“Because of the group facilitation, (mother facilitators) are now confident to speak in public. Before this time, especially in Koinadugu, women were not considered to make contributions during meetings. But now we see women coming forward. Some of them are now having positions within the community because they are asking their community leaders why they should be left behind.”

Musa A. Braima, Window of Opportunity  
M&E Advisor in Sierra Leone
Letter from the Director

This has been another exciting year for the Window of Opportunity. We are beginning to see the results of our efforts 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 over the last five years. During this year, we have conducted final evaluations and closed programs in Indonesia, Nicaragua and Sierra Leone. Even as we moved towards the end of the implementation period in those countries we continued to learn valuable lessons and strengthen our programs with data from mid-term evaluations.

Last year CARE Malawi, Ghana, and Liberia were added to the Window of Opportunity portfolio through funding to improve micronutrient rich food production for poor vulnerable women of reproductive age in order to increase their consumption of these foods. While the focus is on different specific micronutrients, all three of these projects have built their programming upon the village savings and loan platform (VSLA) and included agricultural inputs and technical assistance for homestead food production along with a nutrition social and behavior change strategy. 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 long range food and nutrition security programs. Moreover, on November 14, 2012 there was a nutrition working group meeting in Liberia involving UNICEF, MOH, CARE and other implementing partners. It was decided that CARE would be responsible (chosen) to develop all messages around micronutrients for the nation. Hence, what we develop is what UNICEF, the Ministry of Health and others will use! This is a direct outcome of the work we have been doing here on dietary diversity.

The Window team continues to develop materials that can be tested and used for implementation in the field of IYCF. Earlier this year we developed a training guide focused on how to provide postpartum emotional support to mothers and family members. Subsequently, over 350 community counselors and community health and nutrition workers affiliated with the Window project in Bangladesh were trained. Additionally, an IYCF Formative Research participant and trainer’s manual have been completed. The Mother-to-Mother Support Group (MtMSG) manual emphasizes the facilitation, communication, and interpersonal skills needed to lead support groups and has become part of a bigger project within CARE to examine how the organization works with groups and collectives in multiple facets of our work.
The Infant and Young Child Feeding Practices: Collecting and Using Data, a Step-by-Step Guide, based on updated interagency (World Health Organization, et al.) IYCF indicators from 2008, 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 project. This manual continues to be requested globally by other INGOs for their evaluation processes.

The Window of Opportunity staff have had a successful year integrating nutrition programming throughout CARE, not only in health, but within CARE USA’s priority areas. This year the CI Food Security strategy officially became the CI Food and Nutrition Security Strategy with various steering committee members attending regional meetings to share the strategy and its theory of change which emphasizes women’s empowerment, strengthening resilience and transformative governance. Through the internal advocacy work of the Nutrition Plus team, nutrition has become an integral part of CARE's food security, maternal health, emergency and gender work.

This has been another year of growth within the CARE family and its programs. This year the Nutrition Plus team has come together strongly after the reorganization to determine its theory of change and foci for the next phase of programming. The team will focus on the 1000 days from pregnancy through the first 2 years of child’s life and food and nutrition security with gender and empowerment and strengthening resilience as cross-cutting-issues.

The challenges of physical environments, political instability, food insecurity, and weak policies have not disappeared and in some circumstances have increased. Nevertheless, the Window team at headquarters and the country offices have remained dedicated and motivated to improve the nutritional status and well being of women and children in resource poor communities. Now, more than ever, we have the knowledge, innovative approaches, and proven tools to make a lasting difference from Matagalpa, Nicaragua to Konaidugu, Sierra Leone. As 2013 fast approaches, we look forward to final evaluations in Peru and Bangladesh and sharing the results and impact of our five years of Window of Opportunity programming globally.

Sincerely,

Bethann Witcher Cottrell, Ph.D.
Director, Window of Opportunity
CARE
151 Ellis Street NE
Atlanta, GA 30303
404-979-9413
bcottrell@care.org
Overarching Objectives and Strategies

Maternal and child nutrition during the first 1,000 days – from conception through the age of two – shapes a child’s future. Women’s nutrient needs increase during pregnancy and lactation. Some of the increased nutrient requirements protect maternal health while others affect birth outcome and infant health. If the requirements are not met, the consequences can be serious for women and their infants.

During this critical window of opportunity, nutrition can have a measurable lasting impact on growth and brain development and disease. The impacts of malnutrition during the first 1,000 days, if not appropriately addressed, are 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.

Funded by a generous grant from a private family foundation, the Window of Opportunity project achieves improved growth and development through an innovative combination of service delivery, capacity building, facilitation and advocacy.

Specifically, the Window strategy focuses on:

- Empowering and supporting mothers and families to make optimal IYCF choices
- Strengthening health system support
- Improving the enabling environment

- Key program outcomes
  - Increase in maternal knowledge, timely initiation of breastfeeding and exclusive breastfeeding – variable results by country
  - Improved SBCC strategies and tools to increase understanding of factors affecting implementation effectiveness
  - Increased capacity of government health providers and community members to improve and support optimal feeding behaviors
  - Increased focus on nutrition in CARE and increased credibility with global stakeholders

This annual report describes key Window achievements during 2012 in each participating country, as well as on a global scale.
Country Updates

The Window of Opportunity project supports maternal, infant and young child nutrition projects in eight countries. The map below shows where we implement comprehensive programming or selected activities, and highlights significant accomplishments described in this report. Earlier this year, project implementation concluded in Indonesia, Nicaragua, and Sierra Leone.

**Bangladesh** – Following the Bangladesh National Communication Framework and Plan for Infant and Young Child Feeding, trained volunteers promote handwashing with soap and water before food preparation and feeding of children 6-24 months of age.

**Indonesia** – Religious leaders proved to be enthusiastic and active ICYF counselors, delivering IYCF messages during religious services and newlywed couples counseling.

**Ghana** – Demonstration farms for the cultivation of iron-rich vegetables have been established in four communities. Mothers are learning improved agro-practices that lead to better yield and are reminded of which local vegetables are rich in iron.

**Liberia** – Using recipes recommended by the Ministry of Health, cooking demonstrations are held in various target project communities, to increase knowledge and utilization of foods rich in vitamin A, iron, and other vital nutrients.

**Malawi** – 159 volunteers are promoting the cultivation of Vitamin-A rich foods through backyard gardens and small scale irrigation projects.

**Nicaragua** – Radio dramas that centered around social norms and the nutritional needs of pregnant and lactating women and children under two developed by the Window project proved to be very popular.

**Peru** – Earlier this year, the Peruvian government published, Guideline for investment to reduce chronic child malnutrition in the framework of the National Public Investment System. Some of the approved interventions coincide with those promoted by the Window project.

**Sierra Leone** – In Sierra Leone, Window staff witnessed an increased sense of confidence in the women who facilitate and participate in the MtMSGs.
The Window of Opportunity project is called Akhoni Shomay in Bangladesh. Program implementation will run through December 2012. The final evaluation is slated for January – February 2012.

