



# Window of Opportunity

*Nutrition to Maximize Human Potential*

## Annual Report Window of Opportunity 2011



<http://thewindowofopportunity.info/>

## LETTER FROM THE DIRECTOR

Over the last year, the *Window of Opportunity* program has continued to be highly productive in promoting, protecting and supporting optimal infant and young child feeding (IYCF) and related maternal nutrition practices in Indonesia, Nicaragua, Sierra Leone, Bangladesh, and Peru. As we come to the end of our fourth year, we will be closing programs in Indonesia and Nicaragua and beginning the final evaluations that will showcase the impact of our work. We have learned valuable lessons and strengthened our programs with data from mid-term evaluations and continued formative research. Especially valuable this year was the opportunity for the Window staff to come together in Atlanta for an *Open Window Workshop* where they shared their challenges and successes, learned from each other, and planned for the year ahead. The knowledge gained from being a global program fosters better programming as we move ahead.

This year the Window program expanded the number of countries served by granting three CARE country offices funds to explore the integration of nutrition and agriculture within the context of their long-term food security programs. CARE country offices in Malawi, Ghana, and Liberia have each been funded to improve micronutrient rich food production for poor vulnerable women of reproductive age in order to increase their consumption of these foods. Window HQ staff are providing technical support to CARE country offices in these sub-Saharan African countries to facilitate their incorporation of sound nutrition programming within their food security programs.

The Window team continues to develop materials that can be tested and used for implementation in the field of IYCF. Over the past four years, Window has developed both an IYCF Formative Research Toolkit as well as a trainer's manual which are currently being finalized. These resources will be shared among agencies once finalized. In addition, we are developing a Mother-to-Mother Support Group (MtMSG) manual that will emphasize the facilitation, communication, and interpersonal skills needed to lead support groups. This manual will be a complement to USAID's IYCN support group manual, which focuses on the IYCF content. Also, Window partnered with Kirk Dearden from Boston University and Mary Lung'aho to develop the *Infant and Young Child Feeding Practices: Collecting and Using Data, a Step-by-Step Guide*. This guide is based on updated interagency IYCF indicators from 2008 and has continued to be the basis for the selection of indicators, choice of sampling strategy, entering and cleaning IYCF data, analyzing data, and reporting results for the Window program. This manual continues to be requested globally by other INGOs for their evaluation processes.

This year we completed training for staff and partners in all five Window countries on the facilitation and implementation of 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 develop leadership skills. MtMSG training was held in Bangladesh and Peru, with participants from both CARE and the Ministry of Health (MOH). The three-part trainings are a highly participatory training of trainers, a cascade training of mother facilitators, and direct observation of mother facilitators leading MtMSGs in their communities.

The Window of Opportunity staff continues to integrate nutrition programming throughout CARE, not only in health, but within CARE USA's priority areas. This year the food security focus has been on marketing the CI Food Security strategy to CI members, regional management units, and country offices. Through this work, nutrition has become 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 proposals under Feed the Future, the US government's major food security initiative, assuring that nutrition programming for pregnant and lactating women, infants, and

children under two is appropriately reflected in the implementation. CARE has won proposals in Bangladesh, Ethiopia, and Uganda with additional proposals submitted for Zambia and Uganda. Recent grants from the Hilton Foundation (Zambia, Mozambique) and Merck (India and Central America) have strengthened CARE's work in nutrition, health and, early childhood development (ECD). While much of ECD programming and global expertise focuses on children from age three until the beginning of primary school, we are working to develop models and expand our expertise to children younger than three years old, including prenatal interventions. In nutrition, we focus on strategies for promoting and enabling exclusive breastfeeding and appropriate and acceptable complementary feeding.

This has been a year of changes and transitions within the CARE family and its programs. During the re-organization process, we were successful in leveraging our work with the *Window of Opportunity* program to secure the place of nutrition in CARE programming. The Child Health and Nutrition team is now the Nutrition Plus team, and nutrition is the entry point of all our programming around maternal, newborn, and child health and development. Despite the challenges of physical environments, political instability, food insecurity, and weak policies greatly affecting community health, 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 2012 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 2011 in each participating country, as well as on a global scale.

## STRENGTHENING CARE CAPACITY: THE OPEN WINDOW MEETING

This past year Window country office staff and the Atlanta based team came together for a week-long skill building workshop that took place July 11-16<sup>th</sup>.

The goal of the Open Window Meeting was for Window staff from headquarters and county offices to gather together to reflect on the past three years of Window of Opportunity programming, prepare for upcoming midterm reviews and final evaluations, and identify best practices and lessons learned for documentation and dissemination.

During the meeting, the Window teams discussed updates on technical issues and trends in infant and young child feeding and related maternal nutrition. Participants shared country



*Santi Wulandari of CARE Indonesia presents a timeline of Window events during the Open Window Meeting*

specific information on their programs as well as best practices and lessons learned. Each Window team formulated plans to document and disseminate these practices and key lessons learned.



By the close of the meeting, participants had gained knowledge from shared reflections on the challenges and successes of the Window program in different country contexts and on best practices to utilize for moving their own programs forward. Additionally, all participants spent time with Window’s monitoring and evaluation advisor and left prepared to administer either their upcoming final evaluation or midterm review.

*Rigil Munajat (Indonesia) leads Walter Vilchez (Peru), Alfredo Alaniz (Nicaragua) and Sayoh Francis (Sierra Leone) in a song about IYCF*

## STRENGTHENING CAPACITY

### *Strengthening Capacity*

In 2011, Window teams continued to concentrate on building a support system for optimal IYCF in remote, dispersed, and resource-poor settings. Building off of last year’s intensive training of staff in all five countries, Window teams have continued to train and coach community members in counseling and support group methodologies. Indonesia and Nicaragua have maintained active MtMSGs and fostered quality facilitation performance. Sierra Leone’s cadre of MtMSG facilitators ballooned to a total of 289 trained mother facilitators this year, a significant increase from 36 last year. Bangladesh and Peru introduced MtMSGs into their programming this year. Peru is piloting MtMSG as an adjunct to the national nutrition strategy by beginning with 16 trained mother facilitators, and Bangladesh has trained 108 mother facilitators to date. Both Sierra Leone and Peru introduced IYCF counseling into their Window activities this year, and Indonesia more than quadrupled its number of trained IYCF counselors from last year (from 41 to 178).

To date, Window teams have trained over 900 IYCF counselors and close to 600 mother facilitators across all five Window countries. Each month over 5000 IYCF counseling sessions and approximately 600 MtMSGs are held. The following table represents the 2011 achievements to date.

### *Number of Counselors and Facilitators Trained to Inception to Date*

	Bangladesh	Indonesia	Nicaragua	Sierra Leone	Peru	Total
<b>IYCF Counselors trained</b>	373	178	106	85	184	<b>926</b>
<b>MtMSG facilitators trained</b>	108	102	67	289	16	<b>582</b>

## PRODUCTS

Below is a list of products to date that have been developed by or in conjunction with the Window of Opportunity program.

### ***Infant and Young Child Feeding Practices – Collecting and Using Data: A Step-by-Step Guide***

The Guide provides assistance with selecting indicators, choosing a sampling strategy, analyzing data, and reporting research results. It has been widely disseminated among public health practitioners, researchers, professors, and graduate students.

### ***IYCF Qualitative Formative Research Toolkit***

This toolkit provides field staff with information and tools needed to conduct formative research on IYCF and related maternal nutrition (rMN) to inform programmatic decisions. Although written for infant and young child feeding programs, any number of programs can use the methodology presented in this toolkit.

### ***Qualitative Research: A Trainer's Guide***

This guide is designed to build participant knowledge on qualitative research methodology. It was written as an aid for anyone teaching others about conducting qualitative research and includes classroom-style instructions to introduce participants to qualitative research tools as well as practical activities that allow participants to apply the classroom theory and skills learned immediately in the field.

