Systematization of the experience

Implementation of the ttC method: Timed and Targeted Counseling

Project REDES: Use of social networks to improve maternal, neonatal and child outcomes in rural areas of Honduras

Copán Ruinas, Honduras. March 2019

BID Banco Interamericano de Desarrollo
iniciativa salud mesoamérica
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Credits

Project: Use of social networks to improve maternal / neonatal / child health outcomes in rural Honduras

Executed by World Vision Honduras in the framework of the Salud Mesoamérica Initiative (SMI), Inter-American Development Bank (IDB)

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Preparation of this document has been possible thanks to financial and technical support provided by the Inter-American Development Bank (IDB), in the framework of the Salud Mesoamerica Initiative, through the project: Use of social networks to improve maternal / neonatal / child health outcomes in rural Honduras (Project REDES), under the terms of the contract signed with World Vision Honduras. The opinions expressed in this report are the authors' and do not necessarily reflect the perspective of the IDB or World Vision Honduras.

Abbreviations

ADD	Acute diarhheal disease
ARI	Acute respiratory infection
BCA	Behavior change agent
IDB	Inter-American Development Bank
KAP	Knowledge, attitudes, and practices
MANCORSARIC	Commonwealth of Municipalities of the Maya Route
REDES	Use of Social Networks to Improve Neonatal Outcomes in Rural Honduras
SMI	Salud Mesoamerica Initiative
ttC	Timed and targeted counseling
WVH	World Vision Honduras

Contents

1. Introduction

Use of social networks to improve maternal / neonatal / child health outcomes in rural Honduras (**Project REDES**) is a community-based project developed by World Vision Honduras (**WVH**) in association with **ChildFund** Honduras (in the project's second phase, implementation has been assumed exclusively by World Vision Honduras).

This intervention forms part of the study promoted by the Salud Mesoamerica Initiative (SMI) of the Inter-American Development Bank (IDB), implemented by Yale University and financed by the Bill and Melinda Gates Foundation, to evaluate use of social networks and their influence on adoption, dissemination, and reinforcement of behavioral norms at the group level and fundamental attitudes in relation to neonatal and child health in rural areas.

Project REDES aims to test innovative and effective solutions that are easy to implement and improve – without greater efforts of cost – to conduct high-quality health interventions for poor populations. The project applies **timed and targeted counselling** (ttC) as an educational strategy focused on promoting behavioral changes in maternal / neonatal / child health.

The project was executed from November 2015 to August 2018 in western Honduras, in the municipalities of Copán Ruinas, Santa Rita, San Jerónimo, and Cabañas (all in the department of Copán), which make up the Commonwealth of Municipalities of the Maya Route **(MANCORSARIC)**.

Given the project's purpose, upon completion of execution, a priority action has been to **systematize the process** in order to compile Project REDES' cumulative experiences in implementation of ttC methods to promote behavioral changes in maternal / neonatal / child health. This process should also identify the details of the methodology and its implementation, the elements that foster success, the constraints, the lessons learned, and the main challenges. Essentially, the following elements are proposed as guiding elements in the process:

Purpose of systematization	Implementation of ttC methodology, its modifications and technological innovation to generate behavior change.
Areas for systematization (topics)	**Phase 1.** Design methodology for intervention and process of developing a behavior change communication strategy. **Phase 2.** Implement ttC, recover the process of home visits.

The systematization process used the protocol of systematization of experiences as a methodological reference; this was approved by the University Scientific Research Department of the National Autonomous University of Honduras, and is based on the following key methodological elements:

a) The systematization process is framed in a qualitative "action-reflection-action" study.

b) It relies on documentation and materials designed during project implementation as secondary data sources. These materials are reviewed to identify useful information to reconstruct the experience in accordance with the guiding elements of the systematization process.

c) The process focuses on managing the knowledge arising from the experience through a collective reflection process (using a theoretical sampling to help identify relevant information for valuation of the project) with a number of participants, including women and men who participated in ttC implementation (community members who met set criteria to ensure they reflect the diversity of domestic settings addressed by the project) and the project's technical and managerial personnel (including project coordinator, behavior change specialist, supervisors, and behavior change agents).

These data (from opinions, reflections and testimonials of the experience) are compiled through semi-structured interviews with individuals and families, focus groups, and participatory workshops to share and deepen the understanding of the experience.

2. Project REDES: Improve maternal / child health

Honduras' total **population** in 2018 was 9,012,229; almost half (45.4%)[1] live in rural areas. In recent years, population growth rate has shown an upward trend (reaching 1.6% in 2018). So the issues such as child mortality rate and maternal / neonatal / child health continue to be of concern, especially in rural areas.

Although there have been successes (health program coverage has expanded and education provided on maternal / child care has improved), much remains to be done, especially in rural areas with indigenous and young populations.

The **national indicators** of 2016[2] show that the child mortality rate has not dropped since 2014 (23 deaths per 1000 live births)[3]; the institutional birth rate, instead of increasing, fell from 83% in 2012 to 64% in 2016[4] (these numbers will be confirmed with new ENDESA data); incidence of diarrhea in children under five rose from 125 cases to 141 per 1000 inhabitants from 2013 to 2016. Maternal mortality has not fallen since 2013, with the most recent data showing 73 deaths per 100,000 live births.