Activities

As in Nicaragua and Indonesia, emphasis in Bangladesh is shifting towards negotiation and support through individual counseling. Community Counselors and community health and nutrition volunteers are considered key change agents. They are the frontline volunteers who interact with mothers at the household level. Therefore, their performance is directly related to desired support provision towards mothers and family members. Counselors’ capacity is continuously strengthened though ongoing mentoring and coaching by Akhoni Shomay staff. Community Counselors are categorized based on the following indicators:

- Quality of individual counseling
- Adherence with scheduled field activities
- Appropriate documentation of field activities into mother and child registers
- Reaching out to targeted project participants in the community
As part of the behavior change process, CARE Bangladesh strengthens interaction and engagement with women of reproductive age, their family members, and community members through a variety of channels. For instance, since Akhoni Shomay’s inception, 26 “Father’s Gatherings” (a large gathering of males) have been organized together with local government and the Ministry of Health and Family Welfare. Each gathering has anywhere from 100 – 150 fathers in attendance. During these meetings fathers are encouraged to reflect and share their experiences in performing their roles as fathers and supporting their wives.

Additionally, Akhoni Shomay has been working with the Union Parishads (UP), the level of government that is in charge of running development activities at the local level and reports to higher level government agencies. The project has been working closely with UPs throughout the implementation area to improve basic health and nutrition services and accessibility. Through this partnership, Akhoni Shomay has persuaded the UP to open a vaccination center in a previously underserved union.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>90% pregnant women; 86% children under two (from all 11 unions)</td>
</tr>
<tr>
<td>Sprinkles distribution</td>
<td>93% of eligible children (from all 11 unions)</td>
</tr>
<tr>
<td>MtMSG</td>
<td>92 meetings per month (in all 11 unions) / 920 participants</td>
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<tr>
<td>Grandmother Meeting</td>
<td>116 meetings per month (in all 11 unions)/ 928 participants</td>
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<tr>
<td>Male Meeting</td>
<td>22 meetings per month (2 in each of the 11 unions) / 942 participants</td>
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<tr>
<td>Father’s Gathering</td>
<td>26 gatherings / 100 -150 participants per gathering</td>
</tr>
<tr>
<td>Mother’s Gathering</td>
<td>15 gatherings / 100 - 150 participants per gathering</td>
</tr>
<tr>
<td>Opinion Leaders’ Workshop</td>
<td>275 Imams, 275 informal birth attendants, 275 village doctors from all 11 unions</td>
</tr>
<tr>
<td>Adolescent Girl Campaign</td>
<td>2410 girls in 2011 and 1205 girls from all 11 unions</td>
</tr>
<tr>
<td>School Sessions</td>
<td>1140 adolescents per month from all 11 unions</td>
</tr>
</tbody>
</table>
Key accomplishments

**Capacity strengthening.** In 2012 Akhoni Shomay trained over 300 community counselors (CCs), 47 Community Health and Nutrition Workers (CNHWs), and 92 MtMSG facilitators. CCs and/or CNHWs conduct individual counseling with mothers and caregivers. Topics covered included: barriers and possible solutions leading to optimal IYCF and rMN, the advantage and correct use of Sprinkles, complementary feeding practices such as age appropriate feeding advice and frequency, power dynamics within the household and how to manage relationships, and most recently added, how to offer support to women and families affected by postpartum depression. During routine monitoring, 20 community counselors are purposively selected each month by each of the 11 Akhoni Shomay community mobilizers. The community mobilizer observes each of the selected community counselors during a session and then completes an observation checklist. In order to monitor the quality of counseling, community mobilizers use a checklist of observations, including greeting the mother, soliciting information from the mother on the practices she has been trying out, listening, problem solving, and setting up a date for follow-up.

**Addressing post-partum depression.** In December 2011 Emory and Centers for Disease Control and Prevention (CDC) colleagues suggested that postpartum depression may be affecting IYCF practices. It was decided that Akhoni Shomay should train the CCs and CHNWs on postpartum depression and how to offer support. CARE USA developed a training guide that provides an introduction to the topic and prepares counselors to interact with family members to encourage them to offer their support to a mother. In March 2012 all the CCs received a one day training. Community counselors are now incorporating the topic of PPD into their work.

**Multiple Micronutrient Powder (MNP/ Sprinkles) distribution.** MNP distribution started in Akhoni Shomay’s implementation area in March, 2012. Upazila Health and Family Planning managers were present at the kick-off event and committed to support Akhoni Shomay project activities. The first cycle distribution reached approximately 91% of targeted children under two. The MNP intervention is aimed to promote and support adoption of complementary feeding behaviors by mothers and family members. Follow-up visits made by CCs help track progress towards optimal behaviors. Image based print materials regarding appropriate preparation and usage have been printed and are being distributed along with the MNPs.

**Learning through Challenges**

Changes in feeding behaviors, such as practicing exclusive breastfeeding for the first six months, can significantly improve child health and nutritional status. Bringing about such changes requires a strategic communications approach that targets individuals, households, and communities. This is why Akhoni Shomay has focused not only on caregiver behaviors, but also the behaviors of other influential household and community members. Through comprehensive capacity-building and training activities, Akhoni Shomay has influenced significant changes in practices among facility- and community-based health providers- ensuring that caregivers receive accurate, actionable advice that leads to critical feeding improvements and sustainable progress.
Current Status

In 2008, the Window of Opportunity launched Prima Bina (which means “an excellent start”) in West Timor, Indonesia. Project implementation ended in October of 2011 and the final evaluation was conducted November – December of 2011.

Activities

Prima Bina’s activities included building the capacity of health staff and volunteers to carry out individual IYCF counseling though home visits, as well as supporting formation of mother-to-mother support groups. Prima Bina found individual counseling to be highly effective—and greatly preferred by West Timorese families over other activities (i.e., mother-to-mother support groups, group education). Thus, after examining several strategies, Prima Bina primarily focused on individual counseling provided by community health volunteers (kaders), as well as other community leaders. To complement its approach to individual behavior change, Prima Bina used World Breastfeeding Week and Indonesian Breastfeeding Month as opportunities to conduct innovative activities with community groups, religious organizations and the government to raise awareness and enthusiasm about infant, young child and maternal nutrition.
Key accomplishments

**Partnership with religious community.** Originally, Prima Bina relied primarily on partnership with the Ministry of Health and other NGOs; however, the diverse West Timorese religious community approached CARE to request a role in Prima Bina, citing its long-term commitment to children’s health and nutrition. This partnership allowed Prima Bina to scale-up IYCF activities to cover a greater area since many religious leaders trained as IYCF counselors also worked outside the project area. Months after the project’s end, religious leaders continue to request additional IYCF teaching materials from CARE.

