTMSG) leader trained in facilitation of MTMSGs.

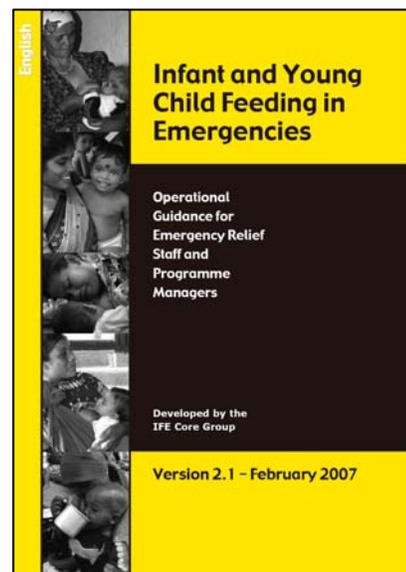
During the past year the CARE Kenya team also provided technical support and guidance during the annual GTZ-sponsored nutrition surveys. The preliminary results of the study show increased feeding rates from 17.8 to 25.8 percent for exclusive breastfeeding. The report also shows an increase in complementary feeding rates from 53.6 to 68.9 percent of lactating mothers initiating complementary feeding, an increase by 15.3 percent. This increase is attributed to CARE activities, including video shows, capacity building for pregnant, lactating mothers and IYCF counselors, cooking demonstrations, mentoring sessions and MTMSG facilitations conducted in the camp.

Discussions are underway to transition IYCF programming from CARE Kenya to UNHCR during 2009. As part of CARE's exit strategy, a final training of trainers (80 hours) using an integrated curriculum drawn from the WHO/UNICEF counseling courses on breastfeeding, complementary feeding and HIV is being held in November 2008 to ensure a full complement of Dadaab-based trainers. The course will be co-facilitated by Mary Lung'aho and Ann Awori, a Kenyan consultant who has previously worked with CARE in Dadaab.

Manual on infant feeding in emergencies

Window of Opportunity staff and interns compiled and printed a case study titled, *Operational Guidance in Action: Capacity Strengthening around Infant and Young Child Feeding in Emergencies*. The case study highlights CARE's success in developing the community-focused pictorial training package for behavior change communication in the Dadaab camps.

It can be disseminated with the Infant Feeding in Emergencies (IFE) Operational Guidance to provide IYCF peer agencies and local NGOs with information on past success and lessons learned. Additionally, the case study showcases the IYCF-E project's accomplishments. This case study was available to all participants at the "Launch and Lunch" event and is included along with this report as an annex.



West Timor, Indonesia

Since March 2008, the Indonesia program of IYCF + rMN has focused on scaling up activities in West Timor, Indonesia. The *Window of Opportunity* program, called "Prima

Bina” in the Indonesian language, has included an additional eight communities for implementation in a second district, Belu, increasing the number of direct beneficiaries from 800 pregnant and lactating women to 3,600 through December 2010, with total beneficiaries equaling 20,991.

The *Prima Bina* program has undertaken research to build relationships with stakeholders and communities, as well as to better understand the current behaviors and practices of pregnant and lactating women. Between June and August 2008, the *Prima Bina* team conducted a pilot phase that included focus group discussions and key informant interviews, supported by an intern, Kate Braband, a graduate student in public health at Emory University. Focus group members and key informants included pregnant and lactating women, traditional birth attendants, community health volunteers, midwives and Ministry of Health officials. In October, CARE Indonesia conducted an in-depth training to strengthen the capacity of *Prima Bina* staff and Ministry of Health partners to utilize participatory action tools such as community and social mapping. A program manager has been hired and trained to coordinate all activities for *Prima Bina*.



In November, *Prima Bina* held a 40-hour WHO/UNICEF breastfeeding training of trainers course to extend skills to partners in Belu.

