



CARE's Nutrition Plus Team Capacity and Experience

INTRODUCTION

Lack of nutritious food is a fundamental barrier to health and wellbeing for the most vulnerable, poor and marginalized people in the world. Because of the complex relationships between agriculture, food security and nutrition, improving nutrition in an integrated way is one of the most cost-effective investments we can make — the ultimate form of prevention for disease, providing a healthy environment for learning and attacking poverty at its roots. Small improvements can open doors for new opportunities not only in terms of survival, but in terms of education, economic productivity and life goals.

Our vision is a world where malnutrition has been substantially reduced and where disparities in hunger have been eliminated between the poorest of the poor and those who are relatively more well off. This vision is grounded in our core belief that all children have a right to the best possible start in life and to optimal health, development and well-being. Moreover, reaching CARE's vision of eliminating poverty and achieving social justice is only possible when our vision has been realized.

The Nutrition Plus team supports country office and global programs to address the underlying causes leading to health inequities and high maternal and child malnutrition, poor child development, morbidity and mortality. To eliminate these inequities and reduce maternal and child malnutrition, morbidity and mortality, the Nutrition Plus team addresses the social position, human condition and the enabling environment surrounding the mother-child dyad and their environment.

Nutrition Plus specifically focuses on meeting the needs of women of reproductive age and children under two living in countries that continually shift along the emergency-development continuum. Nutrition Plus works collaboratively with CARE country offices and other partners to implement programming that integrates maternal nutrition practices, optimal infant and young child feeding (IYCF), early childhood development, food security, water, sanitation and hygiene (WASH), and women's empowerment. Cross-cutting strategies such as participatory governance, economic strengthening, data for decision making, and emergency preparedness increase effectiveness. Nutrition is the selected point of entry for a holistic approach to child health and development programming that can be integrated throughout CARE's multiple sectors. Generating and sharing knowledge to broadly influence global practice is a primary objective of our work.

Underlying Causes of Poverty (UCP) analysis reveals the political, social, economic, and environmental factors related to poor maternal-child health within the structural underpinnings of the social system. The Nutrition Plus team implements a mix of service delivery, capacity building, facilitation, empowerment and advocacy based on country context. For CARE, as an



organization that addresses underlying causes of poverty, solving the problem of malnutrition is a key to breaking the intergenerational cycle that perpetuates poverty and vulnerability.

Our Unifying Framework ensures that we analyze and address underlying causes from both a needs and rights-based perspective. It builds upon the underlying causes of poverty to suggest a plan for poverty eradication as well as social justice.

- **Improving Human Conditions**: Improve nutrition and health in poor and marginalized women of reproductive age and children under two.
- **Improving Social Positions**: Supporting individuals and communities to take control of their lives by advancing the right to health and well-being, and by combating inequality and discrimination.
- **Creating a Sound Enabling Environment**: Creating an advocacy agenda around maternal-child issues to foster just and equitable societies.

Rights Based Approaches (RBA) support families and communities in achieving the minimum conditions for living with dignity by identifying the structural and societal causes of poverty and marginalization. Maternal and child health is inextricably linked to issues of women's and children's rights, women's empowerment and gender equity. CARE integrates gender in six areas: problem analysis/design, project design, implementation strategies, training of health workers and project staff, monitoring and evaluation, and advocacy.

CARE's Program Approach stems from its commitment to align its operations to long-term programs that seek to achieve significant and lasting impact on poverty and social justice. This approach moves beyond the scope of projects to achieve positive changes in human conditions, in social positions and in the enabling environment. In order to achieve sustained, broad-scale impact, Nutrition Plus will:

- Focus on marginalized women of reproductive age and children under two
- Commit to a 10 to 15 year goal of specific changes for the impact population
- Address the underlying causes of malnutrition, poor development, morbidity and mortality for women of reproductive age and children under two
- Continually test the Nutrition Plus theory of change and its pathways as a hypothesis for achieving impact
- Engage in knowledge sharing and management
- Conduct impact measurement

CARE'S APPROACH TO MATERNAL AND CHILD NUTRITION

CARE takes an integrated approach to improving maternal and child nutrition that includes program design, systems strengthening, capacity building and gender equality.

