



Canada Prenatal Nutrition Program



Community Action Program for Children



Tracking Our Progress: Renewal 2003

About CAPC and CPNP

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are committed to promoting healthy birth outcomes and the healthy development of children across Canada. Funded by the Public Health Agency of Canada (PHAC), both programs recognize that communities have the ability to identify and respond to the needs of pregnant women and children and place a strong emphasis on partnerships and community capacity building. Moreover, both CAPC and CPNP implement health promotion strategies that address the broader determinants of health.

- **CAPC** funds community-based groups and coalitions to provide access to programs and services that address the health and development of children from birth to 6 years of age, and their families, who are facing difficult life circumstances. Currently, there are approximately 450 CAPC projects operating in more than 3,000 communities in Canada.
- **CPNP** funds community-based groups and coalitions to provide access to programs and services for pregnant women who are most likely to have unhealthy babies because of poor health and nutrition. As of April 2003, there were 330 CPNP projects serving more than 2,000 communities across the country.

What is Program Renewal?

All CAPC and CPNP projects must undergo a formal review when their existing contribution agreements expire. Referred to as “Renewal,” this process helps to ensure project accountability, provides an opportunity to reflect on the program’s evolution and generates valuable information about how projects are faring, including their successes, challenges and lessons learned. Building on the process established for the first joint CAPC/CPNP review conducted in 2000, Renewal 2003 assessed projects against four national-level criteria: how well projects adhere to CAPC/CPNP guiding principles; the extent to which they reach the target populations; their effectiveness; and how well they are managed.

A national Renewal team worked closely with PHAC’s regional offices to develop the assessment framework, to gather regional data (from 2000–2003) and to prepare a national roll-up of the Renewal results.

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The number of CAPC project participants increased by 22 percent from 2001–2002 to 2002–2003, while the number of communities served increased by 2.3 percent.

What Works Well

The continuing success of CAPC and CPNP projects is demonstrated by the overall results of the Renewal exercise — 90 percent of projects were unconditionally renewed. Some of the broad findings and project success stories from across the country include:

- ***CAPC and CPNP projects are well established in the community.***

A community-based approach is widely acknowledged as an important ingredient for a project's success. As such, it guides all aspects of CAPC and CPNP projects, including governance, content development and evaluation.

- ***Projects are building capacity on many levels.***

On an individual level, CAPC and CPNP projects support and nurture participant strengths and abilities. Participants are encouraged to become involved and contribute to program development, delivery, administration and evaluation. Opportunities range from the informal — for example, voicing opinions — to more formal opportunities, such as participating on advisory committees or governing boards and paid employment as project staff.

CAPC and CPNP projects also support community development through their ability to leverage additional community resources to support their programs — including in-kind and financial contributions. At the regional level, CAPC and CPNP projects are creating community capacity by offering joint training and networking opportunities and by developing linkages and coalitions to address mutual concerns.

The CAPC/CPNP National Projects Fund supports the development of products and resources that meet the training and development needs of project staff across the country. These products are often adopted and adapted widely — within Health Canada and beyond in federal departments and partnering agencies at all levels. Moreover, CAPC and CPNP projects often influence the broader agendas of these organizations, bringing their hands-on experience and knowledge to bear on strategies related to a range of social issues and programs.

- ***Strong partnerships help to achieve project goals.***

Building on past successes, CAPC and CPNP projects continue to partner with a wide variety of community agencies. Partners range from health organizations, educational institutions and community associations, to family resource centres, women's shelters, religious groups and child protection agencies. In addition to building capacity for delivering programs, these partnerships play an important role in raising awareness about participant needs with other community support agencies.

Over half (57 percent) of CAPC projects reported in 2002–2003 that participants were directly involved in management and decision making on a governing board.



Renewal and Evaluation Findings Working Together

Renewal is a risk management tool that requires a rigorous assessment of projects against specific performance measures. In addition to strengthening linkages at the local, regional and national levels, the Renewal process helps to consolidate the CAPC/CPNP experience across the country.

Both CAPC and CPNP have national evaluation strategies that support performance measurement and program evaluation. The findings from these evaluations support the Renewal process by providing important insights and input into decision making at each stage of the program. Similarly, the Renewal findings provide a key source of information that contributes to the programs' national evaluation strategies.

Selected findings from relevant evaluations are highlighted throughout this document.

- ***Projects provide an integrated community infrastructure.***

CAPC and CPNP projects are located in every province and territory across Canada. Projects are well established and positioned within communities to be used as a platform to launch new health initiatives and respond to emerging health issues. CAPC and CPNP programs are successful at reaching vulnerable groups, and have an effective community-based infrastructure to disseminate healthy living messages.