**Investing in existing structures and systems.** In designing activities, the project implemented interventions with the most promise for sustainability through existing government and community structures, such as established growth monitoring sessions and existing volunteer networks. Prima Bina also invested methodically in analyzing its progress and challenges to adapt project strategies for long-term success. Special studies, as well as a high quality midterm survey, allowed CARE to streamline activities for sustainability, such as the focus on individual counseling, rather than mother-to-mother support groups.

**Sharing expertise and experiences.** As UNICEF rolls-out national IYCF training in Indonesia, it requested that CARE share its expertise in using video to train low-literate volunteers in how to plan effective trainings—and assure appropriate budgeting and transparency. UNICEF also recommended that CARE support scale-up of IYCF activities by facilitating trainings for other NGOs. At the conclusion of project activities, staff from Prima Bina shared experiences and training resources through well-attended IYCF technical workshops held at national and district levels.

**Scale-up of community IYCF programming.** In cooperation with UNICEF, District Offices of the Ministry of Health intend to continue training and supervision of kaders’ individualized counseling on infant and young child feeding. This means that future community-level programming will build on Prima Bina’s legacy, maintaining many activities and community-level support to reach additional families.

**Summary of key findings of the final evaluation**

- Overall, the project had a positive impact on the nutritional status of children ages 6-23 months.
- There were moderate improvements in seven of the ten key IYCF practices, particularly around timely complementary feeding and continued breastfeeding after age one.
- In general, the project had a positive effect in creating awareness and affecting change in IYCF practices.
- There was a slight decline in the percentage of children classified as severe and moderately stunted in the project area.
The moderate project impact is likely due to:

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Enhancers</th>
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<tr>
<td>• Household food insecurity could be a major barrier to feeding young children the appropriate types of foods and in sufficient quantity.</td>
<td>• Religious leaders showed enthusiastic support for receiving training in IYCF counseling and incorporating such messages into marriage counseling. On the other hand, kaders did not demonstrate equal enthusiasm for counseling mothers.</td>
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<td>• Language barriers limited communication between kaders and mothers. This may have affected how mothers perceived and understood IYCF messages. It is unknown to what extent this occurred.</td>
<td>• Participation in the monthly lottery of the arisan (traditional women’s savings and loan scheme) at the MTMSG served as an incentive for some mothers to attend the MTMSG, according to FGDs with mothers in June and July 2011 and December 2011.</td>
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<td>• Some kaders were unwilling to visit homes to provide IYCF counseling or facilitate MTMSGs because they were not paid, they did not feel motivated, or because of difficulties walking great distances to reach another area.</td>
<td>• Speaking the local language of the target population was essential, as the two program districts speak different languages, and even more languages are spoken within the districts. The communication materials produced at the beginning of the project were created in the three main languages of the project area: Bahasa, Dawan (in TTU) and Tetun (in Belu).</td>
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<td>• Project team dynamics and high turnover of project staff affected the flow of the program, since training of new project team members is time consuming. (A new team was reconstituted in October 2010, that made a significant difference according to the project manager).</td>
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<tr>
<td>• Also, it became difficult to sustain involvement of Ministry of Health personnel in the program due to high turnover of staff at District Health Offices.</td>
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<td>• Activities were not implemented according to schedule largely due to insufficient preparation time before the project commenced.</td>
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<tr>
<td>• Activities, particularly trainings, were not implemented according to schedule and to the extent planned (resulting in low coverage), due to last four barriers listed above and multiple unforeseen challenges throughout the course of the project.</td>
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Religious leaders are taught how babies should latch onto their mother’s breast during a workshop in West Timor, Indonesia.
Learning through Challenges

*Team preparation including composition, recruitment and orientation process.*
A period of six months before the start of an IYCF project would have been ideal in order to conduct the necessary preparations, such as team recruitment and orientation, planning the baseline survey and formative research, putting together a strategic framework, completing situational analyses, developing monitoring and evaluation processes and forms, and putting together a training package for country office staff. Having more time to prepare would have helped ensure a smoother start.

*Hiring local staff.* CARE has long been committed to hiring local staff; however, Prima Bina’s target area presented a particularly challenging scenario for hiring “locals.” Communities located next door to each other may speak different languages, so recruiting appropriate staff required strategic efforts. Prima Bina chose to hire newly graduated local people; although they were less “seasoned” than other professionals, their enthusiasm and desire to learn allowed them to build positive and respectful relationships in the communities.

*Factors necessary for incentive-free activities.* Initially Prima Bina experienced resistance from communities because past projects had provided financial incentives or commodities in exchange for participation in project activities. It was necessary for staff to address this issue directly so that community members would see the value of nutrition activities, even without providing incentives.

*Context of mother-to-mother support groups.* Based on CARE’s successful experiences in other contexts, Prima Bina hoped that support groups would allow mothers to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions and re-learn new ways of thinking. However, after support groups were slow to develop in the implementation area, our research revealed that group discussions in general were not a favored channel for information or support. Rather, individual counseling provided by trained volunteers or midwives was better received.
**Ventana de Oportunidad, June 2008-December 2011**

**Current Status**

The Windows Project (called Ventana de Oportunidad in Nicaragua) was implemented from June 2008 to December 2011, with the goal of improving the nutritional status of 1035 children under 2 years and 233 pregnant women in 40 poor and remote communities in the provinces of Matagalpa and Jinotega. Nicaragua placed emphasis on empowering individuals and communities. To improve nutritional status of children under two, the project focused on mother-to-mother support groups (MtMSGs) and individual counseling, and used entertainment-education via a radio soap opera broadcast on national radio. The final evaluation was conducted in December of 2011.

**Activities**

*Training and equipping community health volunteers to reach mothers and caregivers with individual counseling on infant and young child feeding and maternal nutrition.* As a first step, CARE extensively prepared project staff and Ministry of Health (MOH) staff who support an existing cadre of community health volunteers called “brigadistas.” CARE and MOH staff were trained using the comprehensive World Health Organization Integrated Course on IYCF, as well as 20 hours of interactive, supervised counseling practice in communities. CARE then adapted the course material for the brigadistas. Training focused intensely on how to listen attentively to child feeding challenges and negotiate possible solutions. 160 brigadistas from 40 communities were trained to address a child’s individual feeding issues based on looking at the frequency of feeding, diversity of diet, quantity, and need for iron and other micronutrients.
Nicaragua

**Development of simple & effective monitoring tools.**

Given that user-friendly systems are more likely to be replicated and continued without outside assistance, the project created simple registers for brigadistas and group leaders to keep track of their activities. It also used a simple monitoring tool to evaluate six important counseling skills and track the quality of counseling provided by brigadistas. The six-point tool allowed the project to focus on counseling issues that were especially difficult for brigadistas. Extra attention and support resulted in excellent improvement in brigadistas’ counseling.

| Establishing confidence with the mother | ✓ |
| Identifies the problem | ✓ |
| Gives information about the problem | ✓ |
| Verifies that the mother understands | ✓ |
| Negotiates an agreement to take action | ✓ |
| Plans follow-up | ✓ |

**Formation of mother-to-mother support groups to provide mutual support and problem-solving to improve feeding practices.** Training for MtMSG facilitators concentrated heavily on active listening to understand group members’ priorities and concerns related to feeding infants, young children and mothers, problem-solving around feeding, as well as managing group dynamics. By the end of 2011, 39 MtMSGs had been formed, covering all but one targeted project community. The process was not without difficulties, as rough terrain and long distances meant that some participants had to walk several hours round-trip. When husbands questioned the time their wives spent attending the groups and the groups’ importance, attendance faltered. A midterm evaluation allowed the project to identify the challenges and craft solutions—such as linking group meetings to growth monitoring and promotion sessions, so that women saved time and had extra incentive to attend both activities. The project also developed attractive visual materials (such as flip charts) and interactive games to make support groups more engaging and fun. By the end of the project, about half of women with young children had participated in a support group.

