

SAVING BRAINS PLATFORM

INNOVATION FORM

Contact details for innovation:	hatran2004@gmail.com ; trantuanrtccd@gmail.com
Name of Project:	Learning clubs for women's health and infant development
Name of Organization (if different):	Research and Training Centre for Community Development

Logo: Attach a file with your project logo and write the file name below.

0344-03_logo_ENG_small_transparent.png

Site: Copy-paste a link to your organization's main website below.

<http://www.rtccd.org.vn/index.php/en/>

Social Media: Provide links to your project's and/or organization's Facebook and/or Twitter below.

We have no Facebook or Twitter

OVERVIEW

Region	<input type="checkbox"/> Africa <input type="checkbox"/> Middle East <input type="checkbox"/> North America <input type="checkbox"/> Central America <input type="checkbox"/> South America <input checked="" type="checkbox"/> Asia <input type="checkbox"/> Europe <input type="checkbox"/> Oceania
Country of Implementation	Vietnam
Sites (if not country-wide)	Ha Nam province
Rural/Urban/Peri-Urban	Rural
Area of Healthy Development Addressed Please only select those Areas and Sub Areas of Healthy Development that your project DIRECTLY addresses during the life of the grant. You may select more than one.	<input checked="" type="checkbox"/> Promote Health <input type="checkbox"/> Protect Against Maltreatment <input checked="" type="checkbox"/> Provide Enrichment and Nurturing
Sub Area of Healthy Development Addressed	Promote Health: <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Healthy Pregnancy & Birth <input type="checkbox"/> Infection Prevention & Management Protect Against Maltreatment: <input type="checkbox"/> Violence

	<input type="checkbox"/> Exploitation and abuse prevent <input type="checkbox"/> Mitigation of impact Provide Enrichment and Nurturing <input checked="" type="checkbox"/> Caregiver wellbeing <input checked="" type="checkbox"/> Parenting practices <input checked="" type="checkbox"/> Play & stimulation
Target Beneficiary	<input checked="" type="checkbox"/> Pregnant Women <input type="checkbox"/> Mothers <input type="checkbox"/> -9 to 0 months <input type="checkbox"/> 0-28 Days <input checked="" type="checkbox"/> 0-2 years
Delivery Intermediaries	<input type="checkbox"/> Lady Healthcare Worker/Community Healthcare Worker <input checked="" type="checkbox"/> Caregiver <input type="checkbox"/> Medical Professional <input type="checkbox"/> Non-Medical Professionals <input checked="" type="checkbox"/> Non-specialists / Community Women's Union and Health Worker
Objective (10-15 words)	To create a universal structured psycho-educational program addressing key known risks to early childhood development
Innovation Description (2 sentences)	Structured learning clubs which combine information sharing, activities, and social support in accessible facilitated community based groups for women at the same life stage
Stage of Innovation	<input checked="" type="checkbox"/> Proof of Concept <input type="checkbox"/> Transition to Scale
INNOVATION SUMMARY (200 words)	
Briefly describe the following in 1-2 paragraphs: <ul style="list-style-type: none"> The problem the innovation addresses The goal of the innovation The content of the innovation 	
<p>Vietnamese researchers point to eight major risks to optimal early childhood brain development around the time of birth in resource-constrained settings: intrauterine growth restriction, stunting, iron deficiency anaemia, iodine deficiency, unresponsive caregiving, insufficient cognitive stimulation, maternal mental health problems and exposure to family violence.</p> <p>Capitalizing on more than 15 years of experience in rural Vietnam, the Learning Clubs for Women and Infants innovation aims to pioneer a low-cost initiative addressing all eight risks to optimal early childhood brain development through a structured, universal program combining information, learning activities and social support with groups of women at the same life stage.</p> <p>The program will comprise of five modules with 24 sessions. Each session involving small group discussions with visual material aids, including DVD, posters, leaflet. The club facilitators initiate</p>	

discussion, and then DVD watching to learn knowledge and skill, after that the practice of skills in child care or women exercises in class, and short talks. The sessions provide women and their families the correct knowledge of women and child care, appropriate skills with practice on dolls and real children and change their attitudes toward early childhood development. We aim for community behavior changes.

Primary Illustration: Select one image file that helps to illustrate some aspect of the above brief. Attach the file and write the file name below.