1. Design programming based on what has been proven to work

CARE's Nutrition Plus team utilized cost-effective interventions aimed at reducing poor maternal health outcomes, underweight, stunting, micronutrient deficiencies, and nutrition-related child deaths. Breastfeeding counseling, appropriate complementary feeding, and



vitamin A and zinc have the greatest potential for reducing child deaths and future disease burden related to under-nutrition. Interventions to reduce iron and iodine deficiency are important for maternal survival and for children’s cognitive development, educability, and future economic productivity. Household food security is another important factor in improving the nutrition status of women and children.

2. Address systemic weaknesses that affect maternal and child nutrition

Often the immense needs of a population dwarf the available resources and overload systems. Even basic infrastructure is lacking— electricity, regular water supply, health worker shortages and related system dysfunctions. CARE employs a systematic approach to inform priorities and to make the most out of scarce resources. We carefully analyze the political, social and infrastructural settings to select priorities, improve key interventions to make the best effort to improve the nutritional status of women and children.

3. Strengthen community capacity to reduce maternal & child malnutrition, poor development, morbidity & mortality

By working with local and international NGOs, corporations, community based organizations, and academic institutions, CARE facilitates transfer of knowledge and skills— promoting local ownership of nutrition activities and mobilizing local human and financial resources.

4. Address gender inequity that affects women’s health-related decision making power

Inequities in access to and control of assets have severe consequences for women’s ability to provide food, care, and health and sanitation services to themselves, their husbands, and their children, especially their female children. Women with less influence or power within the household and community are unable to guarantee fair food distribution within the household. These women have less time to spend interacting with their children and diminished ability to visit health clinics when their infants and children are sick. Given the already susceptible situation of women and girls in developing countries, attempts to improve the overall status of women should work hand in hand with attempts to improve the nutrition status of women and girls. CARE incorporates gender-sensitive, culturally grounded nutrition components into all of its programming with the aim to improve women’s status.

NUTRITION PLUS’s Theory of Change (TOC) (Figure 1) hypothesizes that survival, optimal growth and child development can be achieved through:

- Addressing systemic weaknesses that affect maternal and child survival and early child development
- Fostering community capacity to adopt optimal nutrition and health behaviors
- Strengthening nutrition and health focused institutions and policies
- Increasing efforts to address gender inequity that affects women’s health related decision making power and ensuring access to quality food

The TOC supports that:

- Systemic weaknesses can be addressed through advocacy, capacity building and monitoring and evaluation.

- Community capacity can increase by bolstering civil society networks, mobilizing community support groups and empowering people and communities.
- Gender inequity is addressed by concentrating on gender imbalances at the household level and gender discrimination in health policy and practice.
- Figure 1: Nutrition Plus Theory of Change

CARE has decades of experience in effective, integrated health programming including demonstrated success empowering communities, strengthening health systems to improve nutrition and promoting household food security. Through an innovative combination of service delivery, capacity strengthening, facilitation and advocacy, CARE will further expand our work to maximize nutritional impact, increase accessibility of nutritious food and leverage political commitment and resources to address critical nutrition issue.



OVERVIEW OF NUTRITION PLUS'S TECHNICAL INTERVENTIONS

The NUTRITION PLUS team focuses on the following interventions based on demographic and epidemiological trends:

1. Nutrition: Nutrition is critical to human development. It has lasting effects on overall health, immunity, cognitive development and physical wellbeing. Maternal and child under-nutrition among people living in poverty is particularly detrimental to health and well-being. Globally, under-nutrition accounts for 11 percent of the disease burden and at least 3.5 million deaths in children under 5 years of age annually.¹ The breadth and depth of the problem has spurred CARE to identify nutrition as a prime entry point to ending poverty and a milestone to achieving better quality of life. CARE's efforts in nutrition are delivering concrete results in the lives of people living in extreme poverty. CARE works to reduce maternal and child mortality and morbidity by increasing accessibility, improving quality of health systems and promoting appropriate changes in behavior at the community level thus building a support system for optimal IYCF in resource poor environments. Programming includes collaboration with multiple community players, including village level administration, civil society groups, community based institutions and religious leaders. CARE's guiding program principles for child health and nutrition are adapted from WHO/Basics Essential Nutrition Actions.