**Expanding our reach through mass media.** Although brigastas’ home visits and MtMSGs attempted to involve all families, due to the remoteness of the project area, CARE pursued other strategies to reach out to women, their families and community leaders who couldn’t be reached individually. More than 90% of families owned and listened to a radio. In 2011 CARE and local partners designed a 12-part radio drama which used humor and a familiar, real-life cast of characters to address pressing issues around IYCF and maternal nutrition. Each segment of the show was 6 to 10 minutes long with topics based on key behaviors and barriers uncovered during formative research. The radio soap opera continued to be broadcast in 2012.
Key accomplishments

Integration with long-term national health strategies. A primary goal of the Window of Opportunity was to create interventions that would weave a fabric of sustainability to support families past the duration of the project. CARE invested considerable effort in jointly planning and implementing the project with the Nicaraguan Ministry of Health. The project harmonized its activities to complement and reinforce existing government nutrition strategies, such developing the nutrition skills of existing health volunteer brigadistas, reinforcing growth monitoring and promotion sessions, and mobilizing nutrition stakeholders around World Breastfeeding Week events. Building on its role contributing to national nutrition programs, CARE was called on to provide input into the National Plan to Eradicate Chronic Nutrition in Nicaragua 2008-2015, particularly the national strategies on nutrition education and behavior change and implementation of new child growth standards.

Strengthening nutrition capacity within CARE. The Ventana de Oportunidad took multiple opportunities to share experiences and tools within CARE Central America, especially strategies to integrate nutrition into the design of a CARE regional program for equitable access to basic services of water, sanitation, education and health (PAESSCA project). Also, exchange visits with CARE Honduras allowed CARE staff to use Nicaragua’s experiences in the implementation of the HOGASA project.

Development of communications material & implementation tools available for adaptation. The project designed, produced and distributed a variety of field-tested, culturally appropriate materials to project communities and the MOH. Among these were: flip charts, posters and calendars that promote key nutrition practices. All project tools, such as the six point counseling monitoring tool, the register of home visits, and the register of mother-to-mother support group meetings were shared with the MOH and partners. Also, at the end of 2011CARE organized a regional workshop to disseminate experiences from the project. Nicaragua MOH officers and health workers were invited to participate, along with CARE Peru, CARE Honduras and other CARE Nicaragua project members.

Summary of key findings of the final evaluation

- In general, the project had an impact on creating awareness of optimal IYCF practices and affecting change in IYCF practices
- There were moderate improvements in exclusive breastfeeding for infants 0-5 months and timely initiation of breastfeeding after birth.
- There was no measurable project impact on the nutritional status of children under age two.

Likely reasons for the results

Moderate project impact is likely due to:
- low coverage and quality of counseling sessions and MtMSGs
- low participation of mothers in the activities, particularly the MtMSGs
- possible activities by the Ministry of Health in the comparison area
- delayed implementation of project activities
The communities selected by the MOH for the project were those with least access to government health services, in some of the most isolated and difficult to reach locations of the four municipalities. Difficulty of access in terms of long walking distances and flooded roads during the rainy season impeded the ability of project staff to effectively monitor activities and supervise volunteers, and also hindered volunteers’ and mothers’ access to counseling sessions and MtMSGs. Weather and road conditions also affected many volunteers’ attendance at trainings outside their communities as originally scheduled. Women also faced barriers around family and work responsibilities. To overcome these challenges, activities were rescheduled and moved to communities where participants lived. The brigadistas were provided transportation and the project provided child care to mother facilitators during their training.

Household food insecurity could also be a major barrier to feeding young children the appropriate types of foods and in sufficient quantity for about two-thirds of the population. While the project’s activities addressed complementary feeding, it did not include any agricultural interventions. Lastly, lower than expected involvement of Ministry of Health staff limited counseling sessions by health center/post staff during health visits. The above factors likely explain the smaller than expected improvements in the indicators studied.

Learning through Challenges

**Importance of not applying rigid criteria for volunteer’s roles.** Originally, potential mother-to-mother support group facilitators were selected based on agreed-upon criteria, such as being a mother herself, successful breastfeeding experience, a basic level of education and preferably not already volunteering as a “brigadista” (to avoid potential confusion managing the different roles). In reality, some of the most motivated women met many of the criteria except being mothers themselves. Because of their strong leadership ability and motivation to become support group facilitators, the project chose to embrace, rather than exclude those interested women. This group of facilitators brought diverse backgrounds and many became adept facilitators who earned recognition for their leadership in their communities.

“We didn’t have leaders before and there was almost no communication with the ministry. Now, as a group of volunteers, we share messages and information between the ministry and our communities.”

Maria Blandon, MtMSG facilitator

**Integration with other nutrition activities increased participation.** A key lesson was learned was about the synergy achieved by better integration of IYCF activities with MOH national programs. Originally mother-to-mother support groups were conducted apart from other health activities and suffered from poor attendance. When the project paired group meetings with community growth promotion sessions, participation in MtMSG sessions doubled. Also, counseling sessions were linked to health promotion activities sponsored by PROCOSAN (the MOH’s national Community Health and Nutrition Program). This linkage helped achieve a three-fold increase in the number of support group meetings.
Overview

The Window of Opportunity project in Peru, known as Ventana de Oportunidad, launched in March 2010. Window activities take place in two regions: Ayachucho and Apurimac.

Current status

The Ventana de Oportunidad program has been extended and activities will continue through February 2013 allowing for three full years of programming. The final evaluation is tentatively planned for March and April 2013.