Learning Club visual materials: 0344-03_Visual products.JPEC

IMPACT SUMMARY (100 words max)

Briefly list key indicators of impact, ideally:

- **1 key indicator of coverage, if applicable** (e.g. number clients served)
- **1 key indicator of outcome, if applicable** (e.g. mean % recovered)
- **1 key indicator of cost or cost-effectiveness, if applicable** (e.g. US\$20 per client per year of treatment)

- 300 mothers and 100 fathers/grandparents will be enrolled in learning clubs.
- 21 community-based Women's Union and Health Workers will be trained as learning club facilitators and 9 district/provincial Women's Union staff will be trained as supportive supervisors.
- 95% child-rearing families adopt the child-friendly home environment and practices on child play & stimulation
- 20% children with improved cognitive, motor, language, social-emotional functions

QUOTE (to fit): Select a quote to illustrate and reference who the speaker is, if applicable.

“ This Learning Club program is so interesting and directly meet the needs of families having small children in the community. It not only provides women knowledge but also allow them to practice on doll and children in class, practice until they know what to do. I wish that we had had this program 10 years earlier. “

-[Ms. Luong Thi Phung – a Club facilitator, cum village health worker and village women's union staff]

INNOVATION DETAILS

INNOVATION

Describe the innovation in further detail.

Innovation in program contents:

This is the first time ever in Vietnam, knowledge and skills in early childhood development are offered to pregnant and child-bearing women in rural Vietnam in a visual-based comprehensive package. The educational package includes five modules, consisting of 24 sessions. Module 1 (four sessions) is for early and mid-pregnancy. Module 2 (five sessions) targets late-pregnancy and newborn care. Module 3 (four sessions) aims to provide women having children 0-6 months of child care knowledge and skills. Module 4 (five sessions) engages the participation of family having children 7-12 months and the final Module 5 (six sessions) targets family having children 13-24 months. All 24 sessions aim to change the behaviors of the community people toward better care for pregnant and children to stimulus child growth and development, especially the brain development. The psycho-social educational package includes 24 topics as below:

Module	Session title	Participants
Module 1	1. Pregnancy and development	Women at early and mid pregnancy
	2. Pregnancy, family life and thinking healthy	
	3. Pregnancy and illness prevention	
	4. Family supports to pregnant women	Husband and in-law family of women at early-mid pregnancy
Module 2	5. Depression and anxiety during pregnancy and postpartum and thinking healthy	Women at late pregnancy
	6. Fetus development in late pregnancy and laboring preparation	
	7. Infant development, Play and stimulus: 0-3 months of age	
	8. Breastfeeding	
	9. Newborn care and illness	
Module 3	10. Sleeping and Crying therapy	Women rearing children 2-6 months of age
	11. Breastfeeding and supplementation	
	12. Infant dental care	
	13. Play and stimulus: 3-6 months of age	
Module 4	14. Supplementation	Women rearing children 7 – 12 months
	15. Care for common child illness	
	16. Play and stimulus 7-12 months: speech, hearing, social stimulus	
	17. Play and stimulus 7-12 months: motor and self-help skill stimulus	
	18. Family support for women and children care and development	Husband and grandparents of children 7-12 months
Module 5	19. Play and stimulus 13-24 months: language and growth	Women rearing children 13 – 24 months
	20. Play and stimulus 23-24 months: social emotional	
	21. Play and stimulus 23-24 months: Gross and fine motor and self-help skills	
	22. Play and stimulus 23-24 months: Cognitive development	
	23. Family conflicts in child care and prevention	
	24. Supplementation and feeding training	

Educational package includes DVD disc with skill-based instructions, together with posters and take-home leaflets. Contents are developed based on the international standard packages such as the Care for Child Development (WHO and UNICEF), Thinking Healthy Program, Pregnancy Childbirth Postpartum and Newborn Care – A guide for essential practice (WHO), Mental Health-GAP Instruction Guide (WHO), Integrated Management of Child Illness (WHO), national feeding program (NIN)

Innovation in approach:

The Learning Clubs are facilitated by joint effort between local health and social workers. Facilitators are Women's Union staff (community-based lady social workers) and Commune Health Clinic staff (community-based medical doctor or nurses) who will be trained in 6 courses. Five courses about five module contents and training of trainers where all to-be facilitators take turns to practice facilitation. The last course is about Learning Club operation, monitoring and supervision.

Learning Clubs are organized at the community meeting hall and the community health clinic site.

DVD players are provided by the local authorities. Laptop and projectors are provided by the project. Facilitators will promote the DVD watching to learn skills, instruct the practice of new skills on dolls and on children directly, facilitate the discussions after practice and provide take-home messages and flyers. Each session lasts for about 90 to 120 minutes.

After the class session, facilitators will visit households to identify how women adopt the new skills at home and provide additional supports until new skills become habit of practice. Women of priority for home-visits are women with mental disorders, having sick children, having difficult toddlers, suffering domestic violence, having extreme economic difficulty, having family crisis and women with poor skills in personal and child care.

