

EARLY JOURNEY OF LIFE

An Innovation to Improve Parenting Skills in Vietnam in The First 1000 Days of Children's Life



The Early Journey of Life (EJOL) is a parenting education program which focuses on the first 1000 days of the child's life (2018 – 2022). It was formerly called Learning Clubs for Women's Health and Infant Health and Development, and is an intervention developed in a collaboration between the Research and Training Centre for Community Development (RTCCD) in Hanoi, Vietnam and Monash University in Melbourne, Australia.

The EJOL intervention is a structured program combining perinatal stage-specific information, learning activities and social support. It addresses 8 risk factors for child development in Vietnam. EJOL was supported financially by Grand Challenges Canada and Porticus.

Scan the QR Code to learn more about the innovation



INNOVATION MODELS

The EJOL innovation includes three models: in-person (A), hybrid (B) and virtual (C) models.

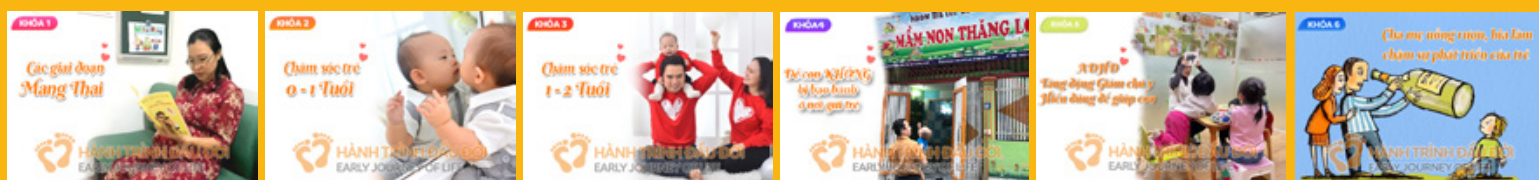
The in-person model comprises 20 sessions, in 19 accessible, facilitated groups for women at a community centre every two weeks from mid-pregnancy until birth and every four weeks after childbirth until the end of the first postpartum year, and one home visit during the first postpartum week.

These twenty sessions, covering nine topics, are organised into five modules targeting perinatal essential knowledge and skills. In the first two modules, the program addresses pregnant women and their husbands/ partners. From modules 3 to 5, the program targets the family unit as a whole including mothers, fathers and grandparents.

The hybrid EJOL model is categorized into three modules with 20 sessions. The three modules are presented in an e-learning platform and parents are invited to sign up and learn. During the 18 months of online learning, parents and caregivers will be invited to visit commune health stations to join 3 in-person sessions to practice skills for pregnancy and childcare.

This hybrid model is suitable for rural and urban areas.