Activities

The project uses targeted and tailored communication interventions to facilitate change, address barriers, and reinforce key messages at each level: caregiver, household, community, facility, and enabling environment.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Work in 2012</th>
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<tbody>
<tr>
<td><strong>Nutritional Counseling</strong></td>
<td>On average <strong>1,608 counseling sessions were conducted</strong> by healthcare staff in Window communities each month. The project continues to provide technical support and measure the quality of counseling through the use of a supportive supervision tool. Window also works with the MOH to identify weaknesses and define actions to further improve the quality measurement process and tool. The project has developed new support materials for counselors, including brochures and playing cards featuring pictures of food. The MOH has shown interest in reproducing these materials for distribution outside the implementation areas.</td>
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<tr>
<td><strong>Cooking Demonstrations</strong></td>
<td>On average <strong>31 cooking demonstrations were conducted</strong> in project communities each month with an average of <strong>10</strong> participants per demonstration. The project provided technical assistance to the healthcare workers and promoted the use of supporting materials to prevent the feeling of repetition by attending mothers. Window targeted the cooking demonstrations to groups of mothers whose children were approximately at the same life stage in order to deliver appropriate messages and encourage greater involvement. A supportive supervision tool was used to monitor the quality of cooking demonstrations and continuously improve the sessions.</td>
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<tr>
<td><strong>Community Monitoring</strong></td>
<td>The community monitoring process is at the core of Ventana’s community interventions because it keeps track of child growth, identifies vulnerable groups to which other key interventions are directed, and in particular, acts as a space for families, community leaders and authorities to make decisions that promote optimal nutrition for the children. The project also provides technical assistance to community authorities and leaders so they can develop community plans based on the information collected by community monitoring. Window has prioritized strengthening the process of community monitoring during its final year.</td>
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<tr>
<td><strong>MtMSGs</strong></td>
<td>On average <strong>9 MtMSG sessions were held</strong> in project communities each month. CARE Peru investigated MtMSGs that were struggling with low attendance rates and discovered that it was important to integrate the groups with pre-existing nutritional activities or support groups to avoid competition that could exacerbate women’s time poverty. The groups have since evolved into educational sessions following mothers’ visits to the community monitoring centers where their child’s nutritional status is assessed.</td>
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<tr>
<td><strong>Mass Communication</strong></td>
<td>Educational materials such as calendars and posters on adequate feeding have been distributed to pregnant women and families with children under age 2 at healthcare facilities and during educational sessions and home visits. Additionally, 9 radio programs providing nutrition education were broadcast within and beyond the project’s operational areas.</td>
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<tr>
<td><strong>National Breastfeeding Week</strong></td>
<td>This year, in the Ayacucho region, CARE Peru’s National Nutrition Coordinator was featured as a speaker at the Regional Forum on Breastfeeding. In addition workshops targeting health workers were facilitated and communication materials on the importance of breastfeeding were distributed.</td>
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<tr>
<td><strong>Advocacy</strong></td>
<td>Technical support and advocacy continues from the national level down to the local level. Ventana regularly collaborates with local organizations, INGOs (Feed the Hungry, UNICEF, MSF) and regional and local governments to promote advocacy of IYCF and rMN practices and create policies supporting a strong enabling environment.</td>
</tr>
</tbody>
</table>
**Accomplishments**

**Capacity strengthening.** The Ventana team continues to practice supportive supervision of its key activities, including nutritional counseling, cooking demonstrations, and MtMSGs. At the beginning of 2012, Ventana staff participated in meetings with the MOH to assess activities conducted the previous year promoting nutrition and to review findings from the supervision tools used in nutritional counseling and cooking demonstrations.

Ventana continues to provide technical assistance across various levels. Window assists the sub-national governments in the intervention areas to implement the Municipal Incentive Plan – a national government initiative that delivers financial resources to sub-national governments that implement actions to improve child nutrition. Ventana’s technical assistance and advocacy is aimed at local government officials and authorities, encouraging them to prioritize, approve and improve implementation of public investment projects and provision of public services for child nutrition.

The project also continues to provide technical assistance to individual healthcare workers. For example, as a result of high turnover in rural areas, Ventana provides continuous training support to health personnel who join the health facility through the Marginal Urban Rural Health Service to ensure continuation of strategic maternal and child nutrition activities.

**Advocacy and key partnerships.** CARE continues to advocate for policies that support maternal and child nutrition at the national level on down. This year CARE, along with the MoH, UNICEF, and WFP, organized a National Workshop on Prevention and Control of Nutritional Anemia in order to assess and strengthen actions to reduce nutritional anemia. Among the commitments undertaken was a national iron supplement policy. CARE Peru also supported the dissemination of the *Guidelines for Inter-sectorial and Inter-governmental Articulated Management Aimed at Reducing Chronic Child Malnutrition* in the *Framework of Policies on Development and Social Inclusion*, approved by the Ministry of Development and Social Inclusion (MIDIS). Additionally, CARE is working in coordination with the MoH and Cuna Más, a program created in March of 2012 by the MIDIS to provide comprehensive care for children less than 36 months old living in poverty and extreme poverty. In the areas where Cuna Más has installed its day care centers, the three partners developed a work plan, including monthly training workshops led by Ventana and the MoH and aimed at the mothers/caregivers.
Learning through Challenges

Supervision activities with authorities at sub-national level. While there has been coordination with the Ministry of Health to supervise nutritional counseling and cooking demonstration sessions, the Ventana team had some difficulty providing supervision to some healthcare facilities that did not consent to being supervised. Ventana staff quickly assured those in charge that the supervision was being provided to strengthen their capabilities, not to audit their performance.

Heavy rains. Heavy rains during the first quarter of the year caused problems not only with crops, but also with transportation to the communities. However, time was not wasted, since during that quarter priority was given to working with regional and local authorities, including the Ministry of Health, to evaluate the previous year and develop joint operational plans for this year.

Missing key foods in cooking demonstrations. The project found that key foods, such as meat, eggs and dairy products, continued to be scarce during food preparation. In response, Window proposed amending the cooking demonstration guide to include purchase of those foods (mainly animal products) in the MOH budget, instead of asking participants to bring them. When the MOH did not allocate funds, Ventana provided funding and is seeking support from sub-national governments to continue provision of these foods after the project ends.

Staff turnover. Rotation of MOH health workers is constant, constituting ongoing difficulty for program continuity. Ventana staff has addressed this issue by providing educational visits and internal training sessions to ease the Ministry’s turnover burden.
Window of Opportunity, January 2009 - 2012

Current status

CARE’s Window of Opportunity program in Sierra Leone ran from January 2009 through June 2012. Activities took place across 192 communities within 12 chiefdoms in the two districts of Tonkolili and Koinadugu. The final evaluation of the Sierra Leone Window program took place in May - June 2012. Both quantitative and qualitative methods were used to assess program design, performance of activities, and overall impact. Initial analyses show gains in increasing the practice of optimal IYCF behaviors as well as improvements in child nutritional status. The final report is expected in December 2012.

