

Zero to Five Challenge Refinement

Instructions: Help us find the responses to questions asked of you during Refinement by doing the following:

1. Write the question asked by either the Amplify Team or a member of the OpenIDEO community
2. Answer the question immediately below [*Please keep it as short as possible – remember the point of this is to make answers easier to find and read!*]
3. **Create a PDF** and upload to the OpenIDEO site.
4. Having trouble uploading to the site? Email us at hello@openideo.com

Responses to Questions from the Amplify Team

Question: You mention that you have learned a lot from success and failures in your work and we wonder – what have you learned that will assist you in designing and implementing this idea?

Answer: This question was great and led to a lot of individual and group reflection. The results of that reflection can be found under a separate document on the site.

Question: Are the 9000 people you hope to reach ones that are currently involved in other GHEI programming?

Answer: Primary beneficiaries are pregnant women and their families in five villages in rural Western Ghana, with a total population of approximately 9,000. We have ongoing programming (although not every program) in each of the five villages currently.

Responses to Questions from the OpenIDEO community

Question: As I reread your proposal the mentor's role as you describe it appears to be heavily health based. How does this role differ from that of a community health worker? What do community health workers focus on currently when interacting with families with children age 0 -3?

Answer: Our use of the term CHW is a little atypical given their responsibilities. They currently focus on helping families prevent malaria when visiting households. They also help with community-wide events focused on handwashing with soap, HIV prevention and malaria prevention. They do not do any medical assessment or treatment and don't focus on broader health or education issues currently.

Question: What training will the mentor in your program receive and who will provide it?

Answer: We will develop curricula for the various aspects of the program, and our staff will train the mentors. Typically when we develop a training curriculum, we do a training needs analysis of the user (the mentor in this case), then a partnership of a senior local Ghanaian staff with a program coordinator (a master's level education with 1-2 years of on-site commitment) writes the curriculum with feedback from experts. The curriculum is typically delivered by the partnership mentioned above. We typically don't have external trainers do training because there is a learning curve with the local accent, and our particular context.

Regarding curriculum content, we will prepare it and finalize it in stages. Because we will enroll women during pregnancy, we plan to develop the curriculum in phases, prioritizing those that come first temporally. Based on feedback we've gotten thus far, I would expect the curriculum would consist of the following:

1. Phase I: Evaluation of home environment, assets and challenges
2. Phase II: Pregnancy
 - a. Nutrition- dispelling myths, education
 - b. Preventing infections including sleeping under insecticide treated bednets, handwashing stations and education
 - c. Gathering support from other sources- attending ANC visits, other assets
 - d. Delivery planning- delivering in a facility, anticipating and planning for expenses
 - e. Newborn- breastfeeding support, encouraging follow-up care from clinics, reinforcing infection prevention
3. Phase II: Up to 6 months of age
 - a. Breastfeeding support*

- b. Prevention of infections
 - c. Emotional support, encouraging use of assets like child welfare clinics
 - d. Family planning
4. Phase III: 6 months to 3 years
- a. Complimentary feeding*
 - b. Stimulation*
 - c. Prevention of infections
 - d. Emotional support, encouraging use of assets

*If anyone in the community knows of basic practical curricula used in rural developing countries on these topics, we'd appreciate the leads. We aren't looking for factual information as much as training and implementation guides.

Question: Will this be a paid position?

Answer: Yes, they will be employees with salary and health insurance.

Question: Your website describes an affiliation with UCLA and it's Global Health Program bringing medical students to this community. (I am a pediatrician in NYC - and very interested/inspired!) Is that relationship the foundation of GHEI?

Answer: It isn't the foundation of GHEI, but it is a great partnership for medical student and pediatric resident programming, and for expertise. The initial connection is that our co-founder/executive director trained at UCLA in pediatrics and health services research.

Question: Would medical students participate in this initiative?

Answer: Yes, we have found that we best optimize medical student learning and GHEI's benefit with program evaluation projects. The medical students bring their skills in literature review, some survey development, data entry and analysis, with faculty oversight. On-site, they partner with our local staff who typically do the direct data collection, using their skills of language, data collection and knowledge of the community. We have to plans to immediately engage medical students in extensive qualitative analysis to help inform and finalize program design, as well as baseline quantitative data collection.

Question: Will this project employ community resources, utilize resources from abroad, both? if both how will they interact?