- ***Projects are flexible and adapt to meet the needs of the community.***

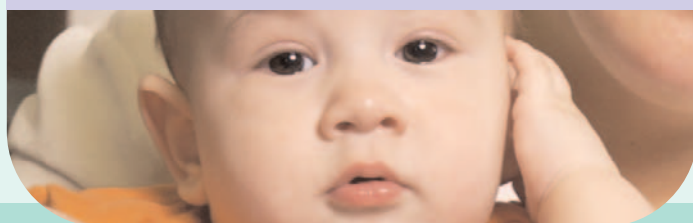
Faced with ever-evolving family structures and support services, CAPC and CPNP projects continue to adapt to meet community needs. To ensure projects stay responsive, staff frequently consult among themselves and with participants, partner organizations and other service providers to determine participant needs and the most effective and efficient strategies for addressing them.

- ***CAPC and CPNP projects and staff are recognized as community leaders.***

After a decade of service, CAPC and CPNP projects are widely viewed as part of the fabric of the communities in which they operate. In rural and remote areas especially, these projects are frequently the only support services available to vulnerable families. Often seen as community leaders in their own right, CAPC and CPNP project staff are regularly consulted on issues ranging from Aboriginal programming and Fetal Alcohol Spectrum Disorder to teen pregnancy and poverty. As well, staff experience with organizational and community development keeps them in high demand by community partners.

Keys to Success

- strong, visionary project coordinators who support inclusive strategic planning, and clear organizational roles and communication processes
- stable, effective governance committees, healthy partnerships and committed volunteers
- strong and stable sponsors, as well as sustained core funding
- commitment to CAPC/CPNP guiding principles, and to participatory evaluation and participant involvement in programs
- flexibility to respond to community needs and the ability to leverage other financial and community contributions
- electronic connectivity and cooperation among projects



Compared to an average woman reporting a birth in Canada, CPNP respondents were:

- *eight times more likely to live in a low-income household*

- *five times more likely to be Aboriginal*
- *three times more likely to be teenagers or at least 40 years of age*
- *three times more likely to be a single parent*

Where the Challenges Lie

A number of the challenges faced by CAPC and CPNP projects are seen right across the country. Major common challenges include:

- ***Projects have difficulty meeting program demands.*** Increased costs, funding constraints and staffing challenges mean that many projects across the country find it difficult to meet increasing demands for their programs. Service restructuring over the past several years, at the provincial and municipal levels, has contributed to this increasing demand. For some CAPC and CPNP projects, this has led to fewer partnerships, decreased in-kind contributions and changed relationships with CAPC and CPNP programs and other organizations. The need to establish or renegotiate relationships among partners is recognized as a challenge for these projects.
- ***Many participants cannot meet their basic needs.*** Without exception, regions across the country underscore the poverty of CAPC and CPNP participant families, in many cases commenting that the depth of poverty appears to be increasing. A large proportion of families served have difficulty obtaining food, shelter and clothing. Despite project efforts to meet these needs (for example, Community Kitchens, Community Gardens and Good Food Boxes), participant needs far exceed project resources and capabilities to respond. These stresses affect the ability of project staff and participants to focus attention on such issues as effective parenting or healthy child development. Families are also affected by changes in their local economies, such as downsizing or closing of a key regional employer, as well as changes to social policies, such as social assistance criteria.

- ***Projects are challenged to provide relevant programs to a diverse and changing immigrant and migrant population.***

Canada continues to be a destination for immigrant and refugee families from around the world. While there is an ongoing commitment to provide culturally and linguistically appropriate services, CAPC and CPNP projects face linguistic and cultural barriers. For example, many projects cannot afford to have materials translated into multiple languages or to hire interpreters. Although projects work to develop creative responses to this barrier, they must often rely on other participants to assist their peers.

Despite the challenges facing CAPC and CPNP programs, project staff continue to provide support to some of Canada's most vulnerable citizens.

"It has been noted that the clientele have been experiencing increasingly more serious problems and are living in very distressful circumstances . . . however, [program staff] continue to serve the disadvantaged families in their communities with enthusiasm and determination."

(Quebec Renewal Report)



Eighty CPNP projects offered paid employment to more than 370 participants to help deliver programs; 129 projects engaged participants as volunteers.



CAPC and CPNP: Moving Forward

Renewal 2003 highlights the success of CAPC and CPNP. For a complete picture, these results need to be considered in their broader program and policy context. Renewal provides the opportunity for CAPC and CPNP to integrate knowledge gained from past program experiences and to identify new directions for moving forward.

CAPC and CPNP complement or contribute to a variety of policy areas that are reflected in the 2003 Renewal Report.

