



# Canada Prenatal Nutrition Program



# Community Action Program for Children

## Renewal 2000

### Taking Stock, Celebrating Success, Building for the Future

**Health Canada's Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) have brought Canadians from every walk of life together to promote healthy birth outcomes and improve the health and development of Canadian children.**

CAPC supports community coalitions in establishing and delivering programs and services that respond to the health and development needs of children up to six years of age who are living in conditions of risk. CPNP focuses on those pregnant women most likely to have unhealthy babies because of poor health and nutrition, including adolescents, women living in poverty, women who use alcohol or other substances, and women living in violent situations.

Although CAPC and CPNP projects receive ongoing funding from Health Canada, the projects must undergo a formal review when existing contribution agreements expire. This process is referred to as Renewal. As well as ensuring project accountability, Renewal provides Health Canada with valuable information about projects and their workplans and an opportunity to capture and share the successes, challenges and lessons of the community-based programs.

All Health Canada regional offices produced Renewal Reports for the 2000 Renewal. A national roll-up of the regional reports was then prepared to capture the common themes and issues that

projects are facing across the country or in multiple regions. This document summarizes the findings of the *CAPC/CPNP Renewal 2000, Final Report*. A copy of the full report can be found on the Health Canada website at <http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp.html>

### How They are Administered

CAPC/CPNP are governed by administrative protocols that identify funding priorities and set out the terms and conditions for managing projects in each province/territory. The programs are jointly managed by the federal and provincial/territorial governments through provincially based Joint Management Committees (JMCs).

CAPC/CPNP programs are delivered through Health Canada's regional offices, where program consultants provide advice and assistance to projects and monitor project activities to ensure funding accountability.



## Renewal 2000

# The Renewal Process

A national Renewal team, including program consultants from each region and representatives of the national office, developed the framework for CAPC/CPNP Renewal 2000. The framework set out four national-level criteria that projects must meet to receive funding. Specifically, projects had to demonstrate that they:

- adhere to CAPC/CPNP guiding principles (see sidebar)
- reach the target population
- are effective
- are well managed

From September 1999 to March 2000, CAPC and CPNP projects gathered and prepared data for their three-year workplans and renewal applications. In many cases, regions enhanced the national criteria to reflect individual priorities and used a variety of assessment sources, including national and regional evaluation data, project files, site visits and project evaluations.

Program consultants in each region assessed the applications based on the Renewal Framework, forwarding their recommendations to federal/provincial/territorial Joint Management Committees for final review and approval. Of the 739 projects eligible for Renewal, 658 projects were renewed unconditionally, 61 were renewed with conditions and 20 were not renewed because they did not meet the Renewal criteria, did not re-apply or were designed to be time-limited.

## CAPC/CPNP Guiding Principles

The common threads linking all CAPC/CPNP projects are a focus on:

**Children first/mothers and babies first**

**Strengthening and supporting families**

**Equity and accessibility**

**Flexibility**

**Community-based**

**Partnerships**



*Children first/  
mothers and  
babies first*

# Lessons Learned . . .

## . . . About the Renewal Process

While regional office and project staff found the Renewal Process challenging and time-consuming, most agreed that it also provided a unique opportunity to take stock of the current status of projects and to plan for the next three years. More than an accountability exercise, Renewal was seen as a valuable tool for improving and strengthening community-based projects.

***While the Renewal Framework provides a good balance between consistency and flexibility, some elements can be improved.***

The framework ensured a consistent national perspective, while allowing for regional adaptations in content, sources and process. However, projects emphasized the need for Health Canada to streamline monitoring and reporting procedures and to ensure that evaluation data, such as the data collected through the new CAPC National Program Profile, be used to inform the next Renewal.

Although Renewal packages were sent out earlier than in previous years, many projects and regional offices found the timeframe too short. They identified a number of contributing factors, including the need to adapt packages to reflect regional priorities and to orient project coordinators, summer “down time” for many projects and personnel, and the large number of projects in some regions.

Given the positive feedback about the 2000 Renewal Framework, it will become the standard, eliminating the need for subsequent discussions regarding design and implementation, and ensuring that it is available to regional offices well in advance of the 2003 Renewal.

*“The Renewal period provided an opportunity for CAPC and CPNP project staff, advisory committees, sponsors and Health Canada to reflect on program strengths and best practices, as well as to identify areas for improvement.”*

— Alberta Renewal Project

*“We quickly realized that it was a huge task and that we would need a lot more time and resources than we already had.”*

— Quebec Renewal Report



## **. . . About the Successes**

### ***The guiding principles provide a strong foundation for program development and delivery.***

CAPC and CPNP projects not only adhere to the guiding principles, some of the theoretical assumptions behind them are so widely shared that they seem self-evident to projects. The principles were frequently cited as the key to success for program management, capacity building, participant involvement and reaching those most at risk.