2. Food Security: CARE, in partnership with stakeholders, supports the empowerment of poor women and girls to realize gender equitable and sustainable food & nutrition security. CARE provides expert technical assistance to develop and strengthen processes and activities that:

- Integrate nutrition and food security
- Develop relevant policy and legislation (including standards, strategies and guidelines)
- Support community level programming for individual behavior and social change
- Monitor and evaluate nutrition interventions.

Food production is not defined by calorie intake alone. By focusing on improving people's availability and access to the *right kinds* of food, CARE can have the most success in achieving its goal of fighting poverty and reducing hunger. CARE contributes to improved nutritional status by developing and promoting strategies that help smallholders apply a nutrition lens to agricultural production systems. CARE also contributes to the food security of women and children by promoting and supporting maternal and child nutrition. Food assistance to malnourished women and children is provided within the appropriate national contexts

3. Integrated Management of Childhood Illnesses (IMCI): In most of the countries where CARE works, the majority of child deaths occur outside health facility. CARE with its partners focuses its efforts on supporting the community-based application of the World Health Organization's Integrated Management of Childhood Illnesses (C-IMCI) handbook, an approach that improves

¹ Source: Black, R.E., Allen L.H., Bhutta Z.A., Caulfield, L.E., de onis, M., Ezzati, M., Mathers, C., & Rivera, J. (2008). Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet*, 37, 243-257.



family and community health and nutrition practices; early detection of diseases; care seeking behaviors; and the management of sick children. It also reinforces health equity by increasing families' and communities' access to health information and services.

4. Community-based Neonatal Health Care: CARE has identified strategies to significantly reduce newborn deaths, which currently make up 40 to 60 percent of child mortality. These include: prenatal care, promoting the use of safe delivery, training skilled birth attendants, essential newborn care, extra newborn care with a focus on vulnerable newborns (i.e. LBW), and post-partum care. Families are taught to recognize when a newborn needs medical care, to obtain tetanus vaccinations for mothers and to practice optimal breastfeeding with skin-to-skin contact immediately after birth.

5. Maternal Health is an integral part of NUTRITION PLUS projects. The 'maternal package' promoted by Nutrition Plus is in line with WHO's Safe Motherhood Package for technical content and USAID's Minimum Activities for Mother and Newborns (MAMAN) framework for community level interventions. The core interventions are frequent antenatal care (at least four visits during pregnancy), including tetanus vaccination and iron supplementation, as well as dietary counseling. Birth plans are developed for emergency transportation systems and emergency obstetric care by linking the mother to village saving and loan groups. Volunteer community health workers are trained to recognize the danger signs of pregnancy and delivery and to promote delivery by skilled attendants. In addition, CARE improves the quality of maternal health services at the health facility level through staff training, supervision plans, and adapting protocols to local cultures. Maternal nutrition during pregnancy and lactation is also an integral component of NUTRITION PLUS programming. Programming in this area might include micronutrient supplementation (Vitamin A, iodine, and iron/folate, among others), promoting a diversified diet that meets the caloric needs of pregnant and lactating women, and improving the use of locally available foods to ensure increased intake of important nutrients.

6. HIV/AIDS: Children affected or infected by HIV and AIDS are also at a distinct disadvantage in virtually all aspects of life –nutrition, health, and development. These children are less likely to have their basic needs met and are more likely to be sick or malnourished, suffer psychological trauma, lag behind in a series of developmental outcomes, endure abuse and become HIV positive. Young children are especially vulnerable to the effects of HIV and AIDS, given the critical importance of the first five years of life in providing the foundations for lifelong development. CARE has been supporting cross-sector work between HIV/AIDS, nutrition and health through the development of programming essential actions that meet the developmental needs of children.