### ***Mother-to-Mother Support Group Facilitation Guide***

The Mother-to-Mother Support Group Facilitation Guide is written for paraprofessional members of a community who are chosen by community members or organizations to provide MtMSG facilitation. It is focused on teaching the facilitation skills (e.g., interpersonal communication, listening skills, problem solving) needed for engaging effective MtMSGs. The approach encourages mothers to come together to share their challenges and successes with IYCF and rMN and reflect on myths and traditional practices.

## 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 maternal and child nutritional status in the poorest regions of their countries with the greatest need.

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 are implemented in one sub-district, Karimganj, in the Kishoreganj district, with a total population of 258,266. CARE specifically focuses on supporting approximately 25,413 ultra poor women and 15,496 children under two.

### **Accomplishments**

- **Coverage, mentoring, and supervision:** Akhoni Shomay primarily focuses on the capacity building, mentoring, and supportive supervision of community level counselors and MtMSG facilitators. This year, Akhoni Shomay focused its activities on building capacity to achieve coverage targets and determining how to most effectively facilitate mentoring and supportive supervision of counselors and facilitators trained.
- **Micronutrient powders and MOHFW engagement**  
As part of its objectives, Akhoni Shomay is distributing micronutrient powders for young children age 6 to 23 months in all 11 unions. To ensure optimal distribution and reach, Akhoni Shomay developed a distribution strategy with sub-district Ministry of Health and Family Welfare (MOHFW) representatives and held sensitization meetings with key front line MOHFW workers. This has resulted in MOHFW being more engaged with mothers during immunization sessions and providing a platform for counselors to be more visible at MOHFW activities.
- **Information dissemination** Akhoni Shomay disseminated the key findings of its formative research and baseline studies in February as part of its biannual technical advisory group meeting series. Staff also attend monthly nutrition working group meetings in Dhaka and coordination meetings with MOHFW at the sub-district and district levels. They have supported outreach efforts with MOHFW sponsored national immunization days and participate in NGO coordination meetings at the national, district, and sub-district levels.
- **Formative research** Based on formative research, religious leaders (RLs) and informal birth attendants (IBAs) were identified as integral contacts with mothers in the communities. Akhoni Shomay is working with RLs on the dissemination of appropriate Koranic verses related to breastfeeding and hygiene and with IBAs to support mothers to practice early initiation of breastfeeding.
- **Involvement of fathers** In addition to RLs and IBAs, Akhoni Shomay is working with father groups in four unions to identify the role that men play in the family in supporting mothers on their knowledge, intentions, and practices around IYCF. Men are often excluded from these conversations, but after engaging nearly 800 men through these groups, Akhoni Shomay is



Nutritional Status for Children under 2-years old in Bangladesh\*

< 2 Underweight 43 %  
< 2 Stunting 45 %  
< 2 Wasting 18.2 %

\*National level data for rural areas was collected using DHS indicators (2007)



*Folk songs performed at a father's gathering on IYCF in the Suterpara union*

learning that men are very concerned about their children's well being and achievement.

- **Mother gatherings** Akhoni Shomay observed that the counseling and MtMSG activities were not reaching all potential mothers due to lack of understanding around the project's objectives. In response, Akhoni Shomay hosted four Mother Gatherings as an opportunity for mothers to promote Akhoni Shomay's activities and learn from their peers who have achieved optimal feeding practices despite the barriers.
- **Raising awareness/community outreach** As other means to raise awareness about optimal IYCF and rMN more widely in the community, Akhoni Shomay supported nutrition fairs in two unions; worked with local groups in eight unions to compose folk songs that were followed by question and answer sessions; held regular community meetings in the 11 unions with community leaders; and worked with community counselors to create 121 adolescent girl groups to disseminate key messages about optimal IYCF and rMN to mothers in their communities.
- **World Breastfeeding Week** Akhoni Shomay celebrated and promoted WBW through the use of mass communication, interpersonal communication campaigns at the household level, integration of MOHFW frontline workers into promotion of infant and young child feeding (IYCF) messages, collaboration with local government to better support WBW activities and the development of key recommendations for advocacy. Some key activities included:
  - Breastfeeding campaign by adolescent girls (approximately 1200 girls visited 6500 households to promote IYCF messages)
  - Roundtable discussions with multi-stakeholders in Dhaka and Kishoreganj in collaboration with the International Poverty and Health Network (IPHN), MOHFW, and Bangladesh Breastfeeding Foundation (BBF)
  - IYCF video advertisement in tea stalls and markets to engage male family members
  - Counseling on IYCF at Extended Program for Immunization (EPI) sessions by the MOHFW staff
- **Monitoring and evaluation** Monitoring and evaluation activities included the midterm review, which was completed at the end of October. Results will be available by the end of the year and will be used to inform Akhoni Shomay's programming focus in 2012. Akhoni Shomay has spent a significant amount of time this year adapting its mentoring and supportive supervision activities in an effort to improve the quality of the counseling and MtMSG activities.



*Father's gathering on IYCF in the Suternara union*

### **Capacity Strengthening**

- In 2011, Akhoni Shomay successfully trained a total of 12 trainers and 361 counselors and counseling supervisors representing all 11 unions of Karimganj sub-district.
- The mother-to-mother support group (MtMSG) curriculum developed by CARE HQ was tested in Bangladesh. Feedback indicated that it offered participants a unique approach to improve the capacity and skills of group facilitators with regards to communication and negotiation. A total of 12 trainers and 96 facilitators from six unions, chosen by their communities, were trained in 2011.
- Throughout the year other capacity building exercises in which staff and community volunteers and supervisors participated include:
  - Training on the use of monitoring and evaluation tools

- Overview of mentoring and supportive supervisions at it relates to Akhoni Shomay programming
- Practice of the assessment and analysis steps of counseling with regards to complementary feeding

### ***Challenges***

Akhoni Shomay experienced the following challenge during this year:

- Maintaining the quality of counseling and MtMSG meetings. It is often difficult to reach all of the community counselors and workers on a regular basis for observation, mentoring and coaching. To overcome this challenge, Akhoni Shomay staff have arranged small group meetings (instead of one-on-one visits) each month. This has allowed staff to reach many more community volunteers and workers each month.
- Determining how to best overcome programming disruptions created by seasonal weather patterns.

### ***Lessons Learned***

Over the course of the last year, Akhoni Shomay has learned:

- Attendance wanes during harvest season as mothers and families are in their fields
- Good communication skills with attention to active listening and learning are critical for the facilitation of MtMSG sessions
- Observation is key for ensuring optimal mentoring and coaching of counselors and MtMSG facilitators

### ***Next Steps***

The next steps for Akhoni Shomay in Bangladesh include the following:

- Review of the midterm evaluation to identify primary focus areas for key interventions for the last nine months of programming with particular attention to MtMSG and communication materials
- Participation in the Regional Stakeholders Meeting in Jakarta, Indonesia
- Development of the national advocacy agenda with key stakeholders such as the MOHFW
- Facilitation of the final evaluation and dissemination of results

### ***Story from the field***

In Petua, a village 15 kilometers away from CARE's intervention area of Karimganj, there is no health facility for antenatal care or child health services. The only available health services are at the Upazila Health Complex of Karimganj, which often charges fees to purchase medicines equivalent to two to three days' earnings. People often cannot afford to seek out the medical care.

On January 7, 2011, Asma and Abdur Rahim became proud new parents of a son named Roni. Roni was their second child born after the death of their first child, who died from pneumonia soon after delivery. Roni was underweight at birth and the parents were quite fearful of suffering another death of a child.



***Asma with baby Roni***

As the cost and distance for medical services were too much for Asma and Abdur, Asma never received antenatal exams during pregnancy. She continued to perform all household chores from dawn to dusk. Each day she prayed for the birth of a healthy infant and relied heavily on the support of extended family members. Sadly, her family members and neighbors provided her with less than ideal support resulting in Asma getting into heated discussions with them about prelacteal feeds and other health matters.

Husna, a local community counselor working with Akhoni Shomay learned of Asma’s challenges. She made a visit to the household to provide support and encouragement to Asma and her family members. As a result, Asma practiced early initiation of breastfeeding, and she was better able to negotiate with her mother-in-law and other relatives on feeding her baby honey or sugar water. Husna’s early home visits and support to Asma resulted not only in early initiation of breastfeeding, but also helped Asma to continue breastfeeding and provide other recommended caring practices to Roni.

