

PRELIMINARY FINDINGS OF THE PROCESS EVALUATION

Learning clubs to improve women’s health & infant’s health and development in Vietnam: a cluster randomised controlled trial to inform scale up (TTS-1803-22331)



1. INTRODUCTION



This report presents key findings from the external process evaluation for the GCC and NHMRC-joint funded project, Learning clubs to improve women’s health & infant’s health and development in Vietnam: a cluster randomised controlled trial to inform scale up (TTS-1803-22331). The Project was implemented in 84 of the 112 communes in Ha Nam province. Among these, 42 communes were randomly assigned to the control arm providing usual care and the other 42 to the intervention arm, which included usual care plus the Learning Clubs program. All women aged at least 18 years, pregnant and less than 20 weeks’ gestation based on the first day of their last menstrual period, living in the selected communes, were invited to participate. In total, 1245 pregnant women from 84 clusters were recruited to participate.

The intervention is a structured program combining perinatal stage-specific information, learning activities and social support. It comprises 20 modules, in 19 accessible, facilitated groups for women at a community centre (every two weeks in community centers from mid-pregnancy and every four weeks after childbirth until the end of the first postpartum year) and one home visit (during the first postpartum week). Evidence-informed content is from interventions to address each risk tested in randomised controlled trials in other resource-constrained settings. Content has been translated and culturally adapted for Vietnam and acceptability and feasibility established in pilot testing.



This process evaluation was conducted by an independent consultant, Dr Quynh Anh Ngoc Nguyen, a Lecturer at Hue Education University who was contracted by Monash University.

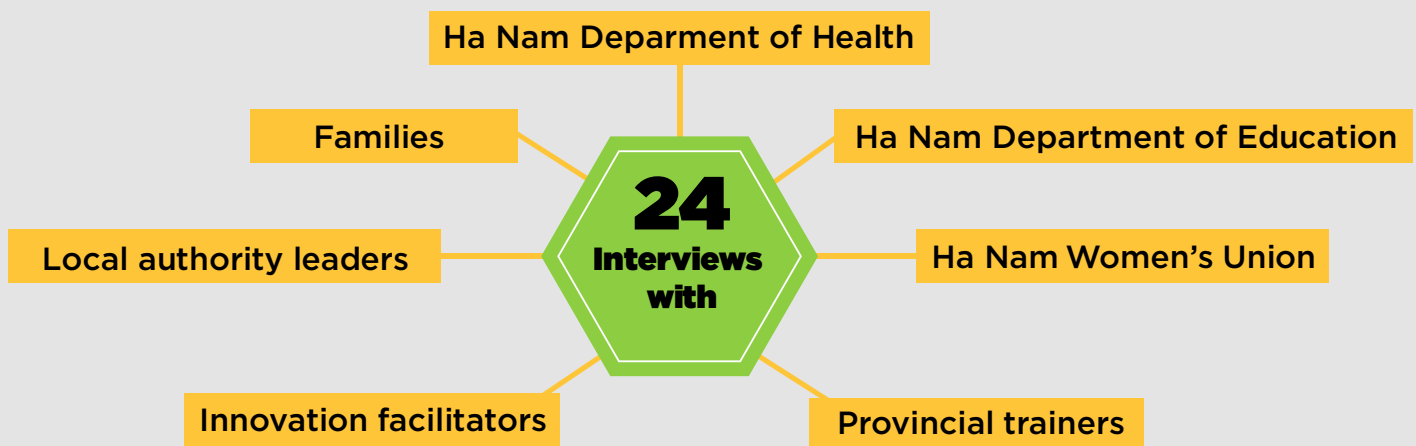
2. PURPOSE OF THE EVALUATION

The evaluation aimed to describe how the intervention worked, adherence to the designed innovation and how it could be integrated into existing national programs.

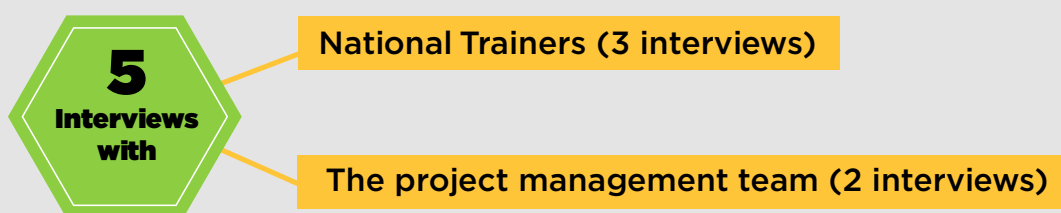
The evaluation focused on learning lessons and making recommendations to improve the future scaling-up of the EJOL quality in terms of alignment with strategic context, project context, acceptability, feasibility, fidelity, and sustainability.