CARE'S NUTRITION AND CHILD HEALTH PROGRAMMING APPROACHES

CARE provides cross-sector responses to reduce mortality and morbidity among children under five. CARE is committed to using interventions that resonate with people's concerns, survival strategies, perceived risks, information needs and cultural practices. Our programming utilizes a mix of service delivery, capacity building, facilitation, and advocacy. In taking this approach,



CARE is better able to provide successful health interventions and reach wider audiences. Additionally, the regular incorporation of sustainability strategies into program design has allowed for on-going behavior change, community action and improved provider capacity. CARE's proven approaches include the following:

Working in Partnerships - CARE recognizes the benefits of working in partnership with government agencies such as Ministries of Health as well as with local and international NGOs, corporations, community based organizations, and academic institutions. This approach facilitates transfer of knowledge and skills, and strengthens CARE and partner agencies. Partnership also promotes local ownership of activities and increases the chances that programming will mobilize local human and financial resources. CARE believes that if its partners have a sense of ownership over the project through joint planning and implementation of activities, they are more inclined to invest in its success.

Institutional Capacity Building - CARE focuses its efforts on capacity building. While extraordinary circumstances such as civil unrest or natural disaster may require direct service delivery as part of emergency relief, under normal conditions CARE projects try to avoid the direct service delivery approach. Strengthening the technical, managerial and systems capacities of partner institutions such as Ministries of Health facilitates transfer of knowledge and skills— promoting local ownership of activities and mobilizing local human and financial resources. Overall, CARE's institutional capacity-building efforts focus on supporting lasting change and ensuring sustainability by improving both quality of care and accessibility to services.

Promoting Community Participation and Empowerment - CARE regards community participation and empowerment as essential elements of its programming. Community members need to be capable of making strategic life choices for themselves. Thus, CARE supports change in the structures and relations that shape the choices/results to which all community members aspire. Health and wellness are most accessible when individuals can build relationships, participate in joint efforts, form coalitions, and provide mutual support to one another. Through promotion of community participation, those CARE have helped are now building better lives for themselves, their families, and their communities.

Quality Assurance - Ensuring quality of care is just as important as ensuring access to care. For this reason, CARE helps its partners to establish minimum standards of quality, to develop quality assurance monitoring and evaluation tools, and to train health care providers to provide quality services. Comprehensive monitoring and evaluation plans are integrated into all of CARE's programming efforts in order to measure progress against planned inputs, outputs, activities, and targets. CARE works diligently to not only show that impact is achieved, but that it is grounded in rigorous quantitative and qualitative research.

Advocacy - CARE seeks to achieve comprehensive change. Over the 60 years, CARE has been assisting communities with critical challenges in relief and development. We have a clear understanding of how policies evolve and how advocacy can influence the process. CARE



successfully collaborates and coordinates its efforts at the international, national, regional and local levels to support and promote health sector policy reform and national and local child health and nutrition interventions.

HIGHLIGHTS FROM CARE'S RECENT PROGRAM PORTFOLIO

Infant and Young Child Feeding in Child Survival Projects

Multiple CARE projects within the last decade have focused on early initiation of breastfeeding, exclusive breastfeeding and complementary feeding. Among CARE's Child Survival projects, notable successes include: increased exclusive breastfeeding from 50 percent to 88 percent in Nepal, increased practice of immediate initiation of breastfeeding from 20 percent to 70 percent in Sierra Leone, and increased complementary feeding from 38 percent to 98 percent in Ethiopia.

Nutrition Advocacy Strategy in Peru (2006 – 2010)

For the past five years CARE PERU has worked at the community level implementing a program aimed at reducing chronic malnutrition rates by 10 percentage points in seven regions. As part of this programming, CARE along with other partners (United Nations agencies and other local and international NGOs) advocated to make childhood malnutrition a priority for the Peruvian government. This successful collaboration led to the formulation of the *National Strategy against Malnutrition*. Since its implementation, chronic malnutrition in Peru has been reduced by 4 percent in four years. Additionally, the percent of children who were underweight decreased from 19.1 percent to 12 percent.