Activities

Women are more likely to try and then continue optimal maternal dietary and infant and young child feeding practices if they recognize the benefits, believe they can overcome perceived and actual barriers, and feel supported. Window in Sierra Leone helped communities support mothers’ decisions and overcome challenges and barriers to providing optimal feeding by engaging families through MtMSGs and other activities. Unlike Indonesia and Nicaragua, MtMSGs were widely popular and well attended in Sierra Leone.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Work in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>MtMSG</td>
<td>289 Mother Facilitators (MFs) across 12 chiefdoms held monthly MtMSG meetings. Additionally, in effort to engage men, husbands were encouraged to visit and observe the MtMSG sessions.</td>
</tr>
<tr>
<td>Counseling</td>
<td>All 289 Mother facilitators were trained as IYCF counselors and provided individual counseling to group members as needed.</td>
</tr>
<tr>
<td>Radio</td>
<td>CARE developed two radio dramas focused on complementary feeding and partnered with the government to air key IYCF messages. Dramas and messages were aired monthly at peak listener times in both the Koinadugu and Tonkolili districts.</td>
</tr>
<tr>
<td>Mini-advocacy campaigns</td>
<td>CARE implemented mini-advocacy campaigns in both Koinadugu and Tonkolili districts. Campaigns included quiz competitions and ‘baby shows’ featuring exclusively breastfed babies and their parents. Attendees included local government and Peripheral Health Unit (part of the MOH) staff as well as community members. The campaigns attracted 475 participants across both districts.</td>
</tr>
<tr>
<td>Food demonstrations</td>
<td>MtMSG members were encouraged to bring healthy foods to the group meetings where PHU staff and mother facilitators performed cooking demonstrations. Following the demonstrations, food was shared amongst the group.</td>
</tr>
<tr>
<td>Nutrition gardens</td>
<td>MtMSG members were encouraged to introduce new, healthy foods into their backyard gardens. Many members came together to form group gardens where they grew leafy greens, beans, pigeon peas, papaya and other nutritionally rich foods. CARE further supported by providing women with watering cans.</td>
</tr>
<tr>
<td>Mother facilitator (MF)</td>
<td>MFs gathered together monthly at the chiefdom level to share progresses, discuss challenges, and learn from each other. The meetings served as a network of support and all mother facilitators attended.</td>
</tr>
<tr>
<td>meetings at chiefdom level</td>
<td></td>
</tr>
<tr>
<td>Mother facilitator meetings</td>
<td>Meetings at the district level evolved out of the monthly chiefdom meetings. A rotating four to five MFs per chiefdom attended district level meetings, along with the District Nutritionist, PHU, and CARE staff, to raise questions and share experiences. Representatives then fed information back to the MFs in their chiefdom during the monthly meetings.</td>
</tr>
<tr>
<td>at district level</td>
<td></td>
</tr>
<tr>
<td>Cross-learning visits</td>
<td>CARE organized opportunities for ‘weaker’ mother facilitators to visit MtMSG sessions led by ‘stronger’ mother facilitators. Facilitation skills were assessed using a supportive supervision checklist and a total of 174 MFs participated in these cross-learning visits – gaining experience either as mentors or mentees on establishing a good group dynamic through strong facilitation.</td>
</tr>
</tbody>
</table>
Accomplishments

**Capacity strengthening.** In 2012, the CARE Sierra Leone team worked to continue to increase the confidence and skill sets of MtMSG facilitators. CARE Chiefdom Supervisors regularly visited MTMSG sessions to provide supportive feedback and assessed the quality of the support group facilitation using a checklist. Checklist items included actions such as a mother facilitator inviting women to sit in a circle, motivating women to share their experiences (particularly quieter participants), and encouraging participants to talk with a pregnant or breastfeeding woman before the next meeting.

<table>
<thead>
<tr>
<th>Mother-to-mother support group observation checklist</th>
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</thead>
<tbody>
<tr>
<td>Community:_________________________________________</td>
</tr>
<tr>
<td>Place:____________________________________________</td>
</tr>
<tr>
<td>Date:_____________________________________________</td>
</tr>
<tr>
<td>Time:_____________________________________________</td>
</tr>
<tr>
<td>Theme:____________________________________________</td>
</tr>
<tr>
<td>Group facilitator(s):________________________________</td>
</tr>
<tr>
<td>___The facilitator(s) introduce themselves to the group</td>
</tr>
<tr>
<td>___The facilitator(s) clearly explain the day’s theme.</td>
</tr>
<tr>
<td>___The facilitator(s) ask questions that generate participation.</td>
</tr>
<tr>
<td>___The facilitator(s) motivate quiet women to participate.</td>
</tr>
<tr>
<td>___The facilitator(s) apply communication skills.</td>
</tr>
<tr>
<td>___The facilitator(s) adequately manage content.</td>
</tr>
<tr>
<td>___The facilitator(s) adequately distribute the tasks between themselves.</td>
</tr>
<tr>
<td>___Mothers share their own experiences.</td>
</tr>
<tr>
<td>___The participants sit in a circle;</td>
</tr>
<tr>
<td>___The facilitator(s) fill out the information sheet on their group.</td>
</tr>
<tr>
<td>___The facilitator(s) invite women to attend the next MtMSG (place, date, and theme).</td>
</tr>
<tr>
<td>___The facilitator(s) thank the women for participating.</td>
</tr>
<tr>
<td>___The facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother in their community before the next meeting, share what they have learned and report back.</td>
</tr>
</tbody>
</table>

In addition to the support visits, CARE recognized an opportunity to better link mother facilitators to each other and create a supportive network of their own. Previously, mother facilitators met exclusively with their Chiefdom Supervisor for assistance with group facilitation challenges. In addition to easing the time burden on Chiefdom Supervisors, networking meetings created a platform for facilitators to learn and grow from each other. Efforts to increase the capacity and confidence of mother facilitators include:

1) **Monthly meetings at the chiefdom level** – All mother facilitators were invited to meet monthly to share experiences, raise questions, and problem solve challenges together. Peripheral Health Unit (PHU) staff and the District Nutritionist also often attended these meetings.

2) **Quarterly/bi-monthly meetings at the district level** – As an extension of the monthly meetings, CARE organized regular meetings at the district level, initially on a quarterly basis and then more frequently on a bi-monthly basis due to their popularity. Four to five mother facilitators per chiefdom were sent as representatives to the district-level meeting, where women would relay questions and experiences discussed in the monthly meetings to a wider community of mother facilitators. These meetings further built facilitators’ confidence levels through interaction with a broader network of peers. Meetings were also attended by the District Nutritionist and PHU staff who helped answer questions and participated in the general discussion.

3) **Cross-learning visits** – Since not all mother facilitators were able to attend a district-level meeting, CARE organized a series of cross-learning visits for those mother facilitators...
exhibiting weaker facilitation skills to visit group sessions led by mother facilitators exhibiting stronger skills. Facilitators were selected based on assessments from the supportive supervision checklist tool; in total, 174 mother facilitators (87 weaker facilitators and 87 stronger facilitators) participated in the learning exchange.

**Efforts toward Sustainability.** CARE took strategic steps to increase the sustainability of the MtMSGs, which have been a great success in Sierra Leone. The quarterly meetings enabled mother facilitators to see their fellow facilitators as an advisory body and means of ongoing support. The meetings also helped to build the confidence of mother facilitators to provide solutions to challenges faced by other mother facilitators. In the end, CARE chiefdom supervisors slowly relinquished their advisory roles to the most experienced facilitators, who will continue to provide support to the groups as the Window program closes.

