

Canada Prenatal Nutrition Program

General Information	
Lead Department	Health Canada (two distinct but linked programs in Population and Public Health Branch and First Nations and Inuit Health Branch)
Partners	Bilateral agreements Memorandum of Understanding (MOUs) between HC and 13 provinces and territories
Effective Date	Announced in July 1994
Expiry Date	No expiry date identified in the MOU but the bilateral agreement can be terminated with one year's notice by either party
Website	http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp/cnp/index.html
Purpose	<ul style="list-style-type: none"> • to assist communities to develop or enhance programs for at-risk pregnant women to improve birth outcomes; • to improve the health of pregnant women; • to increase the number of women having healthy babies; • to promote the initiation and duration of breastfeeding; • to increase the accessibility of services for pregnant women at risk; and • to increase partnerships and inter-sectoral collaboration. <p>• Full Time Employment (FTEs) - 26, Salary & OM - \$3.604m</p>
Roles and Contributions	<p>CPNP is jointly managed by Health Canada and the provinces and territories and is delivered through Health Canada regional offices. Administrative protocols (MOUs) set out the priorities and the way the Program is managed in each jurisdiction. There is 100% federal funding.</p> <p>Information related to contributions is publicly available on the web site and is listed in the Federal Inventory of Programs and Services for Children.</p> <p>Public understanding and recognition of the federal government's role and contributions is not being tracked.</p>
Resources	
Funding	<p>100% federal funding:</p> <ul style="list-style-type: none"> • 2000/01 - \$23,762 million • 2001/02 - \$27,189 million & ongoing
Tracking and Reporting	<p>CPNP is not an intergovernmental transfer program and, therefore, there is no need for tracking and documenting transferred funds. Federal spending is tracked and documented through the grants and contributions system.</p> <p>Information on spending is publicly reported in the Main Estimates and Public Accounts. Information on funding sources and cost per client is included in <i>CPNP Reaching Canadian Communities</i>, a report publicly available on the web site. Updated reports will be available on the web site.</p>

Measurement and Reporting	
<p>Outputs / Outcomes</p>	<p>Planned outputs include: increased availability of community services for pregnant women at risk, such as nutritional counselling and food supplements, educational activities with regard to prenatal health issues, breastfeeding and infant development, counselling on lifestyle issues such as alcohol abuse, stress, and family violence; and, referrals to other services.</p> <p>Outcomes include: improved maternal health (reduction of risk behaviours); increased number of healthy birth weights among participants; increased initiation rates of breastfeeding; improved infant health (less morbidity); increased number of “spin-off services” and partnerships within the community (including multi-sectoral). Short-term commitments (3-5 yrs): more women breastfeeding for a longer period of time; more women having healthy babies. Long term commitments (5-8 yrs.): reach an additional 15,000 pregnant women living in conditions of risk; more equitable access to service; decreasing rates of high birth weight among Aboriginal population; healthier child outcomes.</p>
<p>Indicators</p>	<p>The CPNP evaluation has three components: program evaluation, impact evaluation, and a baseline data study.</p> <p>Data are collected at the project level and are analysed at the national level; local, regional and aggregate reports are provided to Joint Management Council (JMCs) for priority setting and program planning.</p> <p>The Individual Project Questionnaire (IPQ) is completed annually by all projects and provides program level information to measure outputs. Information is gathered regarding the number of: projects targeting pregnant women at risk; women accessing each project; projects providing previously unavailable services; programs providing food and vitamin supplements, dietary and lifestyle counselling, breastfeeding support, and educational activities; and, referrals to other agencies and services.</p> <p>The Individual Client Questionnaire (ICQ) is completed for nearly every woman that attends CPNP and provides individual level information in order to measure outcomes. Performance measurement indicators for outcomes include: increase in breastfeeding initiation and duration rates among CPNP participants; increase in number of babies born among CPNP participants with healthy birth weights; increase in number of spin-off activities, in-kind contributions, voluntarism, joint planning and resource sharing; reduction of secondary costs and problems related to unhealthy birth weights of babies born to CPNP participants.</p> <p>Performance information will be measured and assessed through the CPNP Evaluation Framework. Approved by Health Canada in 1996, the Framework is based on extensive collaboration with stakeholders including Joint Management Committees (JMCs), prenatal/nutrition experts, CPNP projects, Health Canada regional offices Program Evaluation Division and community groups.</p>