Food Security in Bangladesh (2003 - 2009)

The Strengthening Household Abilities for Responding to Development Opportunities (SHOUHARDO) Program was a six-year, \$128 million Title II Development Assistance Program (DAP) funded through Food for Peace (FFP) and the Government of Bangladesh. SHOUHARDO's goal was to sustainably reduce chronic and transitory food insecurity of 400,000 households in 18 districts by improving the social positions and economic conditions of the poor and vulnerable communities, targeting especially women, children, and populations susceptible to natural disasters (flooding). Primary modes of implementation included Village Development Committees (VDC), Slum Development Committees (SDC), working with communities to support maternal and child health using courtyard education sessions and Community Led Total Sanitation (CLTS). Women's participation in VDC/SDC helped promote acceptance of women's empowerment within communities, while Empowerment, Knowledge, and Transformative Action (EKATA) groups simultaneously inspired and educated women about leadership and empowerment techniques. Results included a 30 percent reduction in the prevalence of stunting among children in target population 6 to 24 months old, 21 percent for underweight of the same age and dietary diversity scores for mothers of children under two increased from 5.1 to 5.7, and averaged 5.9 among children 6-24 months at the end of the program.

Food Security in Kenya (2003 – 2008)



Sustainable Livelihood Security for Vulnerable Households in Nyanza Province, also known as Dak Achana, was a five-year Title II Development Assistance Phase II Program aimed at sustainably enhancing food and livelihood security in seven districts of Nyanza Province. One of the Program's five strategic objectives was to improve the food security and nutritional status of orphaned and vulnerable children (OVC) through the provision of food commodities. The program sought to reach this objective through the HIV/AIDS LIFE Initiative Project, which focused on reducing the impact of HIV/AIDS through improved food security and nutrition, food availability and utilization by OVC and households affected by HIV/AIDS. CARE worked with intermediary institutions to channel food resources to local community based organizations (CBOs). CBO staff were trained in food distribution, storage, and nutrition, and also led the food distributions. A total of 6,178 OVC were reached, surpassing the 5,000 originally targeted. An independent evaluation team found a steady improvement in under 5's Z-Scores for weight-for-age, weight-for-height and height-for-age as well as a marked reduction in morbidity levels among OVC, from 39.5 percent at baseline to 26 percent at the midterm evaluation to 22.8 percent at the end evaluation. Furthermore, most of the households, 92.2 percent, noticed differences in the health conditions of the children who received food supplements. Of this group, 74 percent reported that children who used food supplements looked physically strong and 24 percent reported a reduced frequency of sickness among the children.

Developmental Relief Program in Sierra Leone (2004-2007)

Nutrition programming was integral to this project aimed at restoring livelihoods for rural households in post-war Sierra Leone. The project improved access to comprehensive maternal and child health services through training village health workers (VHWs), strengthening the capacity of government sponsored peripheral health units (PHUs) to provide health services, and organizing village health outreach sessions. The project also aimed to increase household knowledge related to immediate and exclusive breastfeeding, effective weaning, and the rehabilitation of moderately malnourished children. As a result of training around IYCF at the VHW and household level, there was a 25 percent increase in the proportion of children under 6 months who were exclusively breastfed.

Child Survival with Rights-based Approaches in Kanchanpur, Nepal (2003 - 2007)

In the Kanchanpur district in Far West Region of Nepal, CARE launched a child survival project covering an estimated population of 900,000 in four districts. The project had a strong rights based approach (RBA) component. For this project, CARE focused its efforts on the *Dalits* (a self-identified group of lower castes who are politically active) and especially *Dalit* women. The project was especially successful in the following areas:

- Through women's groups the practice of '*Chaupadi*', a tradition that forced women to live in cattle sheds during menstruation and childbirth period, was eliminated from large parts of KanNutrition Pluspur.
- Local NGOs working in collaboration with local *Dalits*, worked on providing immunization services for infants and mid-day school meals for school children.
- The malnutrition rates in children under 2 years of age declined from 38 percent to 28 percent in a protracted conflict setting. The lives saved calculator showed 2358 under-5 lives were saved.