Answer: I'm not sure if I'm interpreting your question correctly so please let me know if not. Regarding material resources, these would be obtained in Ghana as much as possible. It is rare that we've needed to obtain materials from the US (exceptions include neonatal masks and bags for resuscitation, for example).

Question: Are there resources within the UCLA community who can provide educational materials and insights on early childhood development that you can tap into?

Answer: Yes, for example, we have one pediatrician working with us who is an expert in early childhood education/cognitive stimulation, although her expertise is more domestic than international. If you have leads on ECD experts and curricula globally, that would be wonderful.

Question: The neonatal resuscitation evaluation and training program in Ghana outlined on your website is great! Do you have follow up on whether local health professionals trained in the program are now conducting trainings in the broader communities?

Answer: We have not instituted a training of trainers model at this point, although it is something we are trouble shooting and working through for the future. One interesting finding from our recent program evaluation is that only 38% of facilities in our district have appropriate resuscitation equipment- we are in the process of addressing this.

Question: Are there many children's books printed in Ghana?"

Answer: There are children's books printed by an NGO that mainly works in Accra, Ghana. Our library maintains a large collection of books printed in Ghana and Africa. I would envision the same focus for this program.

Question: Is it a lending library?"

Answer: It is not a lending library. There is a fear amongst the local staff that many books would not be returned if they were allowed to leave the premise.

Question: Will families be able to travel there to participate in play groups?

Answer: This is a great question. Mothers from our central village shouldn't have distance as a barrier, but there are several other barriers that are important to varying degrees: overburdened mothers; conflicting responsibilities; history of poor community participation in group activities (hence our switch to an individual model); perceptions of time (class start time).

Possible benefits - mothers firsthand exposure to child learning experiences; empowering mothers to become "first teachers" of their children; mothers' exposure to new learning tools; improved understanding of development milestones and norms. It could provide the kind of firsthand insight that could help mothers create homes that are more kid friendly.

This may be the most challenging component of our model because of the group nature, but we believe it is worth investigating and prototyping to see if it would be perceived as valuable enough to overcome the barriers above.

Question: Rather than give families books have you considered having mentors loan books so that books can vary overtime and you can share community resources?

Answer: The literacy outreach models that we are familiar with usually have home visitors come to the home equipped with a mini library. They would usually read in a group (possibly in a group made up of other children from the cohort or neighborhood), perform literacy games, then leave a few of the books until next time. We could alter as learn from our prototyping, interviews and focus groups. We could also have some books that circulate and others that are owned. Some would say that there is nothing like owning a book, and that it creates a different kind of connection to reading.

The fact that most of the mothers will probably be functionally illiterate will have to be addressed in our model. Picture books, trainings on how to make up stories while reading, education around the importance of reading to their kids, listening to them, using a range of vocabulary, encouraging their talking, asking kids to make decisions rather than making threats or demands, etc., will all be important to the education component of this program.

Question: Have you considered working through your existing CHWs to identify potential mothers?

Answer: Yes, I think this will be one of the sources of recommendation for mothers. There are community leaders like the queenmother who we will also go to for recommendations. From there, we'll need objective measures for selection. We've had difficulty with bias in the past (i.e. with our scholarship recipients) so we'll be very careful with this selection. If you've devised any selection rubrics, or have any advice, we'd love to have that insight.

Question: Is there any compensation planned for the mothers, what benefits do they receive by participating as mentors?

Answer: Yes, they will be employees and receive a salary and health insurance. I think it will be important that they see this as an honor, and enjoy the process of mentoring.

Question: Have you considered including a family planning aspect into the mentorship?

Answer: Interesting. It isn't something we've thought to include. It is a great idea as it obviously impacts the wellbeing of all the family's children, especially the newborn. It could be part of the newborn time period visits. We previously found (in 2003, so possibly still relevant) that the desired birth interval was five years, while the actual birth interval was 3 years. There was a clear unmet need for family planning. We'll be sure to include it in our assessment going forward. Many thanks for your help!

Question: How would this and other elements of your proposed program be sustainable over time?

Answer: In terms of sustainability, because we will reach all or most first time mothers and the community is very tight-knit (exemplifies the idea of taking a village to raise a child), we believe that there will be spread of knowledge and, over time, the approach to child rearing will transform within our communities. We believe this has amazing potential to change not only the children in this generation, but their children's child raising practices later on.