This situation is similar to the **municipal indicators** of Copán Ruinas, Santa Rita, San Jerónimo and Cabañas —in the department of Copán—[5], where the health indicators related to neonatal and child mortality as well as early intake of pregnant women, prenatal / neonatal / postnatal checkups, and institutional births are not at the level of the targets set by the Ministry of Health (MOH), so that improvement of these indicators continues to be a challenge, although comparisons with data from 2017–2018 shows an improvement according to the statistical database of the El Jaral services network. In particular:

a) In the first half of 2016, 30 deaths of children under four were reported (slightly higher than the national indicator); nine were newborns who died in the first 7 days after birth, four died 8–28 days after birth, ten died 1–12 months after birth, and seven were 1–4 years old. Compared to the first half of 2015, total number of deaths dropped by five, but number of newborn deaths (age 0–7 days) increased by three.

b) Intake of pregnant women rose from 74% in 2017 to 80% in 2018, with an average of 5.5 and 6.3 prenatal checkups, respectively. But the number of pregnant women seeking a prenatal checkup before their 12th week of pregnancy decreased by three percentage points.

c) Institutional births in 2018 rose one percentage point over 2017 (87% and 86% respectively), according to the statistical database of the El Jaral services network.

1 INE.2017. Boletín día mundial de la población. Proyecciones nacionales de población 2013–2030 (data from MOH 2016)..
2 Data from MOH institutional memory 2016.
3 The birth rate fell from 23.2 in 2014 to 22.1 in 2018.
4 This aspect breaks the trend in terms of prevalence of qualified institutional births that had increased in recent years, showing growth from 2000 to 2005, according to ENDESA 2005–2006, of 61% to 78%, and in comparison with ENDESA 2011–2012, the increase is 5 percentage points, rising from 78% to 83%. In the last decade, institutional births (private or public) rose 22 points, from 61% to 83%.
5 According to data from MANCORSARIC, provider for the health sector's decentralized system in the project's target area

d) Maternal mortality rate remained at zero in 2017, but the rate rose to 50 per 100,000 live births in 2018. The increase was due to one (1) maternal death reported in the municipality of Copán Ruinas.

e) In August 2018, in a total of 1,419 REDES-beneficiary families, there were approximately 51 cases (3.59%) of diarrhea reported in the previous two weeks.

From this panorama of maternal / child health in Honduras, **Project REDES** emerged in the framework of the Salud Mesoamerica Initiative (**SMI**) and the Inter-American Development Bank (**IDB**) in order to test effective and innovative solutions that are easy to implement, improve and modify, without further effort and cost, to carry out high quality health interventions to benefit poor populations.

2.1 Project REDES proposal: family counseling to change behaviors in health

The project "Use of social networks to improve maternal / neonatal / child health in rural Honduras" is a community intervention that forms part of the study promoted by SMI/ IDB and conducted by Yale University to investigate use of social networks — understood as the relationships among community actors[6]—, and their influence at the group level on adoption, dissemination and reinforcement of behavioral norms and basic attitudes about neonatal and child health in rural Honduras.

Initially, the REDES project was developed by World Vision Honduras (**WVH**) in association with **ChildFund** Honduras, but in its second phase implementation is assumed by World Vision Honduras alone.

The project's zone of intervention is in the country's westernmost region, specifically the municipalities of Copán Ruinas, Santa Rita, San Jerónimo, and Cabañas (all in the department of Copán), which together make up the Commonwealth of the Maya Route (**MANCORSARIC**). The project was launched in 154 communities in these municipalities and has benefited 3,634 families.

World Vision (WV) is an international nonprofit Christian-based organization focused on children in the community, which together with its strategic partners, promotes transformative development, justice and humanitarian aid, seeking fulfilling life and integral development in childhood, families, and communities.

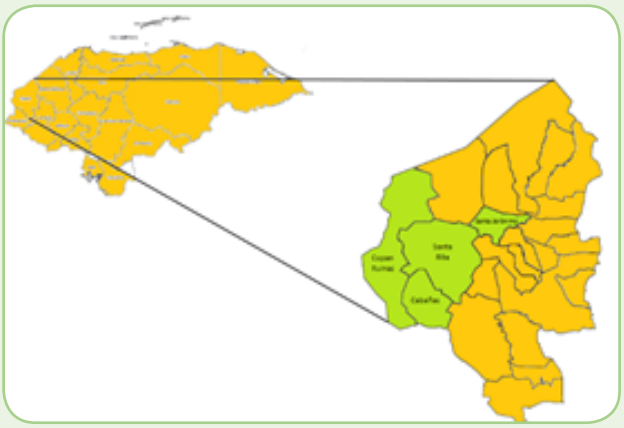
ChildFund Honduras is an organization that aims to help develop and protect underprivileged children who are vulnerable and excluded so they gain the capacity to improve their lives and become productive youth, parents of families and leaders who bring positive and lasting changes in their communities.

6 The project is based on the premise that social networks — relationships among community actors — can influence new beneficial behaviors or practices that improve health. .

The MANCORSARIC[7], territory covers 876.24 km2; the population is basically rural (84%), 20% of ethnic origin (Maya-Chorti), and 64% living below the poverty line.

The region is mountainous with scattered remote communities that are difficult to reach. Most inhabitants work in agriculture, cattle, forestry, and fishing.

The installed capacity for health services delivery includes 18 health facilities (five integrated health centers, 12 primary health care units, and one maternity clinic).



Features of the beneficiary municipalities:

- **Copán Ruinas** is the largest municipality; it has 50 towns and 152 small villages. The population in 2018 was 41,684 (9,151 urban and 32,532 rural).
- **Santa Rita** is the second largest municipality with 31 towns and 148 small villages. Population: 31,829.
- **Cabañas** is approximately 126 km^2 and has 22 towns and 62 small villages. The population in 2018 was 15,441 (all rural).
- **San Jerónimo** is approximately 72 km^2 and has 8 towns and 29 small villages. The 2018 population was 5,141.