3. EVALUATION METHODOLOGY

- The consultant conducted interviews and small group discussions with 24 sub-national respondents (including provincial managers in the Ha Nam Department of Health, Ha Nam Department of Education and Ha Nam Women's Union; provincial trainers; innovation facilitators, local authority leaders, parents who had received the intervention and parents who had received only the usual standard of care). In addition, three interviews were conducted with national trainers and two interviews with the project management team. The consultant was also given access to and reviewed all project documents and innovation materials.



- This biggest limitation to be acknowledged is the timing of the evaluation. Due to the aftermath of the COVID-19 social lockdown, key stakeholders at provincial and national level found it challenging to arrange times for the long interview in their busy working schedule. However, Dr Nguyen was flexible in conducting them in-person where possible or by Zoom or telephone and managed to complete interviews with all stakeholders.



4. EVALUATION FINDINGS

4.1. Feasibility

This project's feasibility is highly appreciated.

- **The alignment with the strategic context.** The program design and its activities were also aligned with the national priority efforts in **“caring for the comprehensive development of children in the first years of life in the home and community in the period of 2018-2025”** (approved on October 29, 2018, by the Prime Minister). It also aligned with the compulsory mission of the provincial Department of Health and Centers for Disease Control and Prevention (CDC), which are (1) caring for women of childbearing age and (2) prevention of malnutrition for children under five years of age. The aims and contents of the Learning Club intervention also met the provincial policies in health and education, including enhancing the community's knowledge, improving health for mothers and children, reducing domestic violence, and providing a comprehensive education for preprimary children.

• **Project management** was led by specifically dedicated personnel with clear reporting lines and structures. The project manager oversaw the program's entire management and had technical support directly and indirectly from the whole management committee comprising a competent and qualified team. The project manager was also reflected by all the overall activity and timeline compliance. All the process indicators showed positive adherence to the schedules and plans.

• The Project was kindly supported and **implemented in a systematic management** from national, provincial levels to commune level. The project implementation request was conveyed from the Ministry of Health to the Department of Health and relevant agencies (such as Department of Education and Training, Women's Union and People's Committee) at the provincial level, and then explicitly deployed to the district and commune levels, where the Project was implemented.

• The involvement of the Women's Union, Commune Health Center officer, Kindergarten teacher, and officer in leading the program's implementation through delivering the program, in which the Commune Health Clinic played a core role. This creative cooperation among the three agencies with specific strengths from each organization created this project's effectiveness and manageability. Specifically, Health officers have power in knowledge related to mothers' and children's health. In contrast, Educational officers have advantages in teaching methodology and experience in early education. Women's Union officers have the power to mobilize, gather community, and share information related to women's concerns. All these core project facilitators at the commune level are highly enthusiastic that create the great success of this project.

4.2. Acceptability

• All participants and people involved in this Project agreed that this is the first project in Vietnam for mothers and children with comprehensive, multidimensional, valuable content from the woman's pregnancy to when the child is aged two years. Moreover, information learned in this period can also apply for the next stage of childhood development.

• Books and materials delivered for commune facilitators and participants were developed by qualified experts. The contents were developed based on guidelines and guidance from WHO and UNICEF, Vietnam's national plans and policies for maternal and child health care, national guidelines for reproductive health services, and interventions shown in high quality trials in other low- or middle-income countries to be effective in improving either child development or women's health or gender empowerment.

• Learning Club materials, including hand-outs, taking home booklets, posters, videos, discussions, and practice instructions were explicit, systematic, scientific, easy to understand, culturally appropriate, well-organized, and suitable for different participants' educational levels.

• Trainers at national, provincial, and commune-level were reported to have high knowledge, excellent teaching methodology, and enthusiasm. The club's teaching process was highly recommended by participants and trainers at all levels: from presenting knowledge, watching video tutorials, watching posters, demo practice, then practicing and discussing. Later on, the participants were given the family books to take home and received online material via social media group chat. Home visits are also another predominant point that created the success of this Project, especially to boost the mother's confidence in newborn care and breastfeeding.