Child Survival in Nicaragua (2002 - 2007)

In coordination with the Ministry of Health in Matagalpa, CARE implemented a Child Health Project in both urban and rural areas of the department of Matagalpa. The goal of the project was to contribute to a 15 percent reduction in maternal and child mortality and morbidity by 2007, particularly in the municipalities of Matagalpa, La Dalia and Waslala. By the end of the project, there was a reported decline in maternal deaths in the hospitals of an astonishing 77 percent and reduction in child mortality of 15 percent. These results were reached by:

- Improved access to and quality of maternal and child health (MCH) services in the public and private sectors in Matagalpa.
- Improved access to and quality of maternal and neonatal health services in the hospital in Matagalpa.
- Strengthened household decision-making resulting in the practice of healthy behaviors.

Child Survival in Ethiopia (2002 - 2007)

The goal of the CHILD-*E*, or Child Health Initiatives for Lasting Development in Ethiopia, was to improve the health status of children under five and of women of reproductive age through three targeted CB-IMCI interventions: Nutrition, Acute Respiratory Infection and Control of Diarrheal Diseases. CHILD-*E* worked in partnership with the Ministry of Health (MOH) to train staff, expand and improve services, and initiate an information campaign that promoted behavior change. CARE's strategy was to work with the MOH, mothers groups and a Core Health Unit within the Ethiopian Orthodox Church to train and support religious leaders to provide information and influence the health behaviors of its members. The project's total target beneficiaries population was 118,223 (46,314 children under 5 and 71,909 women of reproductive age) or approximately 39 percent of the estimated population in Farta. The malnutrition rates declined from 38 percent to 26 percent in children younger than 2 years of age and the Lives Saved Calculator (LSC)² tool showed that UFRM decreased by 24 percent in the project area.

Food Security in Honduras (2001 – 2005)

The Food Security Program (FSP) in Honduras was an approximately \$33 million, five-year Title II Development Assistance Phase II Program, which sought to sustainably improve the food and nutrition security of vulnerable households in three extremely poor municipalities of western Honduras: Lempira, Intibuca, and La Paz. In addition to increasing the availability of and access to basic and nutritious food, one of the three strategic objectives was to improve biological utilization of food. An independent evaluation team found that the percentage of households consuming eight or more types of food increased significantly from 66.4 percent at baseline to 80.3 percent at end evaluation representing a substantial improvement in household nutrition. Households were consuming more animal products (from 70.2 percent to 76 percent); vegetables, fruits and Vitamin A (28.3 percent to 36 percent); and oils (83.6 percent to 88.8

² Using the models presented by the Bellagio Group in 2003 and 2005, the Lives Saved Calculator (LSC) was created to estimate the number of child lives saved in NGO/PVO intervention areas.



percent). Additionally, findings showed that the program was successful at improving mothers' feeding practices for children under 12 months old, as mothers reporting suitable feeding practices rose from 40.2 percent at baseline to 53.6 percent. Suitable feeding practices included exclusive breastfeeding for infants less than six months, the introduction of appropriate complementary foods from six to eight months, a continued introduction of a more diversified diet from nine to eleven months, and lastly a gradual introduction of carbohydrates, oils, fruits, and vegetables from 12 to 23 months.

Child Survival in Peru (2000 – 2004)

CARE worked in the remote northern highland region in the adjoining provinces of Cajabamba and J.F. Sanchez Carrion, an area with an infant mortality rate higher than the national average, to reduce maternal and child mortality using lessons learned from a CS program in another area of northern Peru. The project worked to (1) strengthen community outreach through support for MoH training and supervision of Community Health Agents (CHAs); (2) increase community responsibility through health education and peer support, resulting in an increased demand and access to health prevention and treatment services; (3) train Community Health Associations (CHAs) to legally organize into associations that actively represent their communities in local municipal structures for the administration of health services; and (4) strengthen civil society structures in problem solving and action planning for improved maternal-child health. By the end of the project, the number of mothers who seek appropriate medical treatment for children age 0 to 23 months with signs of pneumonia increased from 47.8 percent to 78.1 percent. Additionally, exclusive breastfeeding increased from 33.3 percent to 82.5 percent and the number of women with an obstetrical complication who are treated by a health professional increased from 55.4 percent to 84.3 percent.