- **Health Promotion:** CAPC and CPNP address the needs of specific sub-groups of the Canadian population, including children, families, pregnant women and infants living in conditions of risk. Projects use multiple strategies to address the determinants of health and build capacity at the individual, community and system levels.
- **Other Early Childhood Development (ECD) Initiatives:** CAPC and CPNP provide a platform for ECD investments in some jurisdictions. Some provinces have attached ECD funding to existing CAPC and CPNP infrastructures. Others have adapted CAPC and CPNP evaluation frameworks and processes, developed new programs and services, or extended CAPC and CPNP mandates.

“The new provincially funded Family Resource Centres and Healthy Baby Clubs are modeled on those already established through CAPC and CPNP. In fact, arguments in favour of additional sites were based largely on the success of CAPC and CPNP in this province.”

(Atlantic Region Renewal Report)





Half of CAPC projects serve rural areas, 8 percent operate in isolated areas and 3 percent serve remote communities.



- **Healthy Living Strategy:** Aimed at reducing disparities in the health status of Canadians, CAPC and CPNP projects are well positioned to contribute to the Healthy Living Strategy. In fact, strategies focusing on healthy eating, increased physical activity, healthy weights and substance use reduction have been an important part of CAPC/CPNP since the programs began.

- **Aboriginal Children and Families:** CAPC and CPNP protocols between the Government of Canada and the provinces and territories emphasize the health of Aboriginal women and children. This focus takes various forms in different jurisdictions, and can range from providing oversight of projects by an Aboriginal management committee to earmarking funds for specific Aboriginal populations. As well, Aboriginal organizations serve as sponsors and partners in many projects.

Program and Policy in Action: Building Healthy Communities

Looking at the broader policy and program picture, CAPC and CPNP play an important role in providing access to a range of programs and services for children, pregnant women and families facing difficult life circumstances. Many CAPC and CPNP projects are providing leading edge programming and contributing to policy development on a variety of fronts, such as food security and Aboriginal health. Through leadership and partnerships, they are building capacity for action. In fact, CAPC and CPNP complement the direction taken by other major policy initiatives in Canada.

Now well established, CAPC and CPNP have strong infrastructures on which to build. They provide support to new initiatives and are a vehicle for responding to emerging issues. Through collaborative efforts, communities are poised to make the most of resources and increase efficiencies of program implementation — with project participants being the ultimate beneficiaries of well-coordinated, easily accessible programs and services.



Reflections on the Renewal Process

The process has significant benefits — for example, it:

- provides regions with information and learning opportunities
- encourages teamwork and builds partnerships
- provides insights for continued program improvement.

However, other factors must be considered as well:

- the process requires a significant time/work commitment for PHAC and project staff
- projects need support during the Renewal application process
- PHAC requires adequate administrative resources
- some findings are repetitive

Investing in Children

The importance of the early years has been the foundation for much of the Government of Canada's work with provincial and territorial governments related to healthy child development. The February 2004 Speech from the Throne restated the Government of Canada's commitment to ensuring that children get the best possible start in life.



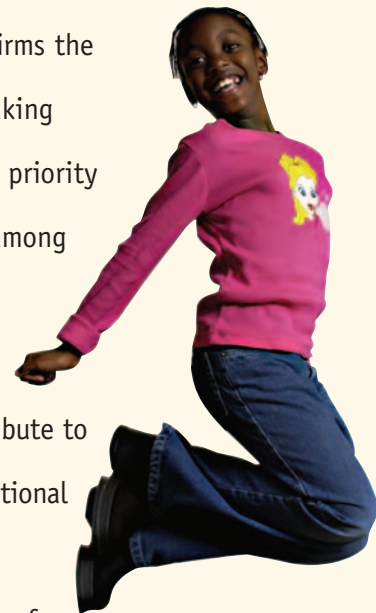
CAPC projects reported a total of 5,899 partners in 2002–2003. On average, each project had 15 partners, most often health organizations, educational institutions and community associations.

Between 1997–1998 and 2000–2001, the proportion of recent immigrants in CPNP programs increased from 12.6 to 23.3 percent.

A Canada Fit for Children

Since Renewal 2003, the Government of Canada announced the release of Canada's Plan of Action for Children — *A Canada Fit for Children*.

A Canada Fit for Children re-affirms the government's commitment to making children and families a national priority and recognizes CAPC and CPNP among a number of federal investments supporting their health and well-being. CAPC and CPNP contribute to the fulfilment of Canada's international commitments under the United Nations *Convention on the Rights of the Child* and respond to priorities identified in *A Canada Fit for Children* in the areas of promoting healthy lives, and supporting families and strengthening communities.



Sharing the Findings

A copy of the full report (*CAPC/CPNP Renewal 2003, Final Report*) is available on the Public Health Agency of Canada Web site at: <http://www.phac-aspc.gc.ca/dca-dea/pdfa-zenglish.html>

CAPC and 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



**Canada Prenatal
Nutrition Program**



**Community Action
Program for Children**

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PACE/PCNP

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