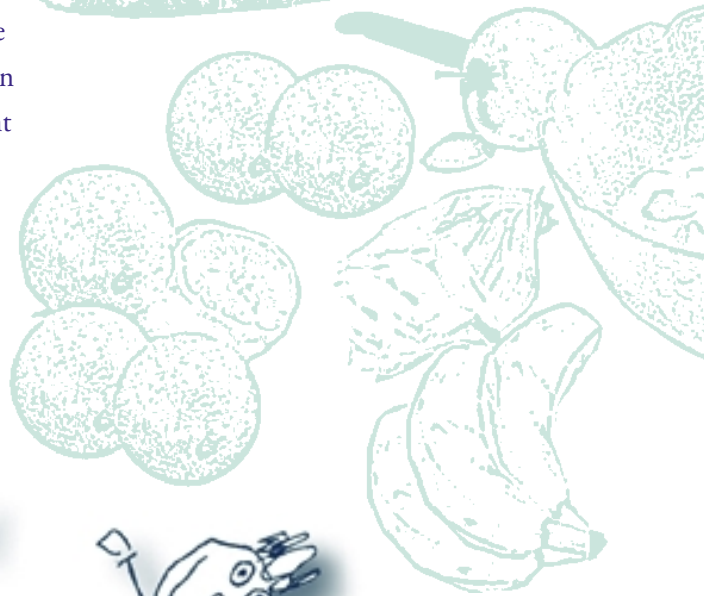
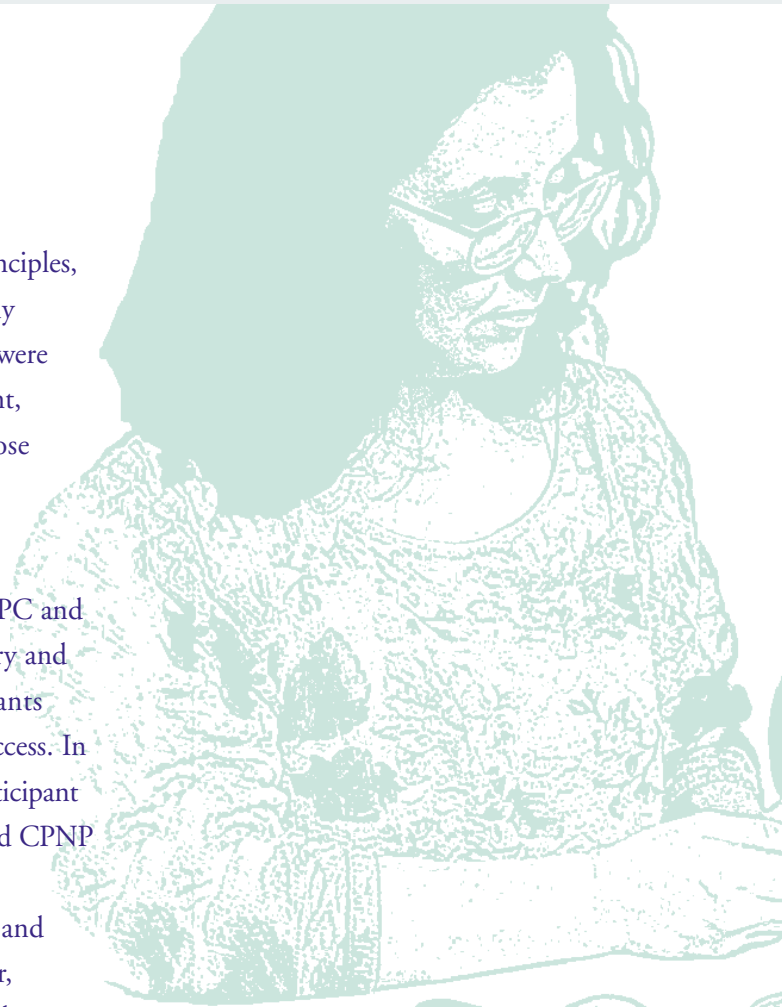
### ***Involvement of participants is essential.***

Participants have become actively involved in all facets of CAPC and CPNP, including program development, management, delivery and evaluation. Projects that have successfully involved participants recognize their involvement as an essential determinant of success. In these programs there is a stronger sense of community and participant ownership, and a greater understanding of the role of CAPC and CPNP programs among participants and in the larger community.