To further sustain the activities of the support groups at the chiefdom level, facilitators and support groups were linked to Peripheral Health Unit staff, who are employees of the Ministry of Health and Sanitation. At the district level, the district nutritionist participated in both the MtMSG facilitation training and the IYCF Community Counseling training – both led by CARE. To create ownership of the support groups, the district nutritionist and PHU staff attended both the chiefdom level monthly meetings and the district level quarterly/bi-monthly meetings. During Window’s community exit meetings, the groups were handed over to both the community structures and the PHU staff.

Although Window has ended, CARE is still implementing a maternal health project in the same communities, allowing CARE continued access to encourage program activities.

**Integrated project delivery approach built on collaboration created an enabling environment for project partners to share and apply common values related to the goal of the project.** In recognition that the causes of malnutrition are multi-faceted, the project applied a multi-sectoral approach. Early collaboration with the Ministry of Health during implementation encouraged their early contribution and proactive involvement. The project emphasized working through local community-based structures (Village Savings and Loan Associations) and the District Health Management Team, PHU staff, and local councils to implement project activities and build local capacity.

**Preliminary Results of Final Evaluation**

Improvements in IYCF indicators were achieved from baseline to endline.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Increase (%)</th>
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<tbody>
<tr>
<td>26.4% increase in initiation of breastfeeding within one hour after delivery</td>
<td></td>
</tr>
<tr>
<td>27.7% increase in exclusive breastfeeding among infants 0-6 months</td>
<td></td>
</tr>
<tr>
<td>23.5% increase in the proportion of children 6-23 months receiving the minimum acceptable diet</td>
<td></td>
</tr>
<tr>
<td>45.5% increase in awareness of early initiation of breastfeeding</td>
<td></td>
</tr>
<tr>
<td>41.8% increase for exclusive breastfeeding</td>
<td></td>
</tr>
</tbody>
</table>

Although Window has ended, CARE is still implementing a maternal health project in the same communities, allowing CARE continued access to encourage program activities.
Additionally, anthropometric measures showed the following changes from baseline to endline:

- Decrease from 21.4% to 15.9% in underweight children (6-23 months)
- Decrease from 12.6% to 9.8% in wasted children (6-23 months)
- Decrease from 32.8% to 20.0% in stunted children (6-23 months)

### Learning through Challenges

**Sustaining volunteerism.** Although the program recognized volunteerism as an effective means to foster civil society, build social capital, and bring diverse and isolated individuals together, sustaining community volunteers over time without providing financial incentives was a huge challenge. Some volunteers were selected from CARE’s previous Child Survival Project, which meant they had already been volunteering for up to five years. This was especially difficult as other agencies in Window’s operational areas were working with the same participants and providing financial incentives. Window worked in close collaboration with community stakeholders to support and positively recognize volunteers’ efforts. Community recognition continues to play an important role in motivating community volunteers and a more formal event to recognize, thank, and award community workers would be a good strategy. In addition, other non-financial opportunities for volunteers should be explored.

**Difficult terrain denying all-year round access.** Koinadugu district’s difficult terrain made access to some of the program’s operational communities almost impossible, especially in the middle of the rainy season, as a result of flooding. This negatively impacted monitoring and timely implementation of program activities. Acknowledging the daunting challenges caused by the terrain, activities were scaled up during the dry season when there was better access to communities.

**Staff turnover/frequent transfers.** Staff turnover during program implementation was not uncommon. Resignation of program staff and transfers of partner staff, for instance the District Health Management Team, were among the major challenges faced by the Window management team. Replacing program staff and rebuilding partnerships with new DHMT staff took a lot of time. The Window Senior Management made every effort to speed up the recruitment process as soon as an impending staff departure was known. The Window team also recognized the importance of engaging people from all levels of its partner organizations and not narrow its engagement exclusively to key staff.

**Lack of agricultural inputs/income among program participants.** Many mothers lacked the income to access agricultural inputs to support nutrition gardens and purchase healthy foods. The Window team recommends incorporating income generating activities into the MtMSG methodology and support group members by providing agricultural inputs when groups are first established.
Leveraging Nutrition Programming within CARE

Dietary Diversity Projects 2012

Poor nutrient intakes are common among mothers in resource-poor settings and their diets are strongly associated with the diets of their children. To address this issue, CARE has been incorporating nutrition education and social and behavior change interventions into existing food security programs in three countries in Africa.

Liberia

The CARE Liberia Integrated Food and Nutrition Security Program has trained 30 women as nutrition promoters who have then provided eight training sessions for VSLA members on knowledge about and use of local foods that are rich in protein, vitamin A and iron. These trainings have been based on the behavior change strategy of the Essential Nutrition Actions and have utilized local food recipes recommended by the Ministry of Health. Utilizing a peer education model, the women interact in new ways and learn new skills through social interaction and working in groups away from their isolated daily routines. 350 garden starter kits have been distributed to Village Savings and Loan (VSLA) members for backyard gardens. Additionally, 300 ducks were distributed to 60 VSLA members for a revolving scheme in which these members serve as suppliers to other members in the group.

It is often said that information is power, the power to make informed decisions and the power to even save a life. For child bearing mothers within and around Liberia’s capital city, Monrovia, having the right dietary and nutrition information can be vital for the health and development of their babies.

Such has been the case of Betty, a member of a VSLA group monitored by CARE International in Liberia and resident of the Mount Barclay Community on the outskirts of Monrovia. For months, Betty had been feeding her 11 month old baby, Riches, only boiled rice mixed with palm oil, a recipe which definitely lacked basic nutrients and was not a balanced diet. This situation had the potential of putting baby Riches at grave risk of serious and even permanent damage to health and development. In Liberia, 35% of mortality in under-five year old children is related to malnutrition and there is a double burden of malnutrition increasingly becoming a public health concern with occurrence of under-nutrition among children and over-nutrition among women.

Betty participated in a training session facilitated by staff from the Nutrition Unit of CARE International in Liberia. During one of the sessions, Betty learned about bennymix, a highly suitable, affordable and nutritious recipe comprised of local ingredients such as dried fish, Benny seeds, rice powder, palm oil and a pinch of iodized salt. After a number of cooking demonstrations and tryouts, Betty began feeding her baby with bennymix and has reported a significant decrease in spontaneous illnesses suffered by the baby. She also reported a net increase in the baby’s weight and general outlook.

For Betty, learning about local recipes such as Bennymix has been crucial in the provision of
Malawi

The Opportunity for Nutrition Enhancement (ONE) project aims to increase production, processing, and utilization of Vitamin A rich foods among 2250 women of child bearing age and their household members in Malawi’s central Lilongwe district. Specifically, ONE aims to increase access to Vitamin A-rich foods (through backyard gardening and small-scale irrigation) by chronically food insecure women of reproductive age from rural smallholder households, to improve their nutrition. This 18 month initiative particularly works with women participating in VSLA groups identified by the WE-RISE food security project in the same area. Using the Care Group approach, 30 promoters are responsible for 30 Care Groups. All 30 promoters have been identified and trained. The training content included introduction to food and food nutrition; malnutrition; key nutrients needed by the body and their function and sources; the importance of adequate nutrition, and factors that affect nutrition needs of an individual.