Nicaragua

Nicaragua was the first additional country to begin programming in IYCF + rMN in 2008. In March 2008, Window Director Bethann Cottrell and Technical Advisor Abigail Beeson conducted an initial assessment visit. A memorandum of understanding (MOU) was finalized in June 2008. Programming is taking place in four municipalities within the departments of Jinotega and Matagalpa, two of the poorest regions of Nicaragua. The overall target population will be approximately 187,544 women and children with most of the implementation efforts focused on 5,000 pregnant and lactating women. With the assistance of a consultant, CARE Nicaragua conducted a baseline survey and formative research to better understand behaviors and practices of pregnant and lactating mothers. The baseline survey and first phase of formative research was completed in November 2008.



CARE Nicaragua staff have also ensured that CARE is an active partner of the National Breastfeeding Alliance and thus participated in the ninth annual national breastfeeding fair and four municipal- and community-level fairs in the Jinotega and Matagalpa districts. The staff has also actively liaised with the National Ministry of Health (MINSA) and its local counterparts (SILAIS).

Sierra Leone

The *Window of Opportunity* is partnering with UNICEF in Sierra Leone to support the start up of community-based management of acute malnutrition (CMAM) programming. Mary Lung'aho and Lenette Golding, of the Window team, completed an initial situational analysis in Sierra Leone, and the country office is on track for beginning implementation in January 2009. Key intervention strategies have been identified during the Sierra Leone visit and the Window team continues to work closely with CARE Sierra Leone staff on the design and implementation of Window activities.



The next steps include completion of a results framework for operations and a budget to develop an MOU for program activities. Formative research and a baseline survey are planned to start in January 2009.

Inter-agency activities

CARE contributed to the development of a discussion paper to highlight critical issues related to the proposed use of ready-to-use foods (RUFs, RUTFs) in the treatment of moderate malnutrition and possibly as a strategy to improve diets during the complementary feeding period. IFE core group members worked with participants attending four meetings⁵ to prepare participants to present ideas that would advance the discussions. The paper will also be published in the next issue of the *Field Exchange*, due out in January 2009.

⁵ MSF Nutrition Campaign *Starved for Attention* (Sept 11-12, 2008); WHO Technical Consultation on *Dietary Management of Moderate Malnutrition in Children <5* (Sept30-Oct3, 2008); WHO Technical Consultation on *Strengthening Action to Improve IYCF 6023 Months* (Oct 6-9, 2008); and the WABA Meeting: *Protecting, Promoting and Supporting Optimal Breastfeeding from 6-24 Months: Issues, Politics and Actions* (Oct 7-8, 2008)

Under the coordination of UNICEF, the Inter-Agency Standing Committee (IASC) and Global Nutrition Cluster lead, CARE collaborated with other IFE core group members in the development of three IYCF-related tools as part of the effort to strengthen the global humanitarian response. The tools⁶ are available on the Capacity-Development Working Group and Assessment Working Group links on the United Nations Humanitarian Reform website (www.humanitarianreform.org).

CARE has supported UNHCR in its efforts to bring together UNHCR leadership and IYCF experts to guide UNHCR policy to mainstream IYCF programming into its global health and nutrition activities. To this effect, CARE helped facilitate an agreement between UNHCR and the Institute of Child Health at the UC London Center for International Health & Development, to examine the data findings from the IYCF pilot in Dadaab, Kenya and the wider implications for UNHCR and other emergency nutrition programming.

Looking Forward

Program strategy

In December, the team will meet in Atlanta to review comprehensive program strategies on communications, advocacy and monitoring and evaluation. During this time the team will also complete a work plan and budget for fiscal year 2009.

Country offices

In addition to support for the ongoing programs in Indonesia and Nicaragua and closeout in Kenya, the team is focusing on Window start-up in Sierra Leone on January 1, 2009, with a follow-up visit in the spring. Bangladesh will start up in January 2009 with staff facilitating the creation of the programming strategy, formative research, and baseline studies. In addition, initial planning for Window's start-up in Peru in 2010 and one country in Africa (to be determined) will take place in late 2009.