2.1.1 Project REDES: purpose and methodology

The **proposed objective** of Project REDES is to help improve maternal / neonatal / child health through a community intervention aimed at achieving changes in knowledge, attitudes and behaviors about risk, through innovative educational methods that enable transmission of health messages and practices through key individuals in community social networks.

To achieve this proposal, the project is using the educative methodology of **timed and targeted counseling (ttC)**, which is a model to approach interpersonal education that is developed through programmed monthly home visits focused in a crucial period to ensure the health of women during pregnancy, delivery, postpartum, and child health during the pregnancy and in the first few years of the child's life. Features of this methodology include:

a) **Counseling sessions in the home setting** to foster communication, safety, openness, and inclusion of all family members. In addition, it ensures optimal use of time devoted by the family to the counseling process and personalization of recommendations in accordance with the needs of each household or family.

Project REDES is conceived as a social research project that differs from other processes in that it adheres to a rigorous investigative protocol that sets the guidelines for selection of communities and families as well as the conditions in which ttC home counseling is provided.

The rigorous protocol applied enabled the project to generate data to help understand the structure and organization of community social networks, their role and dynamics as a means to address health matters in rural communities in Honduras. The study is led by Yale University.

7 According to data on MANCOSARIC's website: www.mancorsaric.com/

b) To respond to a **thematic proposal** focused on facilitating transmission of key evidence-based health messages generated through an initial formative survey — diagnosis of knowledge, attitudes and practices (KAP). The thematic proposal of Project REDES includes:

Table 1. REDES counseling topics

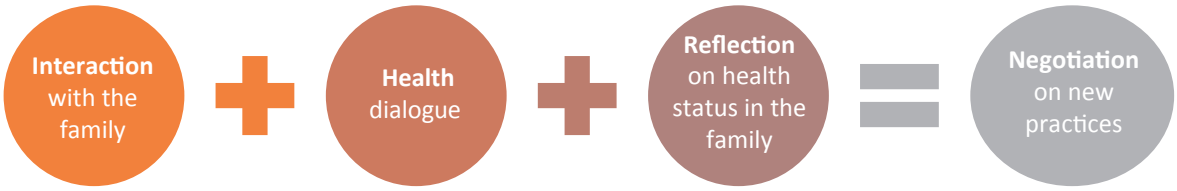
Topics		
Pregnancy		**Practices promoted**
ttC visit 1	Prenatal checkup before 12th week	Early initial prenatal checkup -- followed by routine checkups Consumption of folic acid during pregnancy Identify warning signs during pregnancy
ttC visit 2	Birth plan	Birth plan and emergency plan Involvement of spouse and family in care of pregnant woman
ttC visit 3	Institutional birth	Facility-based birthing
ttC visit 4	Family planning	Use of family planning method Importance of spacing pregnancies
ttC visit 5	Care for woman during delivery and postpartum and neonatal care	Identify warning signs during postpartum and first months of newborn's life
Postpartum / newborn (28 days)		
ttC visit 6	Care for woman and newborn in first 3 days after delivery	Postpartum and newborn checkup—3 days after delivery
ttC visit 7	Care for newborn and warning signs	Involvement of spouse and family in care for postpartum woman and newborn Eliminate cultural practices and traditions such as use of umbilical bandage, pacifier, tea or other drinks
Children 1–59 months old		
ttC visit 8	Care for infants aged 1–6 months	Exclusive breastfeeding up to 6 months
ttC visit 9	Warning signs and seeking care for ARI	Identify warning signs for acute diarrheal diseases (ADD) and acute respiratory infections (ARIs) Use of zinc to treat ADD
Women of childbearing age		
ttC visit 10	Reproductive life plan	Adolescents with reproductive life plan
ttC visit 11	Importance and benefit of consumption of folic acid for mother and infant	Take folic acid during pregnancy
ttC visit 12	Prevention of adolescent pregnancy	Prevention of pregnancy in girls under 18 years old
ttC visit 13	Life goals, self esteem, values	Family communication and relations
ttC visit 14	Prevention of gender violence	Nonviolent communication in family
Zika		
ttC visit 15	Prevention of zika	Eliminate breeding site Use of sleeping nets Seek prompt medical care

The approach to these topics considers the maternal / child health situation or features faced by each family, so that the thematic proposal for the intervention responds to the following **pedagogical principles**:

1) Relevance of topics addressed, in response to the needs or undesirable practices identified.
2) Contextually tailored, in response to local audiences and understanding.
3) Gradual process, with topics introduced step by step.
4) Interrelatedness, so the contents are comprehensive, complementary, and mutually reinforcing.
5) Adaptability, to ensure the contents are delivered flexibly, with opportunities for review / reinforcement when needed.

c) Focus on achieving **changes in individual and family health practices.** The behavior change will be the result of a systematic process of formation, reflection, and awareness-raising that is promoted through the ttC process.

Figure 2 Key elements in the reflection process generated during ttC



The focus of the home counseling is based on learning and behavior change principles that recognize "traditional" one-way transmission (top down) is not conducive to learning, effective retention or behavior changes. Adults need to actively participate in their own learning process. Adults have mental frameworks based on what they already know and they incorporate new information and ideas into these existing frameworks.

d) **Use of educational material and communication tools** to help address priority health messages, encourage the behaviors it is hoped the family will adopt, and reinforce the lessons (in knowledge and practices) addressed in previous visits. This material is designed based on implementation of the project's communication and educational strategy.