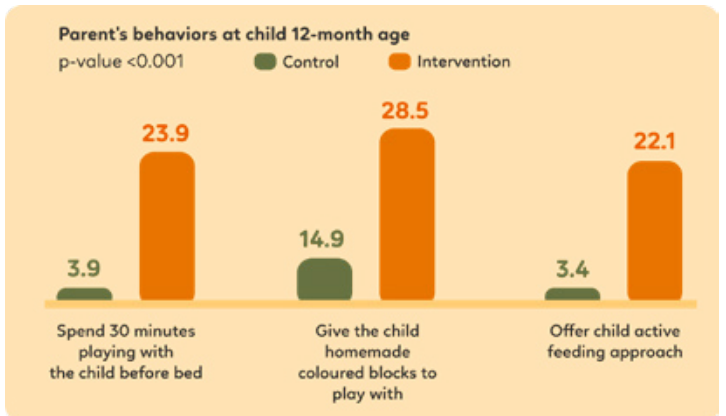
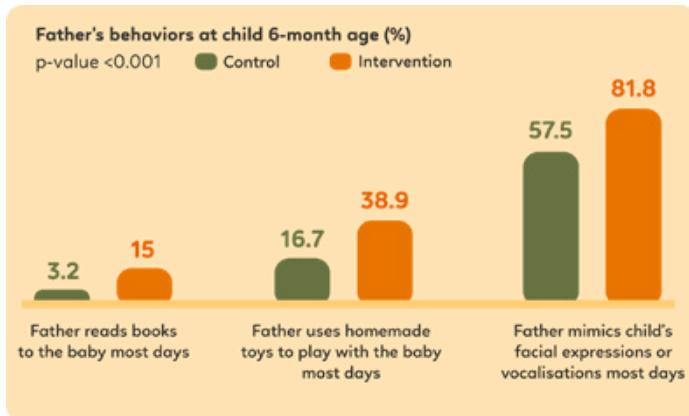
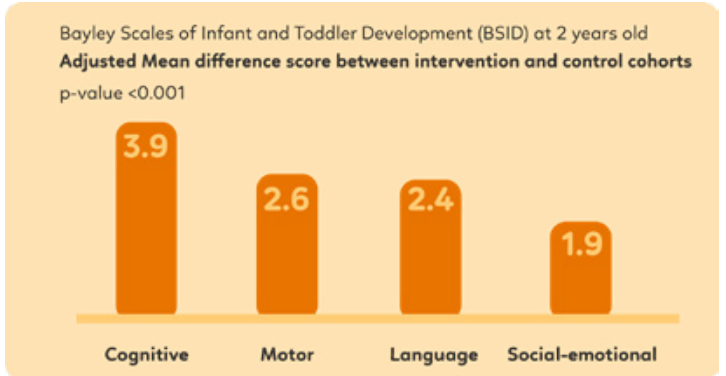
The online model targets families who could not arrange time to join any in-person practice session. Families will be invited to enrol into the e-learning platform and complete it. The online model is expected to deliver to industrial zone workers and busy parents in urban settings. The core content of the online model is the package of 3 e-Modules #1, #2 and #3 which were broadcasted by June 2022. The e-Modules #4, #5 and #6 were added to the website based on recommendations of industrial zone workers.



IMPACTS OF THE INNOVATION

In-person model

The clustered randomized control trial has been applied to model A in 2018 to test impacts of module #1, #2, and #3 (20 sessions).



Mean differences of the parents' HOME score between trial arms

	Control group mean (SD)	Intervention group mean (SD)	Unadjusted Mean difference (95% CI)	Adjusted Mean difference (95% CI)	Cohen's d effect size
HOME Inventory total score at 1 year old	32.3 (4.5)	33.7 (4.6)	1.27 0.23; 2.30	1.17 (0.14; 2.19)	0.25
HOME Inventory total score at 2 years old	34.4 (4.2)	36.5 (4.1)	1.94 (1.09; 2.79)	1.91 (1.11; 2.72)	0.45

Home score is a combined of Responsivity, Acceptance, Organization, Learning Materials,

Online model

Five e-Modules have been uploaded into the website and parents were invited to sign-in and learn on their own pace. Pre-test and post-test were integrated into the e-Modules. 90%- 94% virtual learners were mothers. The remaining learners were fathers only or combined both father and mother.

In each e-module, some questions (focusing on key messages of newborn care, caregiver-child interaction, breast feeding, nutrition, maternal mental health and child safety) were asked to verify uptake knowledge of learners at pre-test and the questions will be repeated at post-test. All answers were coded to [1/0] and added up to a score.