“The Club is really good. I learned a lot things from this club. The content is easy to understand. I now can apply on taking care my two children better” (A mother, Tieu Dong commune, Ha Nam)



"I am confident now to take care of my children. I learned a lot from the Learning Club. I was anxious when I know that I had twins, but knowledge from the Learning Club helps me a lot. Simple information with a clear illustration. I have chances to practice. All trainers were very enthusiastic. (A 20-year-old mother, Thanh Phong commune, Thanh Liêm, Ha Nam).

"At first, I found it strange when I heard it is a club for pregnant women. I was shy to join. But my wife persuaded me to come along and see what it was. After the first day, I learned many useful things. Before that, I knew nothing, empty knowledge, no idea at all about taking care of children, holding infant... I also read it online, but it is not official; I do not know which is right or wrong. Most importantly, there's a place for us to ask for when we have problems or difficulties in taking care of the child. ...I could refuse to do the job as I don't know. But after learning at Learning Club, I starting to help my wife instead of ignoring her (Laughs)" (Husband, Thanh Liem, Ha Nam).

"This Project also clears up the hidden conflict between mother-in-law and daughter-in-law about raising children. Some mothers brought husband, mother, and father to the club. Based on scientific information from the club, there were fewer complaints or frustration from the mother-in-law." (head of Women's Union in Thanh Phong, Ha Nam).

"I like this Project. I feel perfect. .. I learned scientific information. Sometimes when my parents-in-law say they way I cared my son is not correct, we showed her what we have learned from the Learning Club which was build according to WHO standards, so they should follow these lessons to best care for their grandson" (A 30 years old mother, Ly Nhan, Ha Nam).

4.3. Sustainability

The Project team made all efforts to ensure sustainability of the program since the commencing of the project. No personal incentive was provided to communal facilitators. Instead, an annual expenditure amount was given for the meeting session resources: refreshments for Club meetings, stationary, and equipment to demonstrate infant care skills like a baby bath and a baby sized doll. This strategy enhanced the possibility of project continuity after trial completion. The Ha Nam Peoples' Committee has already expressed interest in providing continuing support for implementing the project at scale and to make Ha Nam a demonstration site for the approach.

• At the national level, the director of the General Department of Maternal and Child Health, Ministry of Health Vietnam stated that: **"I have followed the implementation of the project from the very beginning and up to this point, I can say, this is a very effective model, well documented, multi-disciplinary coordinated approach Responding to the recommendations of the World Health Organization, UNICEF, and receiving the latest updates on Government policies, the project "care for the comprehensive development of children in the first years of life. at home and community period 2018-2025 "that the Prime Minister approved on October 29, 2018. The department will accompany the Project to introduce the model to CDC centers in provinces for replication."**



• At the provincial level, the Centre for Disease Control and the Director of the Department of Health are willing to maintain the innovation after the project ends. Implementation plans for the whole province of Ha Nam will be discussed after the provincial elections for office bearers is completed.

- At the Commune level, Community Health workers, Kindergarten teachers, and Women's Union officers were trained in providing support for mothers and children. Club facilitators at commune level are willing to continue providing the services free as they see them as being well harmonized with their mission, or to integrate this program with other activities at the Community Health Center (such as information session at the National or Local Vaccinated days).

“This project is very meaningful and useful for children development. We are desirable to continue this project. I observe the children from this project and feel that they are so intelligent” (Leader of the local authority, Thanh Phong commune).

“The program is not only on the plan, but it will be the mission of the CDC: caring for women of childbearing age and preventing malnutrition for children under 5. We will have to conduct it. After completing this project, this work will be brought in by the Ministry of Health, the Maternal and Child Health Department.” (Head of provincial CDC, Ha Nam).