Husna also accompanied Asma to the hospital in Karimganj so that Roni could receive a checkup. Doctors at the hospital were impressed by the feeding and care practices Asma provided to Roni given that he was underweight at birth and encouraged her to continue with the optimal practices.

At the end of three months, Roni is quite healthy and playful in his mother’s lap. Asma is continuing to breastfeed, and Husna has been encouraging Asma to attend monthly immunization sessions and continue with the advised care practices.

Asma is grateful for Husna’s support and encouragement when she needed it most - *“From now on I will go with Husna apa to support other mothers like me to {ensure the good} survival of their children.”*

## Indonesia

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

### Accomplishments

- Coverage Prima Bina’s primary accomplishments have centered on 1) ensuring coverage for community level volunteer counselors designated as junior counselors or “baby feeding friends;” 2) providing supportive supervision and mentoring to counselors and MtMSG facilitators, and; 3) working closely with UNICEF and the Ministry of Health on IYCF and rMN objectives. UNICEF and the MOH are actively seeking out CARE to



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

support the roll out of capacity building exercises for counselors at the district and national levels.

- World Breastfeeding Week At a national level, Prima Bina supported the establishment of Ikatan Konselor Menyusui Indonesia (IKMI- Indonesia Breastfeeding Counselor Association) and the National Counselor Meeting 2011. The objective of IKMI is to help manage the counselors and encourage their growth and competencies through capacity strengthening.

### ***Capacity Strengthening***

- IYCF counseling The outcomes of the midterm evaluation conducted at the end of 2010 indicated that the community was more responsive to counseling activities than mother-to-mother support groups (MtMSGs). Hence, Prima Bina shifted its capacity building focus to increasing the coverage of counselors using *CARE Infant and Young Child Feeding: Community Focused Approaches Curriculum*. Prima Bina met its training targets with a total of 17 trainers and 143 counselors trained, and small group mentoring of counselors has started. This year, 41 mentoring meetings were held between Prima Bina staff and the counselors, and individual mentoring of counselors occurred 101 times.
- Mother-to-mother support groups (MtMSGs) Although the programming focus was primarily on counseling, Prima Bina continued to train some MtMSG facilitators. In total, four trainers and nine MtMSG facilitators were trained in the first quarter of this year. Although not occurring as frequently, small group mentoring of MtMSG facilitators took place 14 times the last two quarters of the year, and 48 individual facilitator mentoring sessions were held.
- Training on qualitative research methodology and Lot Quality Assurance Sampling The Prima Bina staff worked with external consultants during the mid-term review and final evaluation to continue to build their focus group discussion skills and their understanding of Lot Quality Assurance Sampling. As a side note, midterm data indicate trends of positive improvement in terms of timely initiation of breastfeeding, exclusive breastfeeding, minimum dietary diversity, minimum meal frequency, and minimum adequate diet.

### ***Lessons Learned***

- Moderators who are new to qualitative data collection can find that hearing all points of view and keeping the discussion on track can be especially challenging. Like many health and development workers, Prima Bina staff have more experience with conducting surveys than facilitating focus group discussions. Thus, many have found it difficult at first to replace the structure of a quantitative interview with the flexibility that qualitative data demands: asking open-ended questions, probing answers, and following the participant's lead while keeping the discussion focused on the research topic. We have learned that in training Window staff in qualitative methodologies, practice is critical. Good moderation skills take time to develop, and the only way to learn them is through practice.

### ***Challenges***

Key challenges that the Prima Bina team faced this year include:

- Providing ongoing support to community volunteers as a means of skill building is a new concept to staff. Therefore, it has taken some time for staff to become more confident with the fact that the skills and knowledge required to counsel and facilitate MtMSGs is an ongoing process that does not end with the initial training.
- Continuing issues exist around literacy and the amount of information that participants in trainings can realistically understand. Mentoring has demonstrated an ability of counselors

and MtMSG facilitators to improve their skills, but it is a learning process to balance the content of mentoring sessions and capacity building exercises.

- Getting counselors to listen, learn, and provide small, doable actions is a challenge. Many are still inclined to provide education to families rather than work with them on solving problems.
- Kaders (community health workers) trained by Prima Bina to be counselors are resistant to new ideas and concepts due to social norms and their uncertainty about new practices. Given this, more time is needed to conduct trainings so that participants have the chance to digest the information being shared.

### *Next Steps*

Prima Bina will close its programming in December 2011 and is currently undergoing the final evaluation. Next steps include:

- A regional stakeholders meeting representing staff and key partners will be held in Jakarta, Indonesia from January 24th to 28th, 2012. The meeting will be co-sponsored with the Ministry of Health, UNICEF, PLAN, Mercy Corps, Save the Children, and World Vision International. The meeting will bring implementers together to share best practices and lessons learned in order to identify and inform practical programming ideas for infant, young child, and maternal feeding programs in Indonesia.
- Three Prima Bina staff will be retained until March 31, 2012 to support the dissemination of Prima Bina program activities and results following the standardized Window of Opportunity strategy. CARE Indonesia is already working to leverage the successes of Prima Bina through work with USAID in Papua.

### *Story from the field:*

In 2007, Guido Rudolfo “Rudi” Fallo was a single man living in West Timor, Indonesia. A music teacher at a local junior high school, he decided to participate in CARE’s World Breastfeeding Week (WBW) celebration by joining one of the events - a vocal group competition. He joined a group and played guitar while the female singers sang a song about breastfeeding. From the vocal group competition, he learned about the practices of early initiation of breastfeeding and exclusive breastfeeding for the first six months of a child’s life.



*Arvin and Rudi*



*Rudi and Udis singing about exclusive breastfeeding during WBW 2010*

Since that day, Rudi made a commitment that if he ever married and had a child, he would seek to follow these practices of early initiation and exclusive breastfeeding. He wanted to see proof that breastmilk benefited the child. So when he did marry a few years later, he and his wife Udis, committed to exclusively breastfeeding their child Arvin, who was born in February of 2010.

During WBW 2010, Prima Bina invited Rudi's family to participate in the celebration. Arvin was seven months old at the time and weighed a healthy 8.9 kilograms (19.6 pounds). The family was asked to share their experience

with the community around their decisions and practices in feeding Arvin. Udis, Arvin's mother, was shy, but Rudi looked so proud of his child. The Prima Bina team was so impressed with Rudi's story that they asked him to sing the song he had heard about breastfeeding. He was very enthusiastic to sing it and invited the community to sing with him.

This year during WBW 2011, Rudi joined the quiz competition representing the Posyandu, a community health post, in his village and led his team to 1st place with his superior knowledge about IYCF.

## Nicaragua

The Window of Opportunity program in Nicaragua, known as *Ventana de Oportunidad*, launched in 2008 and will be closing in December 2011. Window activities take place in the districts of Matagalpa and Jinotega.

### Accomplishments:

- Coverage Community volunteers and mother facilitators have remained active in conducting counseling sessions and mother-to-mother support groups in all 40 communities in the project intervention area (districts of El Cua, Bocay, Rancho Grande and Waslala).
- Integration into Ministry of Health national strategies One of the key elements of quality program improvement is the better integration of Ventana activities with MOH national strategies. Currently, mother-to-mother support groups are conducted as part of the monthly community growth promotion sessions. As a result, the number of mothers participating in MtMSGs has increased significantly. Additionally, peer counseling activities conducted by MOH community health volunteers are now linked to PROCOSAN in approximately half of the communities, the national community-based health and nutrition program.
- Formative research Formative research was conducted to identify factors affecting mothers' engagement in MtMSGs. Using the research findings, Ventana staff made changes to its strategy to improve MtMSG implementation and encourage participation. These changes led to increased participation by mothers in these groups.
- Entertainment-Education The Ventana team developed a six-episode series of eight-minute audio dramas known locally as *novellas*. The series follows a young married couple from pregnancy through their child's second birthday and includes messages related to infant and young child feeding and related maternal nutrition. These novellas aired in all Ventana intervention areas. Audience research indicates the novellas have been well received.
- Supportive Supervision and Monitoring CARE staff has been providing supportive supervision to counselors and mother facilitators in conjunction with ongoing monitoring of their performance during their sessions. As a result of the supervision and monitoring process, the quality of the activities has improved and population engagement has



Nutritional status for Children under 2-years old in the Window program area in Nicaragua\*

< 2 Underweight 7.5 %  
 < 2 Stunting 19.8%  
 < 2 Wasting 2.3%

\*Window baseline data was collected using WHO indicators

increased substantially.