Child Survival in Siaya, Kenya (1999 - 2003)

In Siaya district in the Nyanza Province, CARE-Kenya worked with the MOH, mission hospitals and traditional providers to reduce the child mortality and morbidity in the district. The results reported by independent consultants from Emory University showed that the project was able to reduce under-5 mortality by at least 40 percent in comparison to the control area, which was primarily attributed to exclusive breast feeding and the control of malaria.

SPECIAL INITIATIVES

Nutrition at the Center (2013 – 2014) With generous support from the Sall Family Foundation, CARE will implement an innovative, program to develop, document and disseminate highly effective and efficient integrated approaches that substantially improve nutritional outcomes for mothers and children, while continuing to build capacity at CARE to assume greater leadership and increase global impact.

Integrated strategies that include 1) infant and young child feeding (IYCF) and maternal nutrition practices, 2) food security, 3) water, sanitation and hygiene (WASH), 4) women's empowerment, and 5) maternal health will yield a significant, sustainable impact for families



and communities and validate the effectiveness of CARE's women and community-centered programmatic approach. Advocacy at national and global levels along with intentional learning, knowledge generation and sharing will expand scale and impact. This work will elevate the position of nutrition at CARE International, increasing organizational commitment and effectiveness to address this critical global issue.

The program goal is to significantly improve maternal and child nutrition and health outcomes through implementation of integrated programs. The objectives include:

- Developing, implement and document effective, sustainable and replicable integrated programs to improve nutrition outcomes for women and children
- Exploring and pursuing emerging issues and innovations around maternal and child nutrition and health (e.g., tropical enteropathy, diversified diets tailored to specific contexts)
- Advancing global knowledge, good practices and advocacy related to integrated maternal and child nutrition programming
- Promoting nutrition knowledge and practice at personal and professional levels throughout CARE

Window of Opportunity (2008 – 2012) Building on the three-year infant and young child feeding in emergencies (IYCF-E) Initiative and in support of CARE's *Mothers Matter* Signature Program, CARE received private funding to broaden its focus on infant and young child feeding and related maternal nutrition (IYCF + rMN) during 2008-2012. CARE's *Window of Opportunity* program is an infant, young child and maternal nutrition project that focuses on the promotion, protection and support of optimal IYCF + rMN feeding practices. Globally the project worked in five countries – Nicaragua, Peru, Sierra Leone, Bangladesh and Indonesia. The primary technical goals of the program were to:

- Integrate optimal IYCF practices and related maternal nutrition into on-going CARE health and nutrition programming
- Strengthen the capacity within CARE, and that of national and local health systems, partners and communities to protect, promote and support optimal IYCF and related maternal nutrition practices
- Advocate for an enabling environment for optimal IYCF and related maternal nutrition practices at the global, national and local level
- Incorporate behavior change communications strategies that empower communities and individuals to make appropriate choices regarding their nutritional well being
- Develop a systems strategy for monitoring and evaluation to facilitate project management, and knowledge sharing through documentation and dissemination

Infant and Young Child Nutrition (IYCN) (2006 – 2011) The IYCN project was a five-year cooperative agreement awarded by the U.S. Agency for International Development. It consolidated and expanded upon 20 years of experience gained from past USAID programs aimed at improving maternal nutrition and infant and young child feeding practices, including



breastfeeding, complementary feeding promotion and support, nutrition of children and women in emergency settings, and micronutrient programming. CARE was an implementing partner of the IYCN project along with PATH, Manoff Group and the University Research Corporation (URC). Its primary goals were to:

- Increase the use and population coverage of essential maternal and child survival health and nutrition interventions
- Support USAID's global leadership and country programming in IYCN, especially in the areas of complementary feeding, nutrition, and IYCN in the context of HIV/AIDS