Vision for changes:

This model will go through three phases: development, and field and pilot testing on a small scale (2014-2015), conducting effectiveness and cost-effectiveness analysis with randomized control trial (2016-2018), and advocacy for fully being integrated into a national policy on care for child development by year 2020.

In the project life (2014-2015), the project will focus on producing a low-cost, easily understood, structured curriculum for the Learning Clubs to be operated by the Community Women's Union with evidence from field and pilot testing in three rural communes randomly selected in Ha nam province.

By the end of Year 2, we finalize the five module manuals and materials, and the learning club operation manual, making them ready for Phase two (scaling up phase).

Illustration Slideshow: Select additional images (images, figures) that help to illustrate the innovation, and attach the file and write the file name below.

Training facilitators: 0344-03_Practice in Class.JPEC

Project posters and flyer: 0344-03_Posters.JPEC

Project brief introduction: 0344-03_project brief.pptx

COLLABORATION

List the funders of the innovation and the country where they are located

- Grand Challenges Canada
- Research and Training Centre for Community Development (Vietnam)
- Jean Hailes Research Unit, Monash University (Australia)
- University of Melbourne (Australia)
- World Health Organization (Vietnam office)
- Ha Nam Women's Union (Vietnam)
- Ha Nam Provincial Centre for Preventive Medicine (Vietnam)

List key partners delivering the innovation and the country where they are located

- Research and Training Centre for Community Development (Vietnam)
- Ha Nam Women's Union (Vietnam)
- Jean Hailes Research Unit, Monash University (Australia)
- Department of Medicine, University of Melbourne (Australia)

IMPLEMENTATION

List the key drivers that ensured the programme was successfully implemented and is sustainable over time.

- Strong collaboration with international agencies to provide technical backstopping for the innovation

<p>design (Monash University, University of Melbourne, and WHO Vietnam)</p> <ul style="list-style-type: none"> • The draft innovation structure was consulted with local authorities (Department of Health and Women's Union) • Good guidance from the Grand Challenges Canada about the Theory of Changes, Proof-of-concept made us think and act toward impact (community behavior changes) • Endorsement and direct participation of local authority (Community People's Committee) since the project commencement (workshop, implementation) to chair and coordinate the collaboration between community health clinic and women's union. • Endorsement and involvement of national-level agencies (Vietnam Medical Association, Hanoi Medical School, Women's Union Federation, Ministry of Health-Department of Maternal and Child Health, Ministry of Labor – Department of Child Care and Protection and WHO Vietnam) at the project commencing will ensure good path to scaling-up and national integration. • Good selection of active, innovative and inspiration local team for the project implementation and management. • Community meetings organized by the GCC is a great idea that promotes the knowledge, resource and lessons learned sharing among countries. This is very helpful to us.
<p>List the challenges you faced in the successful implementation of the innovation</p>
<ul style="list-style-type: none"> • Obtaining permission to translate and use the standard assessment tool (Bayley, ASQ) took time and prolonged the project preparation. • Lacking of budget for the baseline and final evaluation is a big challenging as we plan for assessing 3 intervention community only, in fact we survey six communities (3 intervention and 3 control), according to the advice of the Harvard Economic Team. • The project commenced 3 months after the date on the contract due to misunderstanding. The local team has to speed up the activity preparation and ethics approval. It was quite tense for several months, however, it is all good now, we are in good track.
<p>CONTINUATION</p>
<p>Briefly describe any additional use of the innovation either in other settings or through scale-up to a larger population, and/or plans for additional use.</p>
<p>During the implementation of this project, we plan to:</p> <ul style="list-style-type: none"> • Share this resource with NGOs in Vietnam for scaling up. • Share the innovation and resource to the Ministry of Health – Department of Maternal and Child Health for endorsement and usage for national-scale projects/programs. <p>At the end of this project, we plan to:</p> <ul style="list-style-type: none"> • Scale up this innovation to the whole province of Ha Nam at the end of this project • Offer this innovation and visual materials to the Provincial Medical High School (where all village health workers are trained) and to the National Women's Union Management School (where all women's union staff are trained) so that they would use our project materials as the key resource for community-based health/social workers to use to educate the rural population.

<p>IMPACT DETAILS</p>
<p>EVALUATION METHODS</p>
<p>Describe how this intervention was evaluated.</p>
<p>There will be three channels to evaluate the intervention impact:</p> <p>1. Baseline and Final Assessment:</p> <p>The project will apply the baseline and final assessment in both control and intervention sites. The baseline</p>

and final evaluation will be conducted in six communes (three intervention communities and 3 control communities). Assessment will be carried out in four target groups: (1) pregnant women; (2) family having children 0-6 months; (3) family having children 7-12 months and (4) family having children 13-24 months. Assessment tools compile the standard form such as Ages and Stages Questionnaire, HOME inventory, Depression Anxiety Stress Scale (DASS-21) anthropometry, and socio-economic status section.