A number of factors are necessary to achieve meaningful and sustained participant involvement: a strong project manager, skilled staff, a commitment to participant involvement and adequate resources to provide ongoing training and to overcome transportation and child care barriers. Additionally, the level and type of involvement must realistically reflect the realities of the lives of participants.

### ***Many projects have formed strong, sustained partnerships with other community organizations.***

CAPC and CPNP projects have demonstrated tremendous success in developing and maintaining mutually beneficial partnerships with a wide variety of organizations and sectors, such as education, child welfare, public health and small business. Partnerships benefit



*Equity and  
accessibility*



**“When other service delivery agencies have difficulty establishing rapport with some populations, they often partner with CAPC and CPNP personnel to achieve better access to the desired clientele.”**

— Ontario Renewal Report

projects and participants in many ways, including increased resources, referrals, visibility, exchange of information and levels of service for families.

Moreover, partnerships contribute to community capacity building. Projects provide a hub for mobilizing communities to respond to the needs of children at risk. Health Canada will explore outcome measures for community capacity building and determine ways of including this measurement in the national evaluation.

***CAPC/CPNP projects are recognized as local centres of expertise.***

During implementation, projects needed assistance from their partners for training and support. As projects matured, others in the community began to turn to CAPC and CPNP projects for training, expertise and referral.

***Equity and accessibility are key ingredients.***

CAPC and CPNP projects have demonstrated innovation and expertise in reaching out to vulnerable populations and are reaching women, children and families who are most at risk.

Special effort is made to involve and meet the needs of vulnerable families and those least likely to participate. Outreach strategies and programs are designed to address the circumstances, barriers and attitudes of specific population groups, such as pregnant and parenting teens, parents with low literacy, lone-parent families, recent immigrants and refugees, and families with low income. By

specifically responding to the needs of those who traditionally experience social exclusion, these projects actively pursue increased

opportunity for universal access to the health care system.



*Flexibility*

## **. . . About the Challenges**

***Some of the barriers to reaching at-risk groups include transportation, child care and working in two official languages.***

Transportation was cited as one of the most significant barriers to participation in program delivery/management, partnership development and training in rural and remote areas. Strategies for overcoming these problems include providing taxi fare, having staff or volunteer drivers pick up participants, and home visiting.

Other frequently mentioned barriers were child care and the costs of operating projects in two languages.

### ***Cost of living increases should be provided.***

Adequate core funding is essential. Projects with sufficient resources tend to be successful at all levels. Maintaining high program quality on fixed budgets and resources has become a significant challenge for CAPC/CPNP projects. Projects are beginning to experience “rust out” as they attempt to operate on a diminishing resource base due to increased, as well as unanticipated, costs.

### ***Attracting and retaining qualified staff, staff training and effective, ongoing supervision are key to effective community-based programs.***