This strategy relies on tools that help develop the counseling sessions with entertaining activities that are tailored to the target population's educational characteristics. These tools include:

i) *Three home-visit books containing 31 positive and negative stories based on 15 prioritized topics.*

ii) Support toolkit to facilitate home visits: set of slides (with warning signs, ARI, ADD, and family planning), songs, rhymes, ballads, riddles, videos, and coloring sheets that reinforce the messages being promoted;

iii) Family commitment book to record agreements by the family for adopting the new behavior.

iv) Promotional materials for the family: calendar to reinforce messages and write down dates of upcoming tCC meetings, and artistic print as a souvenir of the process.

"They gave us a notebook that had all the themes they told us about... so we could remember what we have learned.

There was a figure in the notebook of how one should be...and they told us to study it, so we won't forget, and be aware of any illness that a neighbor or a friend might have." Mother of family, community of La Esperanza.

e) Use **CommCare** as a mobile platform to collect data onsite from family members, ttC sessions, supervisory process followed, households flagged ("*casas alertas*") due to risk of abandonment of the process, and progress or changes in KAP of interest to the project.

This platform is compatible with Android mobile systems, with a tablet computer assigned to each member of the technical field team as a technological educational tool with the CommCare app installed. The tablets can be used during the home visits for the families to access information and improve their knowledge of maternal / child health.

f) Use a type of **technical approach and monitoring** to facilitate horizontal interactions and communication between the family and the promoter responsible for conducting the home visits. These promoters are called behavior change agents (BCAs) and essentially they are responsible for the development of ttC sessions — more than an educator, each BCA should be a mobilizer of the behavior changes that it is hoped the family members will adopt.

Main components of CommCare

i) The mobile application that is managed by the technical personnel in the field through a portable device (tablet). It is used to compile data during ttC visits and as an educational tool that includes support audios, images, and videos;

ii) CommCare HQ is a web portal for data management, generation of reports, and creation of formulae. The platform is used by the project's management, supervisors, and monitoring personnel.

Essentially, ttC sessions provide a sharing opportunity for the family and BCA that is focused on the methodical development of the project's educational proposal.

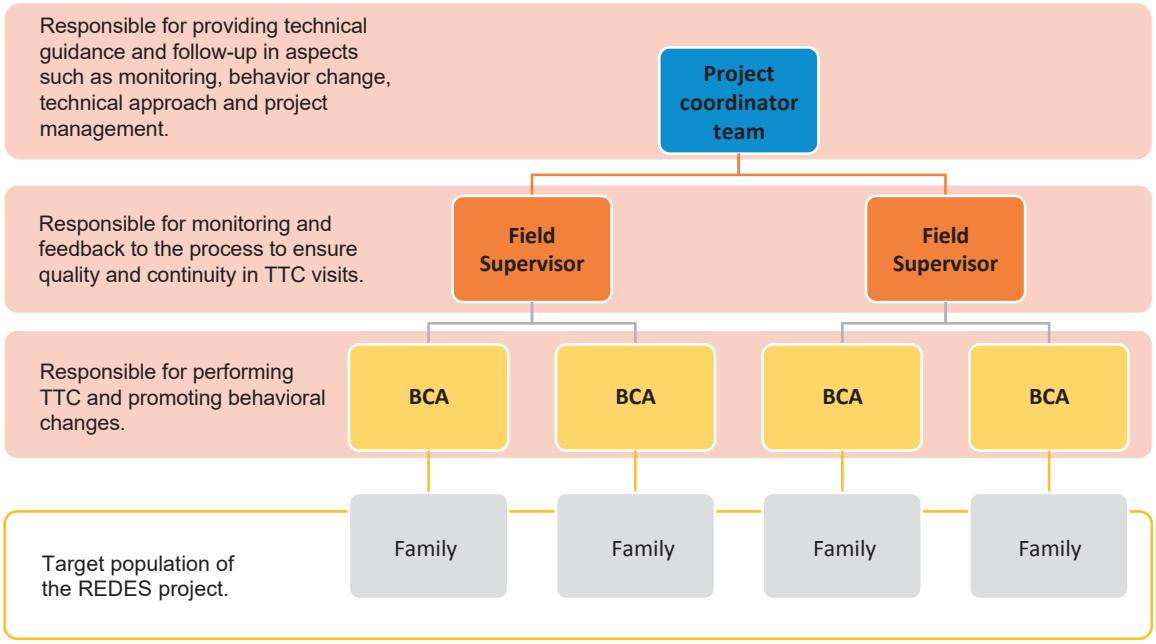
To conduct the ttC, BCAs use communication materials that have been designed and validated to ensure a better understanding and approach to the issues.

To cover the entire curriculum planned, the BCA needs to make at least 15 home visits per family; each visit lasts approximately two hours. The entire process takes an average of 21 months.

In addition, field supervisors monitor the BCAs' work to: i) ensure that the home visits are conducted in accordance with ttC development guidelines; ii) ensure quality educational sessions; iii) facilitate the field work planning process; and iv) provide monitoring and training to the BCAs to improve their performance.

The project's technical monitoring process can generally be summarized as follows:

Figure 3. Operation of REDES' technical monitoring



In terms of its technical mandate, the project is designed so that that each behavior change agent (BCA) is assigned approximately 60 to 70 families. The BCA will visit each family and provide ttC once a month, meaning each BCA will conduct an average of 15 to 18 visits per week, and each visit will last an average of 1.5 to 2 hours. The project has contracted a total of 52 BCAs to provide ttC.