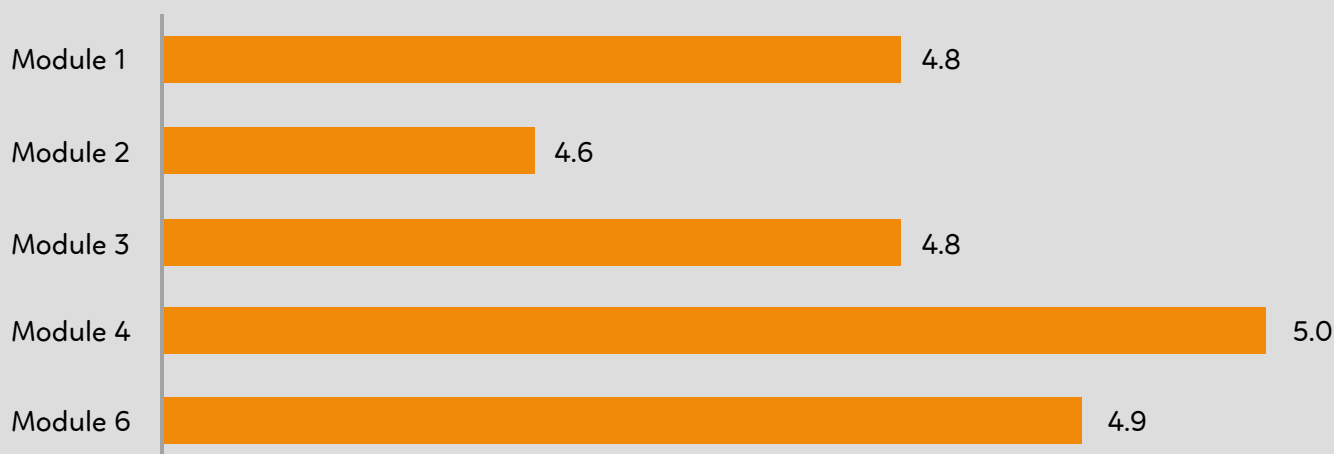
In all e-modules, parents at post-test had higher score of correct answers than in the pre-test and the difference was statistically significant.

KNOWLEDGE Mean score of correct answers [95% CI]	Pre	Post
Module 1: Pregnancy Care (max 5)	1.6 [1.5 – 1.7]	4.4* [4.3 – 4.5]
Module 2: Child 0-1 year (max 8)	3.9 [3.7 – 4.1]	6.3* [6.1 – 6.4]
Module 3: Child 1 – 2 years (max 7)	2.5 [2.2 – 2.8]	5.8* [5.5 – 6.0]
Module 4: Preventing Child Abuse at Daycare Services (max 5)	1.1 [0.9 – 2.2]	4.7* [4.3 – 5.0]
Module 6: Early Prevention of Alcohol-Related Harms to Children (max 10)	3.9 [3.3 – 4.5]	8.9* [8.6 – 9.2]

* p<0.001

At the end of the course, the vast majority of learners gave a 4 or 5 star rating (good and excellent) to the e-Modules.

Mean rating (min 0 - max 5) at the end of e-modules

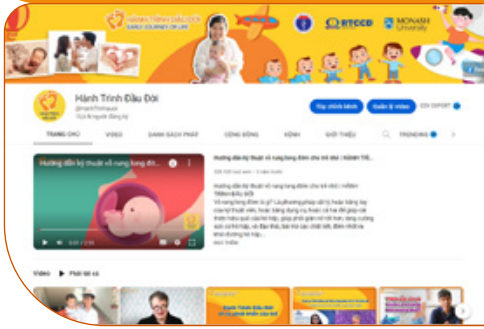


COVERAGES

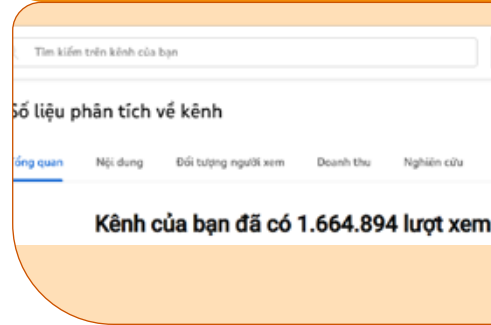
NUMBER OF BENEFICIARIES	Rural and urban	Industrial zones
Children benefited	6,685	1,500
Caregivers received in-person training	13,370	1,065
Caregivers enrolled e-module learning	1,093	907
Completion rate of e-modules	46.6%	30.9%

MEDIA ADVOCACY

10,600 subscribers to EJOL YouTube



1,700.000 views on EJOL YouTube



5 posts on national televisions



11 interviews and posts on national radio and newspapers



POLICY ADVOCACY AND PUBLICATION



Supporting Ministry of Health to develop a National Technical Guideline on ECD for Health Workers (approved by MOH on January 6th, 2023)



ARNEC Conference visited EJOL sites for local ECD good practice in 2019

6 articles on peer-reviewed journals



Our family books were published by publishing house and sold nation-wide



SCALE-UP: STRATEGIES AND POTENTIAL

The program contributes to Vietnam's goals as a signatory to the Nurturing Care for Early Childhood Development Framework (WHO) and Care for Child Development (UNICEF).