IYCF symposium

Planning continues on the IYCF symposium, which will draw key members of the IYCF global community together for technical updates and highlight opportunities for CARE collaborations around IYCF + rMN, both internally and externally. The event will take place on June 3, 2008 at the Sheraton in Atlanta.

Annual child health and nutrition workshop

Window of Opportunity staff and country office managers will attend the 13th annual Child Health and Nutrition workshop in Indonesia. This event will bring together CARE country office staff from around the world to discuss current programming strategies and technical updates on child health and nutrition topics. This event gives country-level staff an opportunity to highlight successful programming strategies and offers training in communication, advocacy, monitoring and evaluation skills and data quality.

⁶ *Initial Rapid Assessment tool, the Nutrition Cluster Toolkit and the Harmonized Training Materials Package.*

The workshop also offers a forum for exchange of ideas to work towards a unified strategy.

Bangladesh

Start-up is projected for January 2009 with staff facilitating the creation of the programming strategy, research and baseline studies. *Window of Opportunity* staff will travel to Bangladesh to meet with CO staff and conduct a situational analysis.

Indonesia

Next year, *Prima Bina* will work with CARE USA staff to train and mobilize support groups in each of the villages, continue to support and train counselors based on village coverage needs and further develop communication and monitoring and evaluation strategies, including adding a component of social analysis and reflection. Toward the end of the year, *Prima Bina* will explore strategies for complementary feeding promotion that appropriately address the lack of land due to population growth. Advocacy activities will promote the adoption of the “Baby-Friendly Hospital Initiative”⁷ and the International Code of Marketing of Breast-milk Substitutes at district level.

Kenya

A pilot on the step-by-step guide for conducting IYCF surveys will take place in 2009. The guide is designed to improve the quality of data obtained from nutritional surveys in program settings. It assists staff in conducting survey work and includes procedures for adapting questionnaire food lists, sampling, performing data entry and reporting analysis. Programming will continue one more year to ensure comprehensive transition with UNHCR. A joint annual work plan will be developed between CARE and UNHCR in January 2009. Work is also being done to establish a checklist for an IYCF compliant camp.

Nicaragua

Analysis of the results from formative research and baseline surveys will be completed in January 2009. During 2009, the Nicaragua staff will implement the WHO BFC course and mobilize Mother to Mother Support Groups. Trials of Improved Practices (TIPS) will be used to identify messages and develop a comprehensive BCC strategy. World Breastfeeding Week activities will be developed in all 100 communities where the *Window of Opportunity* program is being implemented. Advocacy activities in Nicaragua will also target the adoption of the Baby-Friendly Hospital Initiative and the International Code of Marketing of Breast-milk Substitutes at district level.

Peru

Initial planning will begin in the fall of 2009 for program start-up in 2010.

⁷ The Baby Friendly Hospital Initiative is a relatively simple accreditation system that has been widely implemented in developed as well as developing countries and has greatly contributed to improve quality of care in maternity units.

Sierra Leone

Formative research and baseline studies will take place in early 2009. CARE Sierra Leone will use a variety of activities to improve infant and young child feeding and related maternal nutrition practices and care. A few key activities include:

- Establishing birth waiting homes that will provide expectant mothers with health education on IYCF+rMN and skilled attendance during delivery.
- Establishing village savings and loan (VS&L) associations to provide a safety net to cover unpredicted costs and to provide funds for community projects.
- Upgrading the skills of maternal and child health (MCH) aids that work in remote government health posts.
- Forming pregnant women support groups for health education, antenatal care services and peer support.
- Using counseling cards to promote IYCF + rMN.
- Promoting continued health education through radio and community structures such as community health clubs and village development committees.
- Providing training on low-tech food processing in order to get families through the hungry months and possibly generate income.

Conclusion

CARE is grateful to a private family foundation for their support of the *Window of Opportunity's* innovative, far-reaching efforts to improve infant and young child nutrition and maternal health in some of the world's poorest communities. Through this initiative, CARE is contributing to global dialogue, policies and practices on these critical issues. We thank the private family foundation for their support and look forward to reporting back on further accomplishments in the future.

December 2008