In terms of field supervision, each supervisor will have a specific territory to monitor and 10 or 11 BCAs to supervise on a monthly basis. On average each supervisor will conduct a minimum of 21 supervisory visits per month.

The technical coordinating team is made up of a monitoring & evaluation specialist, a behavior change / counseling specialist, a technical supervisor, and a project coordinator. The team is responsible for the project's strategic and technical direction and for providing guidance and monitoring to the project's cross-cutting and managerial processes.

3. Knowledge, attitudes and practices (KAP) prior to REDES

Before Project REDES was launched, and to better guide the intervention, a **formative survey** was conducted to help identify **undesirable practices in the communities**:

Table 2. Undesirable practices in maternal / neonatal / child health care

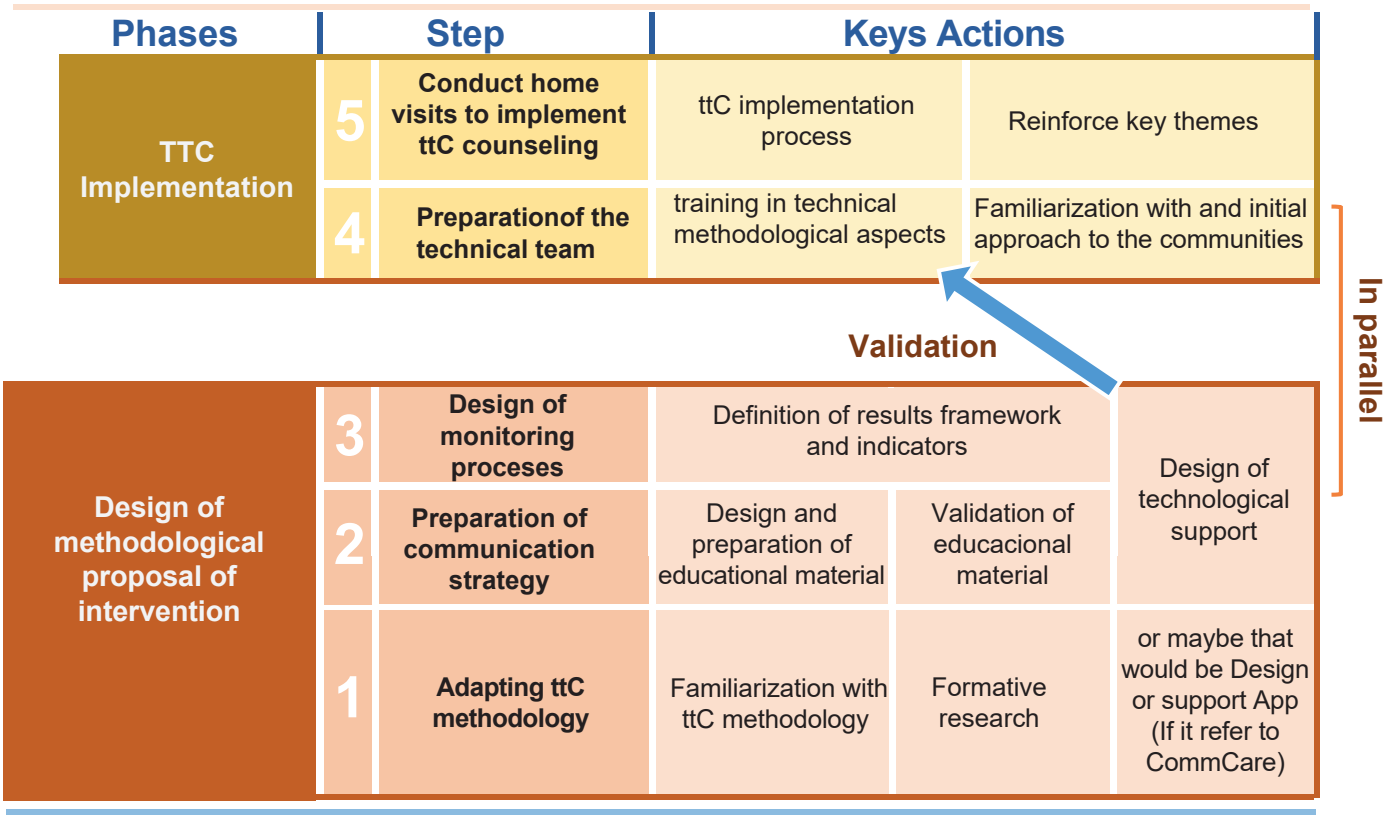
Family planning	1) Family planning is an option only after the first child and must often be done without the partner's knowledge. 2) Men are not inclined to plan pregnancies for religious reasons. 3) It is not considered to be a risk or outside the norm for a teenage girl to become pregnant.
Prenatal, delivery, and postnatal care	4) The woman works during her pregnancy, and even performing heavy physical tasks, due to the belief that heavy work prevents a difficult delivery. 5) Avoid consumption of folic acid and vitamins during pregnancy to lower risk of facial skin spots or weight gain. 6) Ignorance about warning signs in pregnant and postnatal women. 7) Limited or no participation of the father during the pregnancy, birth and postnatal process. 8) In Maya Chortí communities, some men do not see the benefits of institutional births. 9) Some women refuse to go to a health clinic or center to give birth[8].
Child health care	10) The custom continues of using umbilical bandages and "healing" the newborn's umbilical cord with medicinal poultices that can cause infection. 11) Natural medicines that interrupt exclusive breastfeeding are used to treat some symptoms —baby bottles or pacifiers with honey, anise, chichimora and other things. 12) The day-3 follow-up visit with the newborn does not always happen due to long distances to the health center and the mother's physical condition after giving birth. 13) Scant knowledge about warning signs in children for ADD and ARI. 14) Families are not familiar with use of zinc to treat diarrhea.