- World Breastfeeding Week CARE Nicaragua staff, in collaboration with the Ministry of Health, promoted and participated in World Breastfeeding Week at the district, regional, and national levels. Activities targeted mothers, students, teachers, health professionals, and the community. Example activities include the distribution of materials containing key breastfeeding messages at the National Breastfeeding Fair in Managua and participation in educational fairs in schools (reaching nearly 1,400 students), in maternity houses, and at the *Hospital de Matagalpa* in Matagalpa, Window's main intervention region.

#### ***Capacity Strengthening:***

- Mother-to-mother support groups (MtMSGs) This year, Nicaragua has worked to maintain active MtMSGs and has focused on providing supportive supervision to these groups in order to improve the quality of the groups and encourage community engagement. At present, Nicaragua has 67 active mother facilitators who, by working in pairs, have established and maintained 33 MtMSGs. The groups meet on a monthly basis.
- IYCF counseling Currently there are 106 community health workers in 40 target communities conducting regular IYCF counseling sessions. This year, counselors are conducting an average total of 370 sessions monthly. This surpasses last year's projection of conducting 130 sessions a month. Ventana staff provide support and coaching to the IYCF counselors on a routine basis.

#### ***Lessons Learned:***

- Improving nutrition to scale requires the active and sustained engagement of the Ministry of Health and private sector. It is important for CARE to continue its efforts of uniting the government, civil society and private sectors to tackle problems of IYCF and rMN. CARE Nicaragua will continue to seek new pathways for constructive engagement and problem solving with an understanding that it will require patience and trust building.

#### ***Challenges:***

- Achieving good population engagement is very difficult in a context where other NGOs and agencies are implementing strategies based on offering material incentives (food, seeds, small animals, agriculture tools). This creates an environment where CARE must compete for mothers' time and participation. CARE has actively sought to make its activities more engaging (including role playing games, socio-drama, communal contests) as a strategy to keep and increase the participation of the mothers, but the challenge still remains.
- The rainy season and geographical dispersion are common and frequent problems in the intervention area. As a result, there are periods when many activities become less feasible. During these times, Ventana uses mass media to reach many people quickly with high quality information.

#### ***Next Steps:***

*Ventana de Oportunidad* is scheduled to close its programming in December 2011. Its final steps include the following:

- Data collection for the final evaluation began in November of this year. The evaluation will focus on four key areas: a) assessment of the program design; b) assessment of activities; c) changes in IYCF and other relevant indicators; d) lessons learned for future programming. It is anticipated that the final report will be available in February 2012.
- A documentation plan will be implemented in the first quarter of 2012.

- Results from the program’s final evaluation will be disseminated at the district, regional, and national level in March 2012.

**Story from the field:**

Vilma Velasquez is a 20 -year- old mother of two. Following the birth of her first child, Vilma was invited to participate in the mother-to-mother support group meetings, but she did not accept. Eventually, Vilma became pregnant with her second child and was invited once more but again chose not to participate.

When Vilma went into labor she was at home and began to have complications. She needed emergency attention and found assistance from community health volunteers working with the Vantana de Oportunidad project. The volunteer was able to get her to the nearest health facility where she later gave birth to a baby boy. After the experience, Vilma joined the mother-to-mother support group in her community. Her child is now five months old, healthy, and growing well. Vilma is exclusively breastfeeding her son and will begin introducing complementary foods when he reaches six months of age. She talks about the importance of giving birth in a health center and participating in group meetings where she believes women learn a lot. She highly values the work of the community health volunteers and will continue to participate in mother-to-mother support group meetings so that she can share her experiences with other mothers.



*Vilma Velasquez participating in a mother-to-mother support group*

**Peru**

The Window of Opportunity program in Peru, known as *Ventana de Oportunidad*, launched in March 2010. Ventana activities take place in the two regions of Ayacucho and Apurimac.

**Accomplishments:**

- Integration into Ministry of Health Strategies  
In coordination with the MOH central office, UNICEF, and the Instituto de Investigacion Nutricional (IIN), CARE Peru worked to improve the MOH counseling strategy that is currently being tested in Window’s intervention areas of Apurimac and Ayacucho. Using the insights gained from ongoing monitoring of its counseling programming, Ventana will continue to provide feedback to the MOH on ways to further improve its national counseling strategy.
- Cooking demonstrations CARE is collaborating with the MOH to train community volunteers to facilitate cooking demonstrations at the community level as part of the Cooking Demonstration Session (CDS) National Strategy. Currently, the Ventana team is working with UNICEF and MOH’s Central Office to improve the CDS National



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)

Strategy by providing feedback on ways to adapt the strategy so that it is more contextualized and appropriate for diverse regional and local contexts.

- CARE is working with the MOH to implement monthly community growth promotion sessions in all of the communities within the Ventana intervention area. In coordination with the MOH, CARE trained community volunteers to conduct these growth promotion sessions as part of the national strategy to reduce stunting.
- Formative research This year, CARE Peru hosted two graduate students from Emory and conducted two rounds of formative research: one that aimed to identify the enhancers and barriers to MtMSG implementation and one that aimed to identify incentives and disincentives for health workers in achieving effective delivery of child and maternal health services. All results were shared with the regional MOH offices in Apurimac and Ayacucho and other key regional partners including UNICEF and other local NGOs.
- World Breastfeeding Week CARE Peru continued its active participation in World Breastfeeding Week this year both at the regional and national level. A mass media campaign and community level activities were supported and co-financed by CARE, MOH, and other key partners including UNICEF and other local NGOs. Additionally, CARE and the Multisectoral Committee for the Protection of Breastfeeding in Peru held technical meetings to review the current regulations on breastfeeding.

#### ***Capacity strengthening:***

- Mother-to-mother support groups (MtMSGs) This year, Ventana is piloting MtMSGs in 16 communities within the intervention area. Ventana staff trained 16 mother facilitators to cover this region. Facilitators are working in pairs to conduct an average of eight groups a month.
- IYCF counseling The MOH regional offices in Apurimac and Ayacucho in collaboration with Ventana staff trained 184 rural health workers and community volunteers as IYCF counselors. These IYCF counselors are conducting on average a collective 946 individual counseling sessions per month. Counseling activities are being implemented in all 103 communities in Ventana's intervention area.
- Cooking demonstration sessions In alignment with Peru's national strategy to implement Cooking Demonstration Sessions (CDS), Ventana staff trained 67 community volunteers in the intervention areas to facilitate the demonstrations.

#### ***Lessons Learned:***

- Unlike many health and development projects in Peru, Ventana is not providing material incentives to the projects participants. Instead, CARE Peru has explored ways to provide non-financial motives for behavior that rely on perceptions of non-economic gain or loss (e.g., ones that trigger a positive or negative emotional state). What Ventana staff have discovered is that not only are the interventions cheaper, but they also reflect the psychosocial mechanism underlying the financial incentives (i.e, gaining something from participation).

#### ***Challenges:***

- Maintaining effective coordination with all the key partners at local, regional, and national levels was challenging especially in the middle of the national presidential elections. Additionally, after the presidential election, there were changes in the authorities in the MOH and other sectors. Fortunately, the strong relationship and reputation of CARE staff with the different levels of the government has helped to reduce the impact of this transition process.

