

Web Appendix Table B: Interview and focus group topic guides from Saving Brains evaluation

Thematic questions for key informant interviews and focus groups (Toronto Saving Brains Community Meeting (June 21-22 2016) and webinars (August 17, 24 and September 2 2016)).
Impact and outcome metrics question guide
<p>Background</p> <p>Limitations of child development metrics pose a major challenge in policy and programming efforts to improve early child development outcomes in low- and middle-income country (LMIC) settings. Various initiatives are underway to improve measurement of outcomes at population and individual level (e.g. newly published data from McCoy <i>et al</i>, funded by the Saving Brains® Programme, Grand Challenges Canada®, providing the first global and regional estimates of the number of children failing to reach developmental milestones based on parent report measures.⁽¹⁾ However major challenges remain and collaboration is required to improve measurement of impact of interventions on child development outcomes at scale in low-resources settings.</p>
<p>Objectives</p> <p>To discuss as a group;</p> <ol style="list-style-type: none"> 1. Different approaches to impact measurement that have been taken across the Saving Brains portfolio 2. Challenges and benefits of different approaches taken 3. Lessons learned for policy makers and programmers attempting to measure impact of early child development (ECD) interventions at scale
<p>Questions</p> <ol style="list-style-type: none"> 1. How has impact been measured across the Saving Brains portfolio? 2. How were decisions reached about impact measures used? What factors influenced these decisions? 3. How has use of these impact measures worked in practice? 4. How about intermediary outcome measurement in terms of environment, caregiver relationships etc.? 5. What have been the programming requirements to support this in terms of human resources, cost, timeline etc.? 6. Have measures used required translation and adaptation in your local context and if so, how has this been managed? 7. Do measures used include children less than 3 years and children with disabilities? 8. Could measures used within the Saving Brains portfolio be used if innovations were scaled up at National level? If so, how and what would be required to support this? If not, what alternatives would you recommend for programmers and policy makers? 9. Given the range of players involved, how can coordination within ECD networks be improved to support development of improved metrics? 10. Any other aspects of impact measurement that you think are important considerations which we have not covered?
Cadre question guide
<p>Background</p> <p>Choices around human resources for implementation of ECD interventions have significant implications for effectiveness, sustainability and scale-up. Across the Savings Brains portfolio, a broad range of workers have been used to implement innovations with potential lessons for policy makers and programmers aiming to implement ECD interventions at scale in a range of contexts.</p>
<p>Objectives</p> <ol style="list-style-type: none"> 1. To discuss the range of workers used to implement innovations across settings. 2. To discuss rationale for choice of workers used across settings. 3. To discuss programming implications with use of different cadres of workers.
<p>Questions</p> <ol style="list-style-type: none"> 1. What was the rationale for selection of worker type across different SB innovations?

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<ol style="list-style-type: none"> 2. What challenges and benefits were noted with use of various cadres of workers across settings? 3. Where pre-existing categories of workers were used, what were the pros and cons experienced? How was the overall workload for individual workers managed when implementing 'additional' ECD intervention? 4. Where new worker groups were used, what were the pros and cons of this approach? How were issues of financing, governance and sustainability managed? 5. How were decisions around incentivisation reached? 6. Where community health workers were used, how were decisions reached around type of community health worker, level of training, supervision, equipment and incentivisation? 7. Where community health workers were used with the goal of improving equity and coverage of interventions, were these tracked? And if so, provisional recommendations or findings? 8. When thinking about decisions at a national scale, are there additional factors that need to be considered about human resources for implementation of ECD interventions?
Content (positive stimulation interventions) question guide
<p>Background</p> <p>Available evidence provides general guidance to policy makers and programmers about elements of positive stimulation interventions associated with increased effectiveness.(2) In particular, use of a structured evidence based curriculum, provision of opportunity to practice skills with the child, provision of feedback to the parent, adequate training and supervision for staff, integrated health, nutrition and ECD elements and both community and government support are thought to be important in intervention effectiveness.(2) There are also an increasing range of resources available to programmers implementing ECD interventions.(3, 4) However, from a practical perspective programmers still face detailed choices about intervention design and pros and cons of alternate choices in different settings may not be clear.</p>
<p>Objectives</p> <ol style="list-style-type: none"> 1. To consider key intervention design questions raised when implementing positive stimulation interventions across the Saving Brains portfolio. 2. To consider how choices were made around these intervention design elements. 3. To consider relevance of lessons learned to programmers developing models for ECD interventions at national scale.
<p>Questions</p> <ol style="list-style-type: none"> 1. Across the Saving Brains portfolio what factors have informed choices about the following elements of positive stimulation interventions; 2. Target of intervention (e.g. parent, parent and child, child only) 3. Age of children 4. Number of contacts 5. Frequency of contacts 6. Duration of contacts 7. Chosen curriculum (with as much detail re actual curriculum as possible) 8. With regards to choices made, what has worked well and why? 9. Are there areas which have not worked well and if so, please describe? 10. Are there design elements that need to change to enable scale up and if so, please provide examples? 11. Any other elements that you consider important for programmers at national level to consider when developing models for implementation at scale? <p>NB That questions re universal vs targeted and integration of interventions are asked elsewhere but could also be covered here.</p>
Delivery setting question guide
<p>Background</p>

