

Implementation Mechanism

This paper presents how the Early Journey of Life (EJOL) should be implemented in a province. EJOL has been packaged to be implemented in all 109 communes of Ha Nam province, mainly by provincial, district and communal staff and with support from the Research and Training Centre for Community Development and Monash University team.

Local Agency and Responsibilities

The 18-month EJOL innovation was coordinated by the Provincial People's Committee, which collaborated with three implementing agencies: the Department of Health (DoH), the Department of Education and Training (DoET), and the provincial Women's Union (WU). The DoH was the leading agency in coordinating the EJOL innovation.

The Department of Health assigned the Provincial Centre for Disease Control to collaborate with DoET and WU to directly implement the EJOL sessions.

Training

At provincial level, 3 partners appointed outstanding staff to be provincial trainers who would be trained in 5 courses (each course 2-3 days) which was called Training of Trainers (TOT). The trained provincial staff coming from three agencies acted in dual roles, provincial trainers and supervisors. The District Health Centre also appointed staff to attend the TOT, who in turn would act as supervisors.

At the commune level, the Communal People's Committee assigned three personnel: Communal Health Clinic staff, Communal Women's Union staff and Communal Kindergarten teacher, to attend the Facilitator Training. The Facilitator Training Component was organized in 5 courses, each course in 2 days. Provincial trainers were from the Ministry of Health. National trainers provided technical support should there was a requirement for help.











Club delivery

Each session lasted for 60 – 90 minutes. In each session, the family was invited to watch step-based instruction video clips supplied as part of the implementation package. Then, they practiced skills using a baby-doll or role play or directly with their baby. There were many practical learning opportunities. In the cognitive stimulation session, caregivers learned how to make toys from home-made materials. In nutrition-related sessions, caregivers practiced breastfeeding positions, cooking and preparing real food. In newborn care sessions, caregivers practiced how to bathe, diaper, clean and massage a baby, and how to reduce a fever using different measures. In first aid sessions, caregivers practiced on medical manikin and on adults to demonstrate steps and gestures.

After this part of the session, families engaged in discussion of previous practices and how they would change after watching the videos. The take home messages were delivered in posters and shown on the screen for the families to remember. So, when each session was over, the posters were shared to families in the Zalo group chat (similar to WhatsApp) to promote behavior changes and interaction between families.



Equipment for club delivery

Education materials: were color coded by module.

- 3 family books to distribute to families
- 5 facilitator manuals
- 45 video clips, 2-8 minutes each
- 30 posters



Practice kits provided to each club:

- Physical exercise kit
- Newborn care kit
- Child illness management kit
- Nutrition kit
- Early learning kit









Monitoring evaluation and supervision

EJOL innovation applied a smartphone or tablet-based system for monitoring, evaluation and supervision (M&E). The monitoring toolkit included a Google form platform, which was used to measure participation rate and session implementation. Facilitators registered dates and times for EJOL club session implementation.



The supervisor's checklist was used to observe facilitators' performance during club facilitation. The supervision kit included the Kobo toolbox app. Knowledge and behavior change was reported through a Self-administered Pre and Post-test on the platform Survey Monkey. The Mid-term review was a qualitative study to take lessons learned for innovation implementation adjustment.

Data management, reporting templates, and PowerPoint presentation are all available. For the scaling up, the RTCCD team will train local teams on how to master M&E tools.

Innovation Communication Channels

EJOL had social media channels - YouTube, Tik Tok, Fanpage, and website - to support families and facilitators to address emerging concerns. New topics was made in video clips by national experts and posted on YouTube and Tik Tok and shared with the EJOL Zalo club group.

All the materials to increase awareness of community people of the innovation activities such as 20 topics of EJOL sessions, recruitment posters and content for loud speaker communication were all available.

The EJOL name is also a name that listed in the Ministry of Health's National Guideline on Early Childhood Assessment and Counseling as a reference which will be referred by doctors and nurses to parents during the child examination and assessment.



For future collaboration and scale-up, please contact

🧭 Mrs. Tran Thi Thu Ha, MPH. **Deputy Director** The Research and Training Centre for Community Development (RTCCD), Ha Noi. Viet Nam

Email: ha.tran@rtccd.org.vn T: +84 - (0) 912.552.393

Professor Jane Fisher, PhD Finkel Professor of Global Health Co-Director Division of Planetary Health Director Global and Women's Health Monash University - Australia

Email: jane.fisher@monash.edu T: +61 3 9903 0290