	<p>There are regional audit strategies developed in conjunction with JMCs, however the program does not lend itself to a national audit strategy. Other compensating controls at the regional and national levels have been introduced to ensure necessary accountability (e.g., project renewal, regular financial monitoring, audited statements).</p>
Comparable Indicators	<p>In order to attribute the impact of CPNP, it is important to be able to compare CPNP results with those of comparable communities without the CPNP intervention. A series of communities that have similar risk profiles is currently being studied for comparable indicators related to pregnancy outcomes. The research objectives are to collect information on prenatal risk factors and pregnancy outcomes from areas where CPNP-type programs are not currently available and to determine rates of adverse pregnancy outcomes among women at risk who are eligible for CPNP-like programs but have not had access them. Indicators address the program's target, i.e. pregnant women living in conditions of risk. Broader societal indicators or measures are not being monitored.</p> <p>Low birth weight is compared (LBW) for the majority of participants. The results of these assessments are compared to low birth weight rates of other Canadian women (societal indicator) and to the results of pregnant women living with similar risk factors. This is normally done through special studies such as the Canada Prenatal Nutrition Baseline Data Study.</p> <p>Monitoring of (through Statistics Canada reports) societal LBW rates to determine if they are changing. Given that of the 370,000 pregnant women a year in Canada, over 30,000 come to our program (nearly 10%), CPNP could have an impact on the societal indicator.</p> <p>Also the initiation of breast-feeding is measured and compared against the national average and other special studies (e.g., rates for Aboriginal women).</p>
Evaluation/Third Party Assessments	<p>CPNP has three levels of evaluation. The <i>national</i> evaluation is composed of two parts (a) program evaluation at the departmental level, is being conducted through third party evaluators (b) impact evaluation - conducted through a census of program participants. <i>Regional</i> level evaluations (e.g., Quebec) are conducted through third party evaluators. <i>Local</i> level or project evaluations, are also undertaken by third party evaluators.</p>
Shared Information and Best Practices	<p>Information and best practices are shared at several levels. Bi-annual popular reports addressing evaluation results are disseminated to MPs, Senators, senior management, JMCs, projects. The report is also on the Health Canada website. Best practices and evaluation results are used in policy development (at both the federal and provincial levels) and for program improvement (i.e., increase duration of contact with program participants).</p>
Public Reporting	<p>The HC web-site is the primary vehicle for positing both outcome results (program performance on societal indicators) and lessons learned. The bi-annual popular report has been the key document to date.</p>

Involving Canadians	
Provisions for Citizens to Participate in Developing Social Priorities and Reviewing Outcomes	CPNP consults regularly with JMCs which include federal., provincial/territorial and community representation as appropriate to review priorities and outcomes.
Feedback Mechanisms to the Public	CPNP is targeted to pregnant women at risk of having poor birth outcomes and consequently mechanisms to report to Canadians are not relevant. Program participants (pregnant women living in conditions of risk) are involved in program development and are being interviewed by third party evaluators as part of regional and national level evaluations. The determination of program outcomes was developed through consultation with CPNP project directors.
Service Commitments	
Public Availability of Eligibility Criteria	<p>The Guidelines for Applicants, which include eligibility criteria, vary from province to province. For example, Quebec encourages the funding of health units as it complements health administration in the province (e.g., CLSCs), while in Atlantic Canada this approach is discouraged. As a result, the eligibility criteria are listed on regional websites (where web-sites exist).</p> <p>In some cases, where there are no funds available (fully committed for long term projects), criteria may not be listed, as it would create unrealistic expectations among community organizations. In the territories, the approach has been to build capacity in at risk communities rather than listing eligibility criteria on a web-site. More traditional approaches are used such as town halls and community meetings.</p>
Existence and Availability of Service Commitments	<p>The CPNP framework clearly describes the program components; however, the nature of CPNP does not lend itself to national service standards.</p> <p>Evaluations collect data on client satisfaction and projects are required to involve participants on governing boards and committees to ensure service level commitments to clients.</p>
Measurement and Public Reporting	Information on performance against service commitments is publicly reported through evaluation reports at the regional and national levels.
Appeals and Complaints	
Existence, Availability and Communication of Mechanisms	<p>CPNP is not a program that is available to or serves all Canadians (such as consumer protection). There is no financial means test so women are not turned away. Women tend to self- select and those that may be better helped elsewhere are, referred to another agency or program. Each project is governed by a board. Participants can take their complaints to this body.</p> <p>The only cases that have ever been brought to the attention of Health Canada management or the Minister are requests for further project funding.</p>

Tracking and Public Reporting	Not applicable ¹ ; see above
Mobility	
Existence of Measures	Not applicable ¹ , CPNP is targeted to eligible “population at risk”, both Aboriginal and non-Aboriginal. Project funding is to community groups and not to individuals. All communities are eligible for funding depending upon need.

¹Not applicable: when the section does not apply.