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ECD interventions are delivered in diverse settings in terms of geography, rural/urban, different sectors, facility/communities or home or often a mix of settings. Decisions about setting have implications for policy and on many aspects of programming.
<p>Objectives</p> <p>To discuss as a group;</p> <ol style="list-style-type: none"> 1. How decisions about implementation setting were made across the portfolio 2. Implications of those decisions, both positive and negative on program implementation and scale-up 3. Lessons learned for policy makers and programmers designing ECD programmes at national
<p>Questions</p> <ol style="list-style-type: none"> 1. How were decisions about the setting for implementation of your ECD programme reached (e.g. convenience, targeting of vulnerable subgroup, prior involvement with that sector etc.)? 2. What information did you use in deciding about the setting of implementation for your program? 3. Was there any information that if you'd had it earlier, would have altered your decision about setting? 4. Benefits specific to your setting? 5. Challenges specific to your setting? 6. What implications has setting choice had on the ease of program implementation? 7. What recommendations about delivery setting would you make to policy makers and programmers designing ECD programmes at national scale? 8. Anything further that you would like to highlight about implementation setting that we have not covered so far?
Universal and targeted approaches
<p>Background</p> <p>Universal approaches to improving ECD aim to increase protective factors and reduced risks for adverse child development at a whole population level. Targeted approaches are aimed specifically at children identified as having a higher-than-population-baseline risk of adverse developmental outcomes.</p> <p>While systems which provide both universal and targeted ECD interventions are ideal, in resource limited settings, some have suggested that services should initially be targeted to the most vulnerable.⁽⁵⁾ Further, from a rights perspective, it can be argued that ensuring equity through inclusion of children with specific additional risk factors (e.g. disability, membership to ethnic minority subgroups etc.) is a priority, regardless of setting.</p> <p>There are however many challenges. While effectiveness of interventions may be greatest for certain vulnerable population sub-groups, with potentially favourable 'benefit to cost ratio' for investment, scaling up services to include those 'hardest to reach' may involve higher initial costs.² These complexities pose challenges for policy makers trying to develop ECD programmes which are equitable but also provide sustainable coverage at scale.</p>
<p>Objectives</p> <p>To discuss as a group;</p> <ol style="list-style-type: none"> 1. The rationale for selection of targeted versus universal approaches to ECD implementation in different settings within the Saving Brains portfolio. 2. Programming implications for both approaches 3. Requirements to inform policy makers in decisions about either universal or targeted approach to implementation
<p>Questions</p> <ol style="list-style-type: none"> 1. What was the rationale for selection of targeted versus universal approaches to ECD implementation in your context? 2. In interventions where a targeted approach was taken, how was the target population