Earlier this year the project procured 1500 packs of yellow fleshed sweet potatoes and, 1500 packs of bio fortified beans. The initial consignment has been distributed to 517 beneficiaries (420 women, 97 men). The farmers have all planted and started eating the potatoes. The project also conducted cooking demonstrations for 30 promoters in the month of May using the same foods.

Ghana

The Nutrition Outcomes for Women (NOW) project is connected to a large country office food and nutrition security program operating in four communities in northern Ghana. Due to historically low production of iron rich foods, lack of knowledge of the importance of consuming iron-rich foods and lack of systemic support for women to access and consume iron rich foods, rural women in the Ghana have a high prevalence of anemia (60%). The aim of the NOW project is to increase in production of local iron-rich foods (i.e., amaranthus, kenaf, roselle leaves, cowpea leaves, pumpkin leaves, ayoyo, African cucumber and sweet potato leaves) via
homestead gardening and small animal husbandry, along with a corresponding social and behavior change strategy in nutrition to increase the consumption of iron-rich foods among women of reproductive age.

This year the project organized community meetings to sensitize women about the role of iron in maternal health and nutritional status and initiated the process of establishing demonstration farms (; i.e. laying out four demonstration fields, raising fences, raising beds, and planting seeds. Poultry were distributed to women as a source of animal protein. Cooking demonstrations were held in two communities, reaching both men and women. Counseling cards on the importance of iron and iron-rich foods in the diet are being developed in conjunction with the Nutrition Department of the Ghana Health Service and will be finalized by the end of the year. Technical support for agriculture activities was provided by the Ministry of Food and Agriculture and Presbyterian Agriculture Stations in East Mamprusi and Garu Tempane Districts.

Strategies for success for integrating nutrition into food security programming

Maximize nutritional impact

1. Involve and empower women in agricultural projects
2. Provide knowledge of basic nutrition
3. Promote dietary diversity
4. Introduce micronutrient-rich crops via agricultural projects
5. Encourage home gardens
6. Promote equitable access and distribution of nutritious foods within the family
7. Improve health to ensure the body's utilization of nutrients
8. Improve access to high quality health care services, and a healthy environment

Achieve food security

1. Prioritize agricultural activities that generate employment
2. Increase production of nutritious foods that are eaten by at-risk populations
3. Enhance environmental stability, adaptive capacity and resilience to shock and stresses on household food security via social protection mechanisms
4. Promote pro-poor and gender equitable institution protection
Collaborating with others in nutrition outside of CARE

**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 levels, the 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).

**Ghana** The Ghana Health Service has partnered with CARE in the development and delivery of messages on the importance of iron for women.

**Indonesia** Prima Bina worked closely with Ministry of Health at the district, provincial, and national levels, UNICEF, Sentra Laktasi, PLAN, Save the Children, and World Vision International.

**Liberia** CARE has been chosen to develop all messages around micronutrients for the Ministry of Health.

**Nicaragua** Ventana de Oportunidad worked closely with the Ministry of Health at the district and regional levels and with NICASALUD, which is the biggest NGO consortium in Nicaragua focusing on health.

**Peru** Ventana de Oportunidad works closely with the Ministry of Health and the Ministry of Development and Social Inclusion at national and regional levels, the United Nation agencies, especially PAHO/WHO and UNICEF, the Roundtable for Poverty Reduction at regional and district levels, and other NGOs, including PRIMSA, Action Against Hunger, Future Generations, ADRA, and CARITAS.

**Sierra Leone** The Sierra Leone Window team worked 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.

**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.

**Emory University** Over the past four years, Window has worked with several faculty members and eight graduate students on research related to the Window project. Three Window staff at
**Global Nutrition Cluster** CARE USA Window staff members are active participants in the Global Nutrition Cluster.

**Scaling Up Nutrition (SUN)** Two years ago, the “Scaling Up Nutrition” (SUN) movement was launched with the goal of revolutionizing the way the world tackles the problem of undernutrition. In April 2012, Helene Gayle became one of 27 leaders from business, government and civil society forming a “Lead Group” to steward this process. Members of the SUN Lead Group each champion one of several thematic areas. Dr. Gayle’s focus will be on Thematic area #4: Ensuring an emphasis on a) the gender dimension and b) women’s empowerment in policies and actions to Scale up Nutrition.

**Research**

**Bangladesh Cohort Study** As part of the Window program in Bangladesh, CARE collaborated with Emory University and the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) to conduct a longitudinal study of women and their infants. The goals of this study were to identify infant and young child feeding intent and behaviors, assess program coverage and nutritional outcomes, and identify statistically significant predictors of behavior (including program participation) and of good nutritional outcomes. The study is following three cohorts of 800 mothers and their infants starting from the seventh month of pregnancy and again at three and nine month postpartum.

To date, recruitment for Cohorts 1, 2 and 3 is complete, with data collection for the seventh month of pregnancy and the three month follow-up is in progress. Data collection for cohorts 1 and 2 at the ninth month is also complete and being analyzed. Evidence and data generated from this study will help inform CARE Bangladesh and other organizations implementing nutrition programming in Bangladesh.

**Window final evaluation** The overarching goal of the final evaluation is to assess the design, performance and effect of the Window project as well as document lessons learned for future programming. To accomplish this general goal, the final evaluation has eight sub-objectives:

1. Assess the project’s logic model
2. Assess coherence between activities and objectives
3. Assess implementation of activities
4. Identify barriers to and enhancers of the implementation of activities
5. Assess changes in IYCF practices
6. Assess women’s empowerment, social capital and household food security issues as part of the factors involved in the project context
7. Assess changes in nutritional status (anthropometry and anemia) among children 0-23 months of age and among childbearing woman
8. Identify and analyze lessons learned for future programming

All evaluation work of the Window of Opportunity project and reports are expected to be complete by August 2013.
New products

This training guide provides basic information and tools needed to conduct a one-day training session on how to provide postpartum emotional support to mothers and family members. The goals of the guide are to: 1) Provide an introduction to postpartum depression (PPD); 2) Teach concerned, caring individuals how to support mothers struggling with postpartum depression during one-on-one conversations or in a support group setting; 3) Offer suggestions on how family members can offer their support to a mother.

Presentations


Golding, L., & Cottrell, B.W. (2012, August 8). Communication for improving maternal, infant and young child nutrition: Developing, implementing, and monitoring social and behavior change communication activities for a five country project. Poster presentation at the 2012 National Conference on Health Communication, Marketing, and Media, Atlanta, GA.


Publications

Conclusion

Window of Opportunity will complete its programming in Bangladesh and Peru in the next few months. 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 to support nutrition programming 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.