2. Module-based assessment:

After each module completion, a small survey will be conducted to measure the behavior changes of the Club participation, identify barriers for the behavior changes and generate suggestions for improvement.

3. Monitoring and supervision system:

Together with the assessment survey, the project applies the computer-based monitoring system where participation rate of learning club sessions, home-visit outputs, problem and recommendation for changes are recorded and computerized to email to district / province Women's Union and the project management team. The monitoring outputs will provide additional background to explain the project results and figures.

In addition, the project will carefully record and monitor the entire national or international intervention program on the three project sites and three control sites.

IMPACT OF INNOVATION

Describe the cost of implementing the innovation and how cost-effective it is.

The project will record the detailed and separated costs for (1) material development, review and approval; (2) capacity building – training courses; (3) learning club operation; (4) supervision; (5) dissemination and advocacy.

The financial recording system will ensure the project team to identify the needed costs for the scaling-up phase.

Describe the impact the innovation has had (e.g. number of people treated, impact on service user outcomes, reduction in stigma)

It is now the month 10th of the project implementation.

- 60% visual materials have been developed and pre-tested.
- 2 training courses have been conducted for 30 facilitators. They will go through another 4 training courses from September to November 2014.
- The first Learning Club session will be carried out in 30 August 2014 with over 150 women at early and mid pregnancy stage participated.

ADDITIONAL RESOURCES

RESEARCH

Select key **research** resources (e.g. articles, bibliographies) relevant to your project, and copy-paste the links below.

Not yet

REPORTS

Select key **reports** (e.g. annual reports, impact reports) relevant to your project, and either (1) attach the file and write the file name below, or (2) copy-paste the link below.

Pre-test report: ongoing writing

Baseline survey report: not yet. We are surveying the control sites.

Manual 1: Care for Pregnant Women (0344-03_Manual 1.pdf in Vietnamese. We will translate into English)
Manual 6: Training of Trainers (0344-03_Manual 6.pdf)
Manual 7: Learning Club Operation, Monitoring and Supervision (0344-03_Manual 7.pdf)

INSTRUMENTS AND BATTERIES

Select key **tools** (e.g. interview guides, M&E tools) relevant to your project, and either (1) attach the file and write the file name below, or (2) copy-paste the link below.

FOR ALL INSTRUMENTS AND BATTERIES, LIST THE NAME, CORE OUTCOME METRIC MEASURED, AND SOURCE.

- ASQ-3. Gross and fine motor, Communication, Problem Solving, Personal-social. Purchased from Publisher
- Early Childhood HOME Inventory. Child-friendly care and practice. Purchased from Publisher.
- Depression Anxiety Stress Scale DASS 21 (Psychology Foundation of Australia). Open access

MULTIMEDIA

Select key **multimedia** resources (e.g. blog, YouTube video, project Twitter, news articles) relevant to your project, and either (1) attach the file and write the file name below, or (2) copy-paste the link below.

www.rtccd.org.vn/ Xem trung tam dat thong tin ve du an saving brains o cho nao?

REFERENCES

List your **references cited** in the case study here. Where possible, copy-paste any electronic links next to the reference.

Thach D Tran, Tuan Tran, Julie A Simpson, Ha T Tran, Trang T Nguyen, Sarah Hanieh, Terence Dwyer, Beverley-Ann Biggs, Jane Fisher (2014).

Infant motor development in rural Vietnam and intrauterine exposures to anaemia, iron deficiency and common mental disorders: a prospective community-based study.

BMC Pregnancy and Childbirth 01/2014; 14(1):8.

Thach Duc Tran, Beverley-Ann Biggs, Tuan Tran, Julie Anne Simpson, Meena Cabral de Mello, Sarah Hanieh, Trang Thu Nguyen, Terence Dwyer, Jane Fisher (2014)

Perinatal common mental disorders among women and the social and emotional development of their infants in rural Vietnam.

Journal of affective disorders 01/2014;

Sarah Hanieh, Tran T Ha, Julie A Simpson, Tran T Thuy, Nguyen C Khuong, Dang D Thoang, Thach D Tran, Tran Tuan, Jane Fisher, Beverley-Ann Biggs (2014)

Maternal Vitamin D Status and Infant Outcomes in Rural Vietnam: A Prospective Cohort Study.

PLoS ONE 01/2014; 9(6):e99005.