Beginning in 2008, CARE hosted IYCN activities in Madagascar, Haiti and Bangladesh and is currently working on developing a work plan for Mozambique with the USAID Mission. Within Madagascar, the collaboration focused on the link between technical assistance and IYCN and BASICS program activities. IYCN activities were nested within the CARE structure, and more broadly in collaboration with Madagascar National Nutrition Office (ONN), USAID-funded Santenet, community based nutrition program SEECALINE, Nutrition Service (SNUT), UNICEF, and various NGOs. This approach made IYCN an agile and effective partner in Madagascar. In 2008, geographic information systems technology was used to help the USAID Mission map the coverage of nutrition programs in Madagascar, highlighting gaps and overlap. The IYCN Project developed a maternal nutrition strategy to be added to the National Nutrition Plan by the National Office of Nutrition. During the January 2010 earthquake in Haiti, IYCN played a primary role in building the capacity of workers in baby friendly tents, supporting mothers to maintain optimal IYCF practices. CARE partnered with IYCN in Bangladesh to distribute micronutrient powders to all children 6 to 23 months living in the Upazila (sub-district) of Karimganj in the Haor region. Some results from the program include:

- Increased access to IYCN resources by disseminating more than 5,000 publications and tools and launching a website which includes a resource library.
- Identified, formulated and tested three lipid-based supplementary food products for HIV-positive pregnant and lactating women and HIV-affected breastfed infants and young children in Zambia.
- Provided substantial technical assistance to Lesotho's development of its national IYCF and PMTCT policies and guidelines, as well program implementation.
- Developed rapid assessments tools for assessing infant feeding practices and programs.
- Commissioned a review of effective delivery channels for commercial fortified complementary foods and how the channels facilitated appropriate use of products.
- Substantially built and strengthened the program's monitoring and evaluation system to more closely represent and track project goals, objectives and results.
- Provided critical technical expertise to advocacy partners and contributed to key advocacy discussions and documents on ensuring global food security, including "The Roadmap to End Global Hunger."
- Designed innovative program for providing micronutrient powders to correct and control anemia among infants and young children in Bangladesh, as well as behavioral interventions for ensuring optimal use.



- Received commitments of \$1.4 million to expand and start up activities in Nigeria, Bangladesh, Cote d'Ivoire, Haiti, and Kenya.
- Collaborated with partners to develop a practical guide for providing nutritional care and support to HIV-affected orphans and vulnerable children in Sierra Leone.
- Identified the need for and developed a comprehensive national nutrition strategy in Madagascar with national nutrition stakeholders.
- Significantly expanded IYCN outreach in Zambia by training partners and supporting development of Ministry of Health (MOH) provincial training teams, which now autonomously carry out IYCF training with ongoing technical support from IYCN and central MOH oversight.

Infant and Young Child Feeding in Emergencies (IYCF-E) (2004 – 2007) Infant and Young Child Feeding in Emergencies was a privately funded initiative focusing on improving nutrition and food security in complex emergencies, including refugee camps and with communities of internally displaced persons (IDPs). Optimal infant and young child feeding in emergencies was promoted through the provision of individual counseling and mother to mother support groups for breastfeeding and complementary feeding in the Dadaab refugee program in Kenya, the West Timor region of Indonesia, and the Kasai Province of the Democratic Republic of Congo. Overall, the objective of the IYCF-E Initiative was to increase the capacity of staff and partners to improve infant and young child nutrition in emergency settings. The approach used shared learning and communications strategies to develop skills and tools contributing to the global and local institutionalization of IYCF-E. Project implementation in Kenya was handed over to UNHCR and UNICEF in December 2007. Results from the project in Kenya indicate:

- At the end of 2008, staff conducted a survey with mothers assessing their knowledge, attitudes and practices. Results were compared with the 2007 health and nutrition surveys. In 2007, an average of 66.2 percent of mothers from Hagedera, Dagahaley and Ifo camps initiated breastfeeding within 1 hour of birth, whereas in 2008, an average of 76.5 percent initiated breastfeeding within that time period.
- Results from the 2009 survey showed that rate of early initiation increased to 81.7 percent.
- The nutrition surveys also showed an improvement in exclusive breastfeeding (EBF) from 4.1 percent in 2005 to an average of 25.6 percent in 2008. In 2009, data showed a continued increase to well over 40 percent. (It should be noted that the camp population increased dramatically during the project period, making the improvement in practices even more impressive.)
- Consistent with improved breastfeeding practices, rates of global acute malnutrition decreased from 22 percent in 2006 to 11 percent in 2008 in children under five years of age as indicated by a standard height for weight index measurement.