**Next Steps:**

- Share results from the MtMSG research with the MOH and other key partners.
- Continue working with the MOH to improve the National Counseling Strategy based on the experience gained during program implementation at the regional and community level. This work is aligned with Window's advocacy strategy in Peru.
- Conduct the final evaluation which is planned to begin the third quarter of 2012.
- Create and implement a plan to document, disseminate, and share (with MOH and key partners) experiences, impact results, and lessons learned from the program.

**Story from the Field:**

Tutaya Aurelia Flores lives in Tambobamba, a community where the Ventana de Oportunidad project is working. In her area, one in ten children under the age of three is chronically malnourished. Tutaya is a 32-year-old mother of three children: nine-year-old Yendi, three-year-old Estefany, and seven-month-old Juan Carlos. The father of her first daughter abandoned her, leaving Tutaya to care her first child alone.

*Tutaya says I didn't know how to feed my baby, what foods to offer her. Another difficulty was that I did not have sufficient money to buy food and get medical care. My daughter got sick several times ... Currently Yendi is a bit withdrawn, has difficulties studying, and I'm worried.*



**Aurelia and Juan Carlos**

*should wash our hands and other things. When I return to my home I prepare food for my children just as they taught me. We are grateful to the health service provider at the post and CARE, which have been supportive of us. Thanks to them I think we are changing.*

Tutaya sees a difference in her two younger sons, Estefany and Juan Carlos, who both had regular visits to the local health post for checkups. Of the boys, she says, *Estefany and Juan Carlos...are very active and have a good size and weight. I take them punctually for their check-ups at the Ccechcca Health Post. The health service providers compliment me every time I take them. They say, "Tutaya. you are caring for them and feeding them very well."*

Tutaya's husband shares the duties of caring and feeding their children so that she can attend meetings organized by Ventana in her community.

*I attend meetings and conversations conducted by the post and the Ventana de Oportunidad project. I like to go to these meetings because they teach us to prepare meals for children, and give us guidance on how to feed them. Additionally, they teach us how we*

Story prepared by Lourdes Callañaupa, Ventana de Oportunidad-Ayacucho.

## Sierra Leone

CARE's Window of Opportunity program began in Sierra Leone in 2009. Window activities take place in the two districts of Tonkolili and Koinadugu.

### Accomplishments:

- Celebrating World Breastfeeding Week This year, World Breastfeeding Week was commemorated in collaboration with the district health management staff and local council representatives across the two Window operational districts with a total of 1,140 participants. Activities were conducted at the district and chiefdom levels.
  - At the district level, two radio panel discussions on breastfeeding were aired in collaboration with the council and the district health management team.
  - At the chiefdom level, members of mother-to-mother support groups participated in parades in chiefdom headquarter towns, and MtMSG members organized quiz competitions on IYCF related questions, and wining parties were awarded prizes by local health unit staff and chiefdom authorities. Additionally, skits on barriers to breastfeeding and community perceptions and beliefs about breastfeeding were presented by MtMSG facilitators. Further, advocacy meetings in support of breastfeeding were conducted during which chiefdom authorities, CARE staff, Ministry of Health staff, Local Council representatives, partner NGO representatives, and mother facilitators pledged their support for breastfeeding.
- Health coordination among NGOs Window staff attended three health coordination meetings during the reporting period. Key issues included the mapping of operational communities for all NGOs implementing health programs in the Tonkolili district and subsequent submission of 2011 work plans to the District Health Management Team in order to ensure that implementing agencies are held accountable for their activities within the districts.
- National nutrition and food security meeting Window staff attended a nutrition and food security technical meeting at the national level along with over 70 technical staff from the government, UN, other NGOs, and academic institutions. The meeting discussed the need to enhance the understanding of the various causes of malnutrition and the critical linkages among relevant stakeholders at all levels in order to improve effectiveness, coverage, and sustainability of nutrition and food security interventions in Sierra Leone. It also highlighted the need to prioritize key cross-cutting issues such as gender and HIV/AIDS.
- Coordination with the SNAP program At the national level, several meetings were held with the ACDI/VOCA's Sustainable Nutrition and Agriculture Promotion (SNAP) project to map out an integrated strategy for community level nutrition activity implementation. During the discussions, it was agreed that both SNAP and CARE will continue programming as planned in their operational communities but that an integrated approach should be used in the five chiefdoms where the two organizations overlap so that any



Nutritional Status for Children under 2-years old in Sierra Leone in the Window program area\*

< 2 Underweight	34.9%
< 2 Stunting	22.8%
< 2 Wasting	13.2%

\*Window baseline data collected using WHO indicators

discord between CARE and SNAP volunteers (i.e. mother facilitators/counselors) regarding food distribution and other incentives offered by SNAP will be minimized.

At district level, three similar meetings were held to harmonize the nutrition interventions of the two organizations at the field level, in which key issues agreed upon included:

- Teamwork at all levels
- Information sharing between the two organizations at all levels
- Rotational monthly meetings to be held between SNAP and CARE to discuss challenges.

Additionally, Window staff attended a technical nutrition meeting at the national level to discuss a country wide mapping exercise that would allow partners and organizations to have a better understanding of the each others' work on the ground.

### ***Capacity strengthening:***

- **Mother-to-mother support groups (MtMSGs)** This year, the team in Sierra Leone greatly expanded its MtMSG coverage. A total of 253 additional mother facilitators underwent training, cumulating to a total of 289 mother facilitators (reaching 100% of the program's target). The MtMSG facilitators' activities include more than just facilitating meetings. For instance, a total of 227 mother facilitators (69 in Tonkolili and 158 in Koinadugu) across the 12 chiefdoms came together in groups to create a network of mother facilitators who could share their experiences and create strategies to overcome commonly faced challenges. Lastly, 164 mother facilitators attended four district level meetings facilitated by Ministry of Health and Window staff.
- **IYCF counseling** Additionally, this year 85 mother facilitators were trained as community IYCF counselors.
- **Monitoring and Evaluation** Earlier in the year, a two-day orientation session on how to interpret and use Lot Quality Assurance Sampling (LQAS) results was conducted for the Window team and monitoring and evaluation (M&E) staff. Outcomes of the orientation session included:
  - Participatory analysis of the LQAS result and MtMSG facilitators' monthly performance monitoring data.
  - Update of tools for monitoring MtMSG facilitator's performance on a monthly basis to ensure quality assurance.
  - Further review of the Year 3 work plan with the team focusing on improving indicators that were below the LQAS threshold.
  - Update of the project M&E log frame to highlight key indicators
- **Social and Behavior Change Communication (SBCC)** In May, the Window team received technical assistance from Lenette Golding, Communications Advisor from HQ, to develop information, education, and communication materials. Key SBCC outputs are listed below:
  - Two short scripts which focused on complementary feeding (minimum meal frequency and minimum dietary diversity) were developed to use in skits and/ or as an audio dramas. The scripts were recorded and are airing on three radio stations within the intervention areas on a monthly basis.
  - A total of 2,000 image-based brochures on complementary feeding were developed for distribution at all project contact points including MtMSGs, growth promotion sessions, community health clubs, pregnant women support group sessions, and birth waiting homes.

### ***Challenges:***

- During the reporting period, program staff found it very challenging to get mother facilitators to conduct regular sessions. Some of the facilitators migrated to other areas in

search of employment, generally dictated by their spouses. However, those mother facilitators were replaced by others in the community and were trained.

- Another major challenge encountered during the reporting period was the frequent transfer and movement of both Window and District Health Management Team (DHMT) staff in both districts. This to a certain extent disrupted the smooth implementation of activities. CARE has acted swiftly to hire replacement staff and train them.

***Lessons Learned:***

- Periodic district and chiefdom level meetings on the mother-to-mother support groups indicates that the intensive training of the mother facilitators has led to increased solidarity and self-efficacy, clarity of roles and responsibilities, collective decision making, and sharing of tasks among the facilitators.