8 It is also difficult for all women to have access to health clinics or centers, due to factors such as distance and difficult access in remote communities, scarcity of health centers in the zone, costs involved, and in some cases the treatment provided is not friendly or respectful of their beliefs.

4. Implementation of timed and targeted counseling (ttC)

The REDES project is based on systematic and progressive development of ttC sessions provided by BCAs to the families involved. However, to develop both quality and effectiveness in the ttC methodology, a plan for the thematic proposal and communication tools had to be designed in line with local characteristics and conditions, which would ensure implementation of this methodology to meet proposed objectives, particularly regarding behavior changes in the families. The process is outlined below:

Figure 4. Methodological process for implementation of REDES



4.1 Phase 1: Design of methodology for REDES intervention

The **purpose** of this phase was to define and design the conceptual, technical and methodological elements for project implementation, particularly for ttCs at the community level. Basically, these elements had to ensure:

i) The thematic and methodology proposal focused on achieving behavior change;
ii) The topics developed in ttC dealt with undesirable practices in maternal / child health identified as overriding in the area;

iii) The project's technical team had a methodology guide to guarantee the sessions were consistent and uniform at the thematic and teaching level; and
iv) There were appropriate educational / communication tools for effective and quality development of ttC.

To accomplish this, the project team coordinator implemented actions, executed in parallel in some cases, to adapt ttC methodology to the region's specific needs and conditions and to prepare teaching materials that covered priority topics and could be adapted to the educational and cultural characteristics of the area.

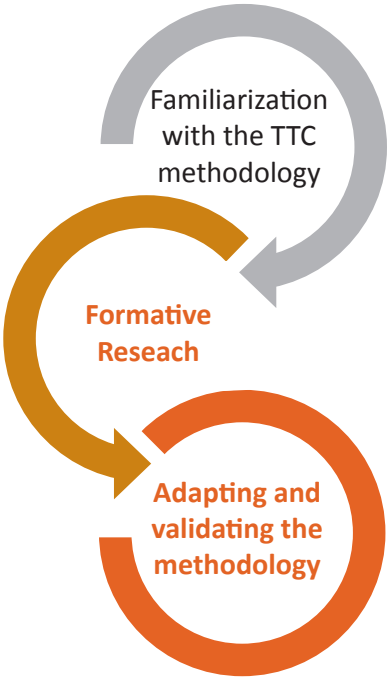
4.1.1. Adaptation of ttC methodology tailored to project context

REDES' first task was to review and adapt the ttC methodology as a model for accomplishing expected behavior changes in the families.

The **main objective** was to confirm the methodology was adapted to and aligned with the characteristics of the project's target population and that it properly addressed topics and practices that were expected to change or reinforce for community improvements in maternal / child health.

Timed and targeted counseling (ttC) is a methodological approach used by World Vision to address health topics, especially in critical periods such as pregnancy, childbirth, postpartum, and during the first year of a child's life. It has been used in several countries where the organization works and, in the case of Honduras, other areas of WVH influence.

Figure 5. Process for adaptation of ttC



The following actions were carried out to assure effective review and adaptation of ttC methodology:

Familiarization with ttC methodology. The first step for effective adaptation of the ttC thematic and teaching proposal was for the team responsible for this task to become familiar with, understand, and elaborate on the original methodology. To this end, they participated in a **ttC methodology training** and certification process, where they learned from the experiences of applying this methodology in African and Latin American countries.

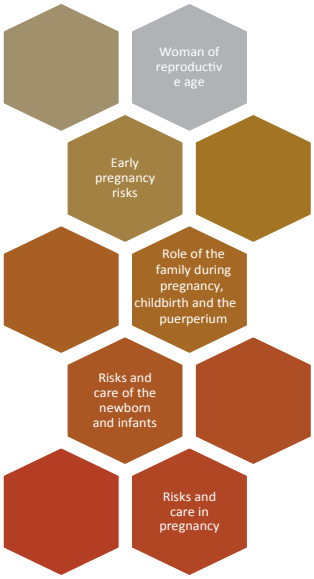
This process helped the project team analyze and evaluate the original methodology and subsequently define the thematic, technical and methodological features needed for the ttC to be effective and promote behavior change at the family level.

The evaluation also helped to identify possible adaptations to the methodology to meet project expectations and indicators. This first proposal focused on issues related to the profiles and roles of the project's technical team, BCA, and field supervisors.

- **Formative survey[9].** A diagnostic process in the interventions area was carried out to determine the best definition of topics, practices and messages for ttC sessions. This process served to investigate the beliefs, attitudes, knowledge and practices of the families on topics related to: i) women of childbearing age; ii) risks in adolescent pregnancy; iii) care and risks during pregnancy, childbirth and puerperium; iv) care and risks for newborns and children under five; v) family planning; and vi) role of the family during pregnancy, childbirth and puerperium.

  The diagnostic process primarily focused on identifying barriers to behavior change; barriers to the use of health services; cultural factors underlying existing problems in reproductive health; care for newborns and children; and desirable / undesirable behaviors for promoting maternal / child health practiced in the project's area of influence.

Figure 6: Elements or topics addressed in formative research



The formative survey was carried out in communities previously selected by Yale University, the institution responsible for the social research, and served as input for creating messages to be reinforced in the teaching material prepared for ttC sessions.