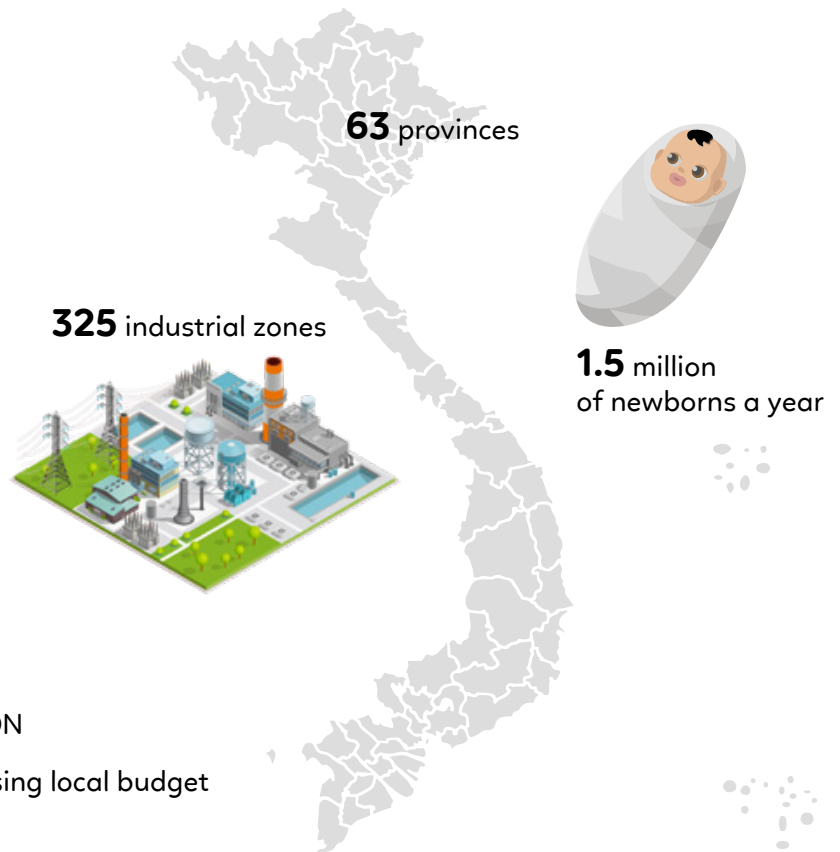
EJOL was supported by Ministry of Health (MOH) and the Vietnam General Confederation of Labour Vietnam (VGCL) for the scale-up.

The EJOL name is also listed in the MOH's National Technical Guideline on Early Childhood Assessment and Counseling (approved by MOH on the January 6th, 2023) as a reference which will be referred by doctors and nurses to parents during the child examination and assessment.



Potential reach:

Vietnam has **1.5** million of newborns a year and **325** industrial zones in **63** provinces. This EJOL innovation will have potential to enable all Vietnamese parents having access to parenting education resource to raise healthy and successful children.



Our strategies 2023- 2030:

SCALE UP MODELS & INSTITUTIONALIZATION

- Scale up in-person model to rural sites using local budget
- Scale up hybrid to peri-urban
- Scale up virtual to cities and industrial zones
- Institutionalize the EJOL innovation into Ministry of Health Vietnam policy (We are in right track)

EVIDENCE-BASED RESEARCH FOR HYBRID AND VIRTUAL MODELS

- Seeking fund to conduct cRCT
- Publication and dissemination to global academia and local policy makers

ADAPTATION FOR HIGH LAND ETHNIC MINORITY

- Adapt the in-person model to culture and language of ethnic minority groups
- Conduct impact measurement for high-land in-person model

NATION-WIDE COVERAGE

- Excellence Training Centre for parents and health workers
- Integrating into national policy implementation, Monitoring Evaluation and Learning

CONTACT FOR COLLABORATION

We are looking for support and collaboration to bring big impacts to the system and help children in Vietnam to reach full potential at early stage of life.

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