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<p>identified (e.g. data driven, empirically, opportunistically)?</p> <ol style="list-style-type: none"> 3. What are the benefits and disadvantages of a targeted approach in different settings? 4. What are the benefits and disadvantages of a universal approach in different settings? 5. What have been the programming implications of different approaches taken (e.g. human resources, training and supervision, financial)? 6. Have there been implications for financial sustainability and if so, moving forward, what strategies might be used to address these? 7. For interventions taking a universal approach, what strategies have been implemented to ensure inclusion of disadvantaged population subgroups including children with disabilities? 8. What recommendations about intervention targeting would you make to policy makers and programmers designing ECD programmes at national scale? 9. Anything further that you would like to highlight about implementation setting that we have not covered so far?
Processes for monitoring coverage and quality at scale
<p>Background</p> <p>Processes to ensure quality and coverage are important for effective and equitable implementation of ECD interventions.(2) However, review by Yousafzai et al has highlighted the need for further consideration of implementation processes to facilitate more comprehensive guidance as to how to effectively implement interventions.(6, 7) The Saving Brains portfolio provides a unique opportunity to consider implementation processes in order to provide more detailed guidance for programming at scale.</p>
<p>Objectives</p> <p>To discuss:</p> <ol style="list-style-type: none"> 1. Priorities in measuring quality and coverage of intervention. 2. Approaches used to monitor quality and coverage across the portfolio. 3. Considerations for monitoring coverage and quality of ECD interventions at scale.
<p>Questions</p> <ol style="list-style-type: none"> 1. What do you think are the 3 most important elements of 'quality' of implementation to measure? 2. What indicators have been most helpful in measuring these? 3. What processes of supervision and training have been developed to support this? (As much detail as possible re number of supervisors per worker, frequency, duration and mode of supervision) 4. What has been required to support monitoring of quality and coverage in terms of; 5. Data sources - are these procedures integrated into existing national data collection systems or stand-alone systems? 6. Technical and funding support? 7. Incentivisation of workers? 8. How have findings from monitoring been incorporated into ongoing implementation? 9. Would these approaches to monitoring of quality be feasible and appropriate for interventions delivered at national scale? 10. What strategies have been used to ensure equitable coverage of interventions? 11. What strategies have been used to reach the most difficult to reach populations including children with disabilities? 12. What challenges have been faced with regard to retention of participants? How have these challenges been overcome? 13. How would these approaches need modified for implementation at national scale?
Integration
<p>Background</p> <p>Integrated delivery of ECD with interventions in other sectors is often recommended to promote holistic care of children and their families, to maximise synergies of interventions and for efficiency.</p>

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However, an integrated approach to service delivery also has many implications for programming.
<p>Objectives</p> <p>To consider as a group;</p> <ol style="list-style-type: none"> 1. Experience with integrated innovations across the Saving Brains portfolio in terms.
<p>Questions</p> <ol style="list-style-type: none"> 1. What has been the rationale for choosing ECD specific or integrated ECD approaches in different settings across the portfolio? 2. Where integrated approaches have been taken, how has this worked? 3. What have been the programmatic implications of an integrated approach in terms of; 4. Work-load for workers? 5. Training and supervision? 6. Equipment? 7. Cost? 8. Monitoring and evaluation? 9. How has governance across sectors been managed? 10. What are the implications of an integrated approach for implementation at national scale? 11. Are there other elements of an integrated approach which are important to consider in implementation of ECD programmes at national scale?
Questions for experts in the field
<ol style="list-style-type: none"> 1. What do you consider to be priority needs for policy makers and programmers in implementing ECD programming at national scale, once a decision has been made to invest in early child development? 2. With regards to ECD programmes at scale, what do you consider to be the key design decisions for policy makers and programmers? 3. Given the challenges of measuring impact in ECD programmes and the constraints that this poses to progress in policy and planning, what do you see as next steps in improving developmental outcome metrics within programmes and at national scale? 4. If it were possible to monitor 3 indicators on the pathway to improving ECD at a national level, what would you measure and why? 5. What key lessons can be learned about cadres of worker for delivery of ECD interventions from other global child health interventions? In particular, what lessons around use of Community Health Workers (CHWs) are relevant for CHWs delivery of positive stimulation interventions in home settings?

References

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