To obtain technical and content feedback on outcomes of the formative survey, an awareness-raising process was carried out with SESAL, MANCORSARIC, SMI/IDB and organizations of the consortium. The process served to verify the outcomes and prioritize the topics to be addressed through ttC sessions in the intervention communities.

- **Adapting the methodology.** Based on the information obtained from the formative survey and analysis of the original ttC methodology as a starting point, the ttC methodology was adapted and conceptualized to meet the specific needs and characteristics of the target population. The focus included:

  1) Establishing themes and contents to be addressed in the training and awareness raising process implemented during ttC. This approach had to be sequential and focused on the behavior to be changed. Thematic–methodology proposal.
  2) Preparing a protocol to be followed during family visits so that the technical team has a uniform guide for home visits and ttC sessions. The protocol promoted standardized implementation, met minimum technical and methodology requirements for quality and effective ttC execution, and guaranteed project compliance with the requirements of the Yale University research program. Orientation for the role of BCA in ttC implementation.

The process to validate the thematic-methodology proposal for guiding implementation of the project's ttC sessions was designed during BCA training and the initial counseling actions developed at the community level.

9 A formative survey is a process conducted prior to the start of a project to establish the baseline, identify the KAPs that should be addressed on a specific topic, and subsequently understand the changes in the context of the program (VMI – 2017).

3) Identifying teaching-educational material to address the thematic areas, aligned with the education and characteristics of the population taking part in ttC sessions.

4) Defining the roles of the project's technical team, specifically the BCA and field supervisors. This step not only defined their functions but also determined the profile for each post, the dynamics and interrelation of tasks between posts, and identified the implications of the project in terms of thematic-methodology training and equipment.

Table 3. Key actions for adaptation of ttC methodology

Stages	Action	Steps		Product
Adaptation of ttC methodology	Familiarization with ttC methodology	1	Certify ttC methodology	
		2	Review and analyze proposal for original methodology	Draft and proposal for adaptations
		3	Identify potential methodology adaptations	
	Formative survey (KAP)	4	Select communities (Yale University)	
		5	Conduct KAP study	Report on topics of interest
		6	Identify key messages to be addressed	
	Adaptation of ttC methodology	7	Define topics of interest	ttC thematic proposal
		8	Prepare protocol for visits	Visits protocol

4.1.2. Design of REDES monitoring process

This action focused on defining the framework for outcomes and indicators in accordance with those envisaged in the project proposal, and to serve as the basis for follow-up and monitoring. A list of process indicators was prepared based on the actions to be implemented; these were subsequently analyzed, prioritized, and assessed as necessary to report on because they were more oriented to the project outcome indicators. The exercise was basically technical and was undertaken by the project coordinating team.

In addition, a proposal was prepared on spaces and tools to facilitate process monitoring, preparation of reports and generation of information to guide timely decision-making. This included:

a) Identifying information to be collected and reported by BCA during each home visit, including data on the family composition and situation and KAP changes observed over the course of the process. The information was managed via the CommCare platform and provided simplified updates on attention to the families and compliance with home visits, required to prepare monthly reports.

b) Structuring a daily supervision system focused on implementation of ttC visits. This process was carried out by field supervisors, and focused on ensuring quality and effectiveness in the ttC provided.

c) Incorporating spaces for progress meetings between BCA, supervisors and the personnel coordinator to discuss the progress achieved, analyze the data collected, organize reinforcement processes or continuous training, and reflect on the practice to guide decision-making.

4.1.3. Design of communications strategy

This stage focused on the identification, development and validation of communication material for use as teaching and audiovisual support for ttC. Basically it sought to take advantage of a coherent, creative, and meaningful communication strategy, to address a specific theme to achieve behavior changes. Preparation and validation of this strategy was carried out through these steps:

1) For the design and preparation of the communication strategy, a point of reference was provided by formative survey outcomes and thematic methodology guidelines formulated by the project team for the proposal for methodology adaptations.

   Given the characteristics of the population in the project's intervention communities, it was decided that the material needed to be visually attractive, user-friendly and straightforward, and should communicate key ideas based on the behavior being promoted. As a result, a selection was made of teaching and promotional materials to enhance ttC implementation, including aspects such as utility, acceptance and visual / aural impact.

   Lastly, the decision was made to prepare support materials: educational posters and audio recordings of stories (both positive and negative), songs, technical sheets on contents, and a book of commitments for the family. In addition, promotional material was prepared, including a project logo and slogan, a calendar with messages to reinforce desirable behavior, and t-shirts, caps and vests to identify the technical team.

2) The validation of teaching-educational materials and audiovisual tools focused on ensuring that these transmitted the messages correctly and were easily understood by the families. Furthermore, they needed to be cohesive and complementary, reinforcing key messages with no contradictions, facilitating BCA use, and supporting the counseling process.

   Accordingly, and for the validation to be more objective, a training process was implemented simultaneously by the technical team during the first outreach visits to the families. This made it easier to present the communication components

Two firms were contracted to develop and validate the project's communications strategy and the technological application. The first specialized in the design, preparation, adaptation and validation of educational materials, and the second was directly responsible for programming the CommCare application and including audiovisual material for the application used by the BCA.

For the communications strategy, the firm developed a package of printed educational material and audiovisual tools to support ttC implementation at the household level.

to the target audience, both primary and secondary, and obtain feedback directly from the stakeholders for subsequent use with relevant adjustments.