***Next Steps:***

- Conduct refresher course for mother facilitators
- Conduct survey on perceptions of the radio series
- Conduct final evaluation and disseminate results

***Story from the field:***

Fanta Bangura is 17 years old and grew up in Yiben, a rural community in the Koinadugu district. Early in her marriage, she moved to Freetown with her husband and shortly after became pregnant with their first child. Unfortunately, like so many children under five in Sierra Leone, Fanta’s first son Foday, died. Fanta explains, “*I introduced the child to water and bottle feeding from the time he was a week old. I know now that this is the wrong practice.*”



***Fanta (left) sharing food with other mother facilitators.***

Fanta and her husband then returned to the Koinadugu district. Soon after a CARE staff member in her community established a community health club (CHC).

Fanta became interested and decided to join the group. Based on her participation and commitment to her community, she was selected by the group to be the CHC secretary and then a short time later selected to be trained as one of the community growth promotion volunteers by CARE.

Fanta has learned a lot from her time working with CARE and from her participation in CARE’s health clubs and support groups. When her time came to give birth to her second child, she had her mother-in-law and the traditional birth attendant take her to the birth waiting home – an initiative started by CARE that has since been adopted by the Window program. At the birth waiting home, Fanta participated in daily health education sessions, which were focused on early initiation of breastfeeding, exclusive breastfeeding, and timely complementary feeding.



***Fanta leading a drama session***

After two weeks of waiting, Fanta delivered a healthy baby girl at the peripheral health unit

(PHU). Fanta immediately put into practice what she had learned.

*“I placed my child on the breast within 30 minutes of delivery and started practicing exclusive breastfeeding. Now I am a proud mother with a healthy growing child,”* she said.

Fanta later seized another opportunity to be trained as a mother-to-mother support group facilitator in Yiben. When asked why she decided to be trained as a mother facilitator, she said:

*I wanted to contribute to the development process of my community and ensure community cohesion. People like me have gained so much knowledge from the mother-to-mother support group, the community health club and the pregnant women’s support group sessions. I have a role to play in the lives of other women in this community.*

Fanta has expressed her gratitude for CARE for contributing to the health and survival of her child.

## **DIETARY DIVERSITY GRANTS**

Steep increases in global food prices in conjunction with the current fiscal crisis have further threatened global food production and subsequent nutrition security. As a result, the Window of Opportunity team decided to investigate the relationship between homestead food production and nutrition education/behavior-change activities as a strategy for the integration of agriculture, food security, and nutrition within the CARE International Food Security Strategy. The aim of Window of Opportunity Dietary Diversity Grants is to invest in improved dietary diversity to contribute to reducing malnutrition. In June 2011, a request for proposals was sent to CARE sub-Saharan country offices with long-term food security programs to submit proposals for short-term funding that would enhance and reinforce nutrition activities within their food security programming. After a careful review of proposals, Malawi, Liberia, and Ghana were selected to receive these grants. Because the quality, quantity, and diversity of food consumption play a major role in determining nutritional status and are, thus, a direct link between agriculture and nutrition, all three projects seek to answer the question: *If women increase their production of nutrient rich foods will they consume them?* Quantitative and qualitative evaluations will be standardized across the three programs, part of which will be the exploration of social norms and behaviors that impede women in both production and consumption of nutrient rich foods.

The description of these 18 month projects are given below:

### ***Malawi***

The Opportunities for Nutrition Enhancement (ONE) initiative focuses on the high Vitamin A deficiency prevalence for chronically food insecure women of reproductive age from vulnerable rural smallholder households. Vitamin A rich foods such as dark green and yellow leafy vegetables, high nutrient wild vegetables, and yellow fleshed sweet potatoes will be promoted through backyard/homestead gardens and small-scale irrigation. To do this, the project will facilitate access to quality seeds and planting materials for the above crops, and will facilitate access to quality extension on appropriate production and management practices by the impact group.

Using existing 150 village savings and loans groups as an entry point, the project will promote health and nutrition messages, including use of cooking demonstrations as a means to transfer and share food preparation and recipes information to mothers and caregivers on Vitamin A rich foods. The impact group will be trained on appropriate preparation, preservation, utilization, and storage of the Vitamin A rich foods.

### ***Ghana***

The Nutrition Outcomes for Women (NOW) initiative focuses on chronically insecure women of reproductive age residing in four communities in the Northern region where CARE Ghana has active food security village savings and loan programming. This initiative will lead to greater availability, access, and consumption of iron-rich foods by chronically food insecure women of reproductive age from small holder households in four communities in rural Northern Ghana. Members of village savings and loans groups in these communities will participate in demonstration seedling nurseries after which they will receive a package of guinea fowl hens and keets as well as a selection of iron-rich vegetables for their own production. NOW will work with community health volunteers from the Ghana Health Service to develop and implement a social and behavior change strategy on consuming iron-rich foods to meet the nutritional needs of women to combat anaemia (60 percent of women of reproductive age in Ghana suffer from anaemia).

### ***Liberia***

The Building Linkages between Nutrition and Urban Agriculture (BLINK) initiative in Monrovia, Liberia will work with urban village and savings and loan members to improve their intake of Vitamin A and iron-rich foods through household gardens and small animal production. The impact population will be food insecure women of reproductive age living in the urban context. Production of nutrient dense foods will be supported through CARE Liberia's long-term food security program. BLINK will train nutrition promoters who will implement a social and behavior change strategy with the village savings and loan members to increase their awareness of production, preparation, and consumption of nutrient dense foods.

## **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 integrate nutrition programming throughout CARE, not only in health, but within CARE USA's priority areas. This year, the food security focus has been on socializing the CI Food Security strategy with CI members, Regional Management Units, and country offices. Through this work, nutrition has become an integral part of CARE's food security, climate change, social protection, and gender work. One example of this integration is the Window dietary diversity projects in Malawi, Liberia, and Ghana, which are discussed fully in the previous section. These country offices are building nutrition capacity by training agriculture staff in nutrition and hiring local nutrition professionals. The Window team has contributed extensively to the development of proposals under Feed the Future, the US government's major food security initiative, assuring that nutrition programming for pregnant and lactating women, infants, and children under two is appropriately reflected in the implementation. CARE has won proposals with nutrition components in Bangladesh, Ethiopia, and Uganda, with additional proposals submitted for Zambia and Uganda.

### ***Maternal Health***

Maternal health is at the forefront of the Window of Opportunity dietary diversity grants. These projects are being implemented as part of each CARE office's long-term food security programs. All three countries receiving these grants are focusing on vulnerable women of reproductive age as their impact population. These grants will support production of micronutrient rich foods to

improve women’s consumption of these foods in order to mitigate micronutrient deficiencies. In Malawi the Opportunities for Nutrition Enhancement (ONE) will work in collaboration with the WE-RISE project funded by CARE Australia and the Maternal Mortality Alliance for Implementation Science.

### ***Early Childhood Development***

In partnership with Save the Children, the Consultative Group on Early Childhood Care and Development, and other key partners (e.g., CDC, UNICEF, Child Fund, US Government, etc), CARE is developing the Early Childhood Development (ECD) “Essential Package” for orphans and vulnerable children (OVC) in an HIV/AIDS context (the package is HIV sensitive but also 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 global expertise focuses on children from age three until the beginning of primary school, we are working to develop models and expand our expertise prenatally and among children who are younger than three. The model focuses on integrated and developmentally appropriate care, also including the areas of nutrition, health, stimulation/positive interaction/opportunities for learning, child rights and protection, and economic strengthening. In nutrition, we focus on strategies for promoting and enabling 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.

### ***Emergency and Humanitarian Assistance***

Window staff continue to provide support to CARE’s emergency response work. In August, the nutrition team coordinated the deployment of a nutrition specialist to Ethiopia to support CARE’s response to the food crisis in the Horn of Africa. The specialist provided support in reviewing the country office nutrition interventions, evaluating compliance with minimum standards and protocols, identifying key capacity building needs, and feeding back into the CO’s long-term strategy to integrate emergency response and nutrition programming. Additionally, the nutrition team has provided talking points on IYCF in emergencies for CARE press releases and contributed content to the CARE Emergency Toolkit. The nutrition team is also working to add qualified nutrition specialists to CARE’s global roster for emergency deployment (the RED) to help facilitate quicker deployments in times of need.