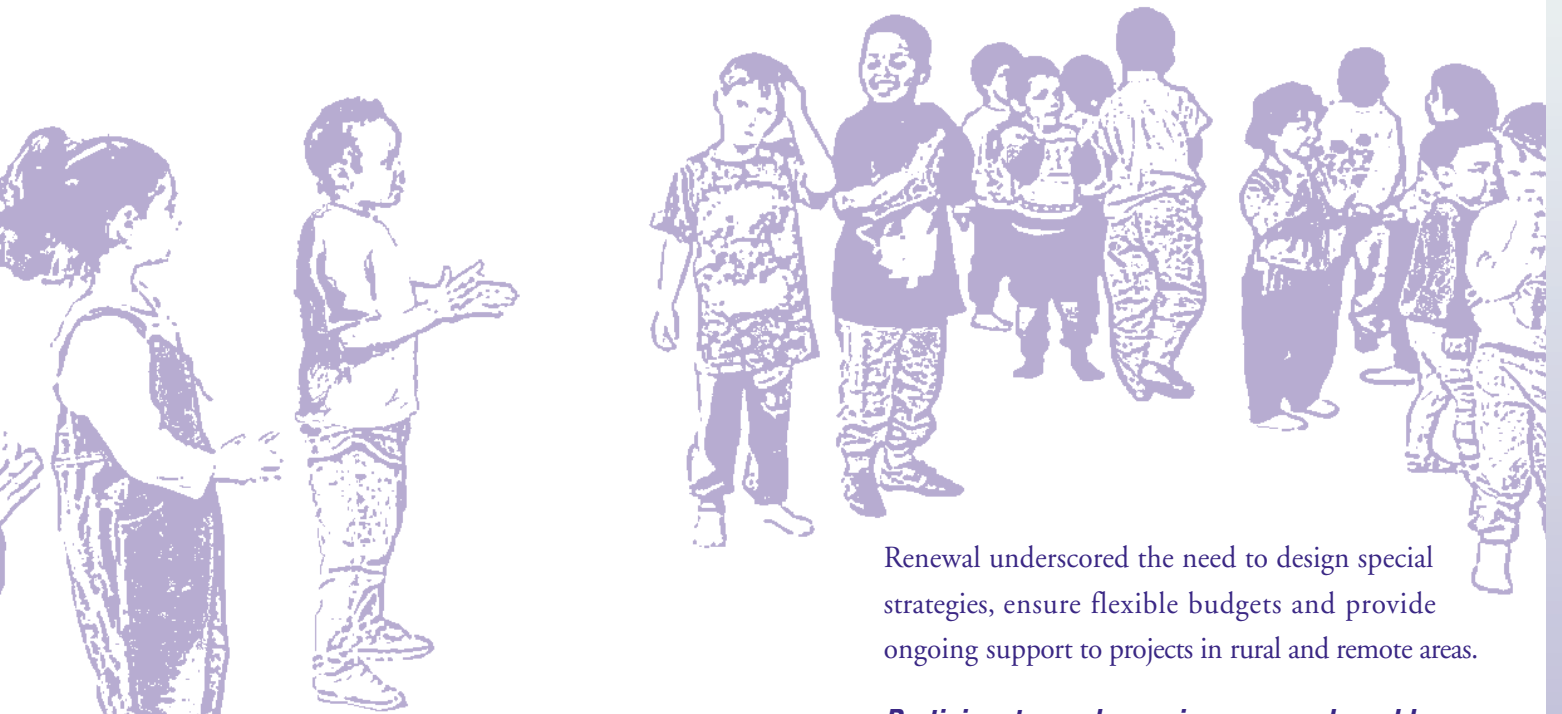
With respect to human resources, projects and Health Canada program consultants raised a number of concerns about project staff morale. Increased numbers of participants, inadequate resources, long hours and lack of cost of living

*“In the NWT, access to training and education on early childhood issues is critical for program improvement, development and ongoing sustainability. An important training medium in the north has been on-site mentorship between projects.”*

— Northwest Territories/Nunavut Program Consultant



*Community-based*



increases and benefits are resulting in staff burnout and significant turnover. Attracting and retaining qualified staff are pressing issues for many projects.

Adequate training and ongoing supervision were also identified as priorities. Hiring full-time project coordinators is particularly important in projects that are considered “stand alone.”

***Most issues are more difficult in rural/remote areas.***

Most challenges facing projects are more pronounced (and more expensive) in rural, remote and isolated areas, including staff availability, training, transportation, partnership development, project material/food and opportunities for monitoring and support.

Renewal underscored the need to design special strategies, ensure flexible budgets and provide ongoing support to projects in rural and remote areas.

***Participants are becoming more vulnerable due to social policy changes and other social trends.***

In some provinces, stricter social welfare qualifying criteria and reduction in social benefits have increased the number of at-risk families accessing CAPC and CPNP programs. Food insecurity, in particular, is a growing problem as families are left with less money each month to spend on food. Many CAPC and CPNP projects are responding by developing programs and services such as community kitchens, food box programs and emergency food cupboards. Other trends affecting programming are the increasing incidence of high birth weight due to gestational diabetes, substance abuse among pregnant women and their partners, increasing participation of pregnant and parenting teenagers,



and an increasing recognition of the importance of father involvement.

CAPC and CPNP were designed in the early 1990s. The challenge was to grow as a program in a changing environment of new federal and provincial programs. The landscape of early childhood programs has changed in many ways in less than 10 years — from research on early brain development and childhood experiences to the creation of new provincial early child development programs. Renewal has given us yet another opportunity to capture, share and integrate the lessons and experience of CAPC and CPNP.

“Overall, a very helpful, useful process for our project. It focussed our group more and gave us clear direction on where to focus one’s efforts in the community. It also provided an opportunity to work more closely and collaboratively with Health Canada.”

— British Columbia Project

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Également disponible en français sous le titre :  
*Renouvellement 2000 PACE/PCNP : Faire le point, célébrer les réussites, bâtir l'avenir*

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