5. LESSONS LEARNT

5.1. Operation mechanism

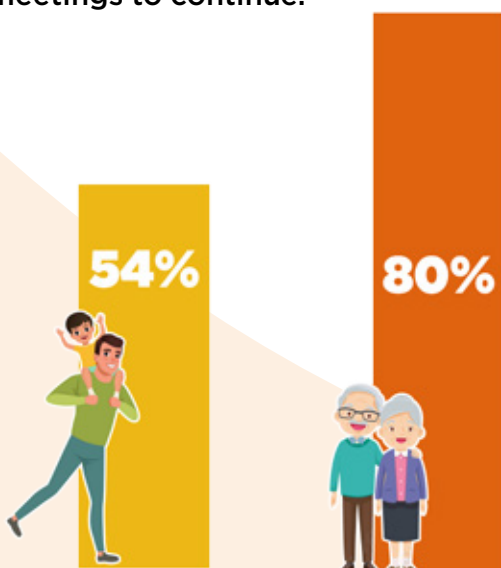
- High motivation and empowerment of the club facilitators at the beginning of the project was the core factor that lead to the success of the Learning Clubs.

- The participation of young children with mothers during in-person sessions at the Learning Club did significantly improved mothers' interests, concentration and behaviour changes. This project strategy worked well that lead to its innovation success in implementation.

- Only two of eight interviewed mothers participated in all 19 sessions and 1 home visit. The Learning Clubs fitted well with the schedule of rural farming women because it was offered early in the morning on a Sunday. Some suggested that for Christian mothers who want to attend Church on a Sunday and for people working in industrial zones, the time of the Club meetings might need to be altered.

- After six-month's maternal leave, most women resume income-generating work and children are taken care of by grandmothers. Although the project mobilized 80% grandparents and 54% husbands to participate in the Learning Club's sessions, their participation was lower than women's. Acknowledging that it was a very new and unfamiliar approach to encourage them to participate in the Learning Clubs, it will be important to continue to find ways to make the groups accessible and acceptable to husbands and grandparents.

- Mothers expressed a wish to learn further information about care for children from 2 to 5 years of age, emotional management skills for mothers, mother's self-defense, and child-protection skills in domestic violence; and care for toddlers with difficult behaviours. They wanted the Club meetings to continue.



5.2. Partnership and Policy Advocacy

- It would be useful for future projects to provide quarterly reports to leaders of the provincial Department of Health, Department of Education and Training, Women's Union, and leaders of provincial /communal People's Committee to update them of the EJOL progress, issues and recommendations. This frequent update would pave a way for financial support and powerful supervision.

- Strong engagement of the Ministry of Health's General Department of Maternal and Child Health with the project since its start was a smart strategy of the project team. This strategy worked well for the future scaling-up of the EJOL in Vietnam.

6. Recommendations

6.1. Operation mechanism

- If the program is to be taken to scale, more human resource at both the Hanoi-based office and at a provincial-based office is required for the scale-up phase.
- Online monitoring, supportive supervision and feedback to facilitators should be implemented to ensure timely communication and support for clubs in needs.
- The Learning Club schedule should be fixed and participants should be informed of it early, reminding participants that they might need to plan to miss church ceremonies. It is good to retain the Sunday morning rather than weekday evening meetings. Play spaces for the children or at least one kindergarten teacher to look after them at the Learning Club would assist mothers to participate in the Club lessons.

6.2. Contents

- The project team should consider covering the new needs of parents related to caring for children 2 to 5 years of age, emotional self-management skills for mothers, children's behavioral management skills for parents, mother's self-defense and child protect skills during domestic violence, clean food safety, making toys for children, and knowledge for the first-time dad.
- Separated sessions for husbands and grandmothers should be considered for development or new strategy to enhance the engagement of husbands and grandparents should be tested.

6.3. Partnership and policy advocacy

- Finalizing the Learning Club package and re-branding it with the suggested title of the Early Journey of Life is recommended to enable the scale-up to other provinces, including training of trainer component, monitoring and evaluation component and club innovation. The cooperation with the Ministry of Health via the General Department of Mother-Children Health should be maintained to continue advocacy strategies for inclusion a part of EJOL resource in the national guideline on ECD. EJOL will have high opportunity to scale-up at the national level with good support of the Ministry of Health and the national media engagement.
- Mobilizing the Provincial People's Committee to support matching funds with the Project as it is taken to scale in Ha Nam and increasing the role and involvement of the Department of Health, Department of Education and Training, Women's Union, and the Communist Party Committee in the program in terms of financial and infrastructure support, mentoring support, and monitoring, by emphasizing more about the benefits of participants in this project for the community.

In general, the Learning Club intervention has had very positive effects on both the direct beneficiaries and the indirect beneficiaries and some aspects of the society where the Project is implemented.



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