The IYCF-Emergencies work begun in Kenya’s Dadaab camps continues (being taken forward by UNHCR, with assistance from UNICEF and ACF International). It forms a critical part of the Nutrition Sector response to the current emergency. CARE has contributed to the development of IYCF training materials that are now being widely used and also to the development of the IASC Global Nutrition Cluster (GNC) Harmonized Training Package.

## **EXTERNAL INTERAGENCY COLLABORATIONS**

### ***Bangladesh***

Akhoni Shomay has established a number of relationships with key stakeholders both nationally and globally. National stakeholders include: the Ministry of Health and Family Welfare from community to national level, Institute of Public Health and Nutrition, and Alive and Thrive. Global stakeholders include: GAIN, PATH, Emory University, the Centers for Disease Control and Prevention (CDC), and the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B).

### ***Indonesia***

For the last year, Prima Bina has been working closely with Ministry of Health at the district, provincial, and national levels, UNICEF, Sentra Laktasi, PLAN, Save the Children, and World Vision International to inform the national strategy for IYCF programming in Indonesia.

### ***Nicaragua***

Nicaraguan staff have been working closely with Ministry of Health at the district and regional levels to support the implementation of the nutritional national program called PROCOSAN (Programa Comunitaria de Salud y Nutrición). Additionally, Nicaragua staff have been participating actively in technical meetings related to community nutrition organized by NICASALUD, which is the biggest NGO consortium in Nicaragua focusing on health.

### ***Peru***

Working closely with the Government is part of Peru's Window strategy to ensure the sustainability of Ventana de Oportunidad activities and achieve better results related to program advocacy. In line with this approach, Peruvian staff have been working closely with the Ministry of Health and the Ministry of Development and Social Inclusion at national and regional levels to improve the design and support the implementation of the national policy to reduce infant malnutrition (anemia and stunting reduction). The United Nation agencies, especially PAHO/WHO and UNICEF, are close partners of CARE in these activities. Additionally, Ventana de Oportunidad staff have been actively participating in meetings led by Roundtable for Poverty Reduction at regional and district levels to ensure that programming to reduce malnutrition remains a priority in the regional and district government agendas. Other advocating NGOs working in collaboration with CARE include PRIMSA, Action Against Hunger, Future Generations, ADRA, and CARITAS, amongst others.

### ***Sierra Leone***

The Sierra Leone Window team works closely with the Ministry of Health and in coordination with ACDI/VOCA's SNAP program whose intervention areas overlap with the Window program in five chiefdoms.

### ***IYCN***

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. More than 150 participants joined the Infant & Young Child Nutrition (IYCN) Project at PATH on July 19, 2011 for a half-day meeting on community programming to prevent malnutrition during the first 1,000 days of life. Speakers from five countries and the project's partners shared challenges, experiences, and future directions for community nutrition interventions during a lively discussion moderated by Denise Lionetti, the IYCN Project Director. Lenette Golding, Communications Advisor for Window, shared experiences from CARE's efforts to train mother-to-mother support group facilitators.

### ***Global Nutrition Cluster***

CARE USA Window staff are active participants in the Global Nutrition Cluster. Window contributed to the second version of the Harmonized Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP). The HTP is a comprehensive documentation of the latest technical aspects of Nutrition in Emergencies (NiE). Numerous experts from many different organizations have been involved in writing the content of the HTP. Window was a contributor to the development and review of Module 17: Infant and Young Child Feeding in Emergencies (visit [www.unscn.org](http://www.unscn.org) for more information or to download).

### ***CORE Group***

The CORE Group is a network of more than 50 member organizations that come together to work toward its vision of building a world of healthy communities, where no mother or child dies of preventable causes. CORE Group member organizations and partners benefit from collaborative efforts to learn and expand community-focused public health practices for underserved populations. Window team members are active participants in the CORE Group. The Window team was represented at both the Spring and Fall meetings this past year (the latter aptly titled "Windows of Opportunity for Health & Well-being") and serve as contributing members in CORE Group working groups. In 2010-2011, Bethann Witcher Cottrell served as acting director of the Nutrition Working Group.

## **RESEARCH**

### ***Bangladesh Cohort Study***

The cohort study in Bangladesh is designed to understand the intentions of mothers with regards to Infant and Young Child Feeding (IYCF) and Micronutrient Powder (MNP) practices over a period of the first two years of a child's life. Questions related to maternal depression and social capital have been included to determine how they impact mothers' decision making and follow through of feeding practices. The study will follow three cohorts of 800 mothers and their infants starting from the seventh month of pregnancy and again at three and nine months postpartum. An additional follow up of the first cohort will take place at 16 months, and a final "blitz" of all children enrolled will take place toward the end of the study period. Each cohort includes 400 women from the *Akhoni Shomay* intervention area of Karimganj and 400 women from the non-intervention area of Katiadi. Evidence and data generated from this study will help inform CARE Bangladesh's programmatic intervention practices and be shared broadly for the benefit of future programs. This year, the Centers for Disease Control and Prevention (CDC) was added to the study team of CARE, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and Emory University.

To date, recruitment for Cohorts 1 and 2, in which data is collected during women's seventh month of pregnancy, has been completed. Analysis of Cohort 1, the initial data collection stage, indicates that 82.0 percent of mothers expressed the intent to exclusively breastfeed their child. Out of this, 55.1 percent are in a CARE intervention area, and 44.9 percent are in a non-intervention area. Analysis also suggests that maternal attitudes, self-efficacy, and knowledge significantly influence a mother's intent to exclusively breastfeed. Cohort 1's three month follow-up analysis is in progress, and Cohort 2's data at the seven months pregnant stage has also been collected.

### ***Global Impact Evaluation***

The Window of Opportunity program is implementing a robust and thorough impact evaluation process that will allow CARE to capture evidence of program effectiveness and lessons learned for future programming.

The global impact evaluation design for Window has been expanded to include collaboration with the Instituto de Investigación Nutricional (IIN), an international research center based in Peru. IIN is supporting CARE USA in creating a global design for an overall impact evaluation across all Window countries as well as supervise the quality of the individual, country-level final evaluations.

As part of the Window of Opportunity global impact evaluation plan, Indonesia's Prima Bina program and Nicaragua's Ventana de Oportunidad program have begun their evaluations. It is anticipated that both final evaluations will finish in the first quarter of 2012.

### ***CARE/Emory Internships***

During the summer, four graduate students from Emory's Rollins School of Public Health travelled to Indonesia, Peru, and Sierra Leone to conduct research on behalf of the Window project.

Following is a description of their research projects.

#### *“Facilitators and barriers to implementing mother-to-mother support groups to improve breastfeeding and complementary feeding practices in Indonesia, the Peruvian highlands and Sierra Leone”*

The objective of the operational research in Indonesia and Sierra Leone was to assess the key behavioral determinants of participation in MtMSGs and the enhancers of organizing, fostering, and sustaining mother-to-mother support groups. In Peru, the interns did similar formative research prior to Window initiating MtMSGs in the districts of Apurimac and Ayacucho. Preliminary results indicate that having a skilled facilitator who is both knowledgeable about IYCF with good interpersonal communication and critical thinking skills are key to a group's success.

#### *“Deconstructing Adherence: Understanding women's perceptions of iron and folic acid supplements and promoting alternative solutions for maternal anemia in Ayacucho, Peru”*

An Emory student in Ayacucho also conducted research on maternal iron and folic acid supplements while in Peru. Unfortunately, despite a governmental program that distributes iron and folic acid (IFA) supplements for free to women during pregnancy, adherence to the prescribed regimen has stayed at disappointing levels and has stagnated progress toward reducing maternal anemia. This study aimed at deconstructing the biomedical approach to adherence and examined alternative solutions to decrease maternal anemia. Twenty-two in-depth interviews were conducted with women from 16 weeks gestation to two months post-partum in urban, semi-urban, and rural communities. Additionally, nine key participant interviews took place with obstetricians and directors of maternal health programs at the hospital and district levels. Preliminary results indicate that women who had a negative experience with IFA during a previous pregnancy are unwilling to try the supplements again. In light of this, effective counseling during a woman's first ANC visit is crucial for ensuring optimal adherence during her first and subsequent pregnancies.

The students have submitted various abstracts to a variety of conferences including the 2012 Breastfeeding Symposium, American Society for Nutrition (ASN), the Eighth International Congress of Qualitative Inquiry, and the Social Marketing Advances in Research and Theory (SMART) Conference. They also plan to submit journal articles for publication next year.

### **FINANCIAL STATEMENT**

The Window of Opportunity program is helping mothers and their children live healthier lives. The table below outlines the 2011 actual, projected and contracted expenses as allocated in support of the activities mentioned in this report. A more detailed, cumulative financial statement is included in Annex I.

<i>Item</i>	<b>2011 Amount</b>
Personnel	\$568,242
Professional Services	\$337,922
Equipment	-\$273
Materials, Services and Consumables	\$10,032
Travel and Transportation	\$212,277
Occupancy	\$13,070
Financing/Depreciation/Miscellaneous	\$6,950
Grants/Subgrants/Seed Capital	\$679,310
Country Office Allocations	\$1,567,159
CARE Technical and Administrative support (9% of gift total)	\$231,779
<b>Total</b>	<b>\$3,626,468</b>

***Budget Narrative:***

**Window of Opportunity Budget Narrative, 2011**

All 2011 spending has been verified against CARE's central financial system for the year 2011. Expenses are monitored on a monthly basis and discrepancies are reported to finance staff. Country offices submit quarterly reports on expenditures.

**2011 Expenditures**

*Personnel*

Expenses in this category were higher than in previous years as there were more staff working on Window in 2011 than in previous years. We hired a program officer to provide administrative support for Window as well as worked on communication projects. In addition, we hired two part-time staff to assist the team during the technical advisor's maternity leave.

*Professional Services*

Total professional services represent consultant fees paid for: supporting country office research (formative, baseline, mid-term review and data analysis); training on mother-to-mother support group methodology; training on IYCF practices; and CARE representation at strategic meetings.

*Equipment*

Adjustments were made during 2011 to account for a mischarged expense during 2010.

*Materials, Services, and Consumables*

Expenses reflect printing, supplies, postage, and miscellaneous office costs.

*Travel and Transportation*

Travel costs for 2011 include technical assistance visits to country offices, travel for CORE group meetings in Washington, travel to represent CARE at strategic meetings, and travel for the Open Window meeting.

*Occupancy*

Expenses reflect occupancy and communications costs during 2011.

#### *Financing and Depreciation*

Financing and depreciation costs in 2011 relate to bank fees charged during travel.

#### *Sub-grants*

There were three Window sub-grants signed in 2011. Emory University and the International Centre for Diarrhoeal Disease Research, Bangladesh were both contracted to conduct the cohort study in Bangladesh and the Instituto de Investigacion Nutricional was contracted to oversee all five Window of Opportunity country endline evaluations.

#### *Country Office Allocations*

Expenditures reflect allocations to country offices for 2011 based on submitted budgets and signed Memoranda of Understanding.

#### Country Offices

In 2011, there were eight country offices receiving Window funding—Bangladesh, Indonesia, Nicaragua, Peru, Sierra Leone, Liberia, Ghana, and Malawi.

Indonesia and Nicaragua will be closing out Window programming at the end of 2011, and final evaluations are currently being conducted in both countries. A few staff from each country will be kept on for 3-4 months into 2012 to help with regional meetings and with dissemination activities.

Sierra Leone has been granted a 6-month cost extension, which will allow them to continue programming until June 30, 2012.

Liberia, Ghana, and Malawi were recipients of the Dietary Diversity grants, which are aimed at examining the integration of nutrition programming for women into food security programming.

#### **2012 Projections**

Projections for 2012 are based on the original proposal and spending from 2011.

#### *Personnel*

In 2012, the Window team anticipates to maintain current staffing.

#### *Professional Services*

In 2012, we are projecting expenditures for professional services, including research consultants, regional technical specialists, and an IYCF Special Advisor.

#### *Equipment Purchases*

Our projections for 2012 include minimal equipment costs for a replacement laptop.

#### *Materials, Services, and Consumables*

Our projections for 2012 reflect the amount that will be needed for routine programming with an increase to reflect the amounts utilized for the publication of results and final dissemination activities.

#### *Travel and Transportation*

Travel expenses for 2012 reflect the costs associated with anticipated routine travel as well as expenses related to endline evaluations and close-out/dissemination activities.

*Occupancy*

Our projections for 2012 reflect the amount spent in 2011.

*Financing and Depreciation*

Our projections for 2012 reflect the amount spent in 2011.

*Sub-grants*

Our projections for 2012 reflect the balance obligated under signed sub-grant agreements with Emory University, ICDDR,B, and IIN.

*Country Office Allocations*

Our projections reflect allocations to country offices for 2012 based on signed Memoranda of Understanding.

Country Offices

In 2012, the country offices that will receive Window funding include Bangladesh, Peru, Sierra Leone, Liberia, Ghana, and Malawi. Indonesia and Nicaragua will receive minimal funding in 2012 to allow for dissemination activities and regional meetings to disseminate Window findings.

**CONCLUSION**

Window of Opportunity will complete its programming in Nicaragua and Indonesia this year and will continue its programming in Sierra Leone, Bangladesh, and Peru into 2012. We trust that the work this grant has allowed us to conduct will have a lasting impact on the health of women and children in the areas Window serves, both within the current generation and for generations to come.

The Window team remains committed to advancing the cause of nutrition across all CARE programming, with a particular focus on integration with food security, maternal health, early childhood development, and emergency and humanitarian assistance. 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.

*November 2011*

**Window of Opportunity 2011 Expenditure Report and 2012 Budget Projections**

Reporting Period: January 1, 2011 through December 31, 2011

Category	Budget (Years 1-4)	Previously Reported Expenditures (January 1, 2008 - December 31, 2010)	2011 Actual Expenditures (January 1, 2011 - October 31, 2011)	2011 Projected Expenditures (November 1, 2011- December 31, 2011)	Contracted Expenses*	Inception to Date Expenses (all Actual, Projected, and Contracted Expenses)	Year 5 Projected Expenditures (CY 2012)
Personnel Costs	1,696,396	964,690	441,692	126,550	0	1,532,932	562,082
Professional Services	951,701	506,380	188,642	15,000	134,280	844,302	477,280
Equipment	13,092	22,037	-273	0	0	21,764	2,854
Materials, Services, and Consumables	106,463	47,138	7,032	3,000	0	57,170	70,000
Travel and Transportation	840,810	435,388	162,277	50,000	0	647,665	266,566
Occupancy	1,660	3,152	13,070	0	0	16,222	10,000
Financing/Depreciation/Miscellaneous	0	0	6,950	0	0	6,950	7,000
Grants/Subgrants/Seed Capital	0	0	71,367	0	607,943	679,310	0
Country Office Allocations	5,100,000	2,720,358	1,367,159	200,000	0	4,287,517	868,079
Operational Research	250,000					0	250,000
<b>Total Direct Costs</b>	<b>8,960,122</b>	<b>4,699,143</b>	<b>2,257,916</b>	<b>394,550</b>	<b>742,223</b>	<b>8,093,832</b>	<b>2,513,861</b>
CARE HQ Technical and Administrative Support	832,407	614,465	231,779	0	0	846,244	164,315
<b>Total Costs</b>	<b>9,792,529</b>	<b>5,313,608</b>	<b>2,489,695</b>	<b>394,550</b>	<b>742,223</b>	<b>8,940,076</b>	<b>2,678,176</b>

\*Refers to expenses that we have signed Sub-grant Agreements, MOUs, or Contracts for but that have yet to clear our books

<b>Total Payments</b>		9,792,529
<b>Total Expenditures</b> (includes Actual, Projected, and Contracted Expenses)		8,940,076
<b>Balance</b>		852,453
<b>CY 2011 Scheduled Payment</b>		1,825,723
<b>CY2010 Available Balance + CY2011 Scheduled Payment</b>		2,678,176