3) The design of the CommCare application was carried out in line with the project's technical requirements to monitor and update information on the families, generate reports, and provide supporting audiovisual materials for the ttC visits.

   The design for the monitoring system platform included a system to record information with CommCare HQ for automation to track the priority indicators, enabling the system to generate immediate reports on information input by the BCA. It also programmed the mobile unit to ensure the BCA could input information on the family visited, assess family changes on priority KAPs, and introduce audiovisual material for ttC.

Table 4. Summary of key actions to design communications strategy

Stages	Key actions	Steps	Key product
Preparation of Communications Strategy	**Preparation of teaching materials**	**1** Select teaching and promotional material	
		2 Design and prepare teaching material	
	Validation of teaching materials	**3** Validate materials	**Teaching material validated**
		4 Adjustments to material based on observations	
	Design of technological application for support	**5** Design and programming of CommCare platform	**CommCare platform validated**

4.2 Phase 2: Implementation of ttC sessions

Implementation of this phase supported the achievement of desired outcomes and compliance with the objective of the REDES project, consistent with the **objective** of effective, quality implementation of the thematic-methodology proposal validated to provide ttC to families in the selected communities.

To accomplish this, actions were taken to prepare the technical team in the project's concept, methodology, and the process for approaching the families through consistent and systematic ttC sessions, in accordance with the visit protocol and the project's programmatic proposal

4.2.1. Preparation and training of technical team

This effort was aimed at ensuring that the technical personnel responsible for the community level approach had the required knowledge and skills to implement ttC (in the case of BCA); address health

topics with the families; accurately follow the visit protocol; undertake the monitoring work required to update information on the families visited; and ensure management of the CommCare platform. For field supervisors, the capacity building process focused on managing key ttC themes and developing technical skills to promote actions for accompaniment, feedback and monitoring BCA work.

To ensure that the BCA and field supervisors acquired the desired knowledge and skills, the following **training** process was carried out:

1) Implementation of induction training on thematic, technical and methodology issues. This was done at the start of the process, creating a training space to apply the "learning by doing" methodology, which combined thematic training with the development of "soft" skills to establish open and horizontal interaction with the families and guide the first opportunity to approach the targeted communities. During the initial training sessions, the following topics were addressed**:**

Piloting is a practical process that not only reinforces and provides feedback on ttC technical and methodological management, but also serves to validate the teaching materials and the operation of the CommCare application.

This validation ensures that the materials and applications created serve their purpose, are easy for personnel to manage, and are user-friendly for the families.

Figure 7 Content addressed during initial training for BCA and field supervisors

Topics for BCA	
Methodology management	**Technical management**
☐ General points of ttC methodology. ☐ Outline for visits and process to prioritize the first visit. ☐ Practical implementation of ttC methodology.	☐ Institutional policies, characteristics and nature of the intervention. ☐ General points on the REDES project. ☐ Crosscutting themes: gender (non-violent communication, men's participation) parenting with love, behavior change. ☐ Technical contents for health area: preconception stage, family planning methods, pregnancy stage, pregnancy care and danger signs, childbirth, delivery plan and facility-based birthing, puerperium and danger signs, newborns, ARIs and ADDs, breastfeeding. ☐ Complementary topics (life skills, reproductive life plan). ☐ Communication for behavior change. ☐ Communication skills. ☐ Dialogue as a counseling tool.

2) A practice or piloting space to fine-tune skills for preparing and implementing ttC directly with a family from a selected community outside the project's area of influence. This process was carried out through two family visits to practice Visit 0 (diagnosis) and Visit 1 (ttC), to facilitate:

   a. Verification and reinforcement of BCA and field supervisor skills in applying the ttC methodology;

b. Verification of proper operation of CommCare application in the tablets and technological tools used; and
c. Improvement of instruments for Visit 0 and 1 (ttC) and the materials and tools used.

3) Continuous training on teaching / learning processes held on a regular basis to reinforce knowledge and skills required by BCA need to properly implement the ttC. To make the most of these continuous training processes, activities were organized to encourage BCAs to share experiences, identify best practices, clarify thematic and methodology doubts, and gain more information and insight on ttC topics. In this process, the following contents were covered:

Piloting is a practical process that not only reinforces and provides feedback on ttC technical and methodological management, but also serves to validate the teaching materials and the operation of the CommCare application.

This validation ensures that the materials and applications created serve their purpose, are easy for personnel to manage, and are user-friendly for the families.

Figure 8 Contents covered in continuous training for BCA and field supervisors

Content for field supervisors

Technical management

- Planning, monitoring and tracking of supervision issues.
- Closure techniques and psycho-affective management for completion of family visits.
- Technological tools (management of supervision tool on the CommCare application).

Thematic management

- Behavior changes: stages, barriers, social influence, and role of education.
- Child protection and parenting with love.

Complementary skills

- Leadership, personnel management, coaching.
- Data consolidation and analysis.
- Motivation, caring for personnel.
- Using APP information for reports and decision-making.

Content for BCAs

Methodology management

- Managing ttC methodology focusing on "edutainment" and recreational activities.
- Social skills relevant to education, counseling, and group management (communication skills, assertiveness, feedback, active listening, non-verbal communication and emotional intelligence).
- Closure techniques and psycho-affective management for completion of family visits

Thematic management

- Care during pregnancy, puerperium and newborns and danger signs.
- Managing ARIs and ADDs and danger signs (litrosol - zinc), zika prevention measures.
- Prevention of adolescent pregnancy, life project and family planning.
- Self-esteem, gender and violence.
- Child protection and parenting with love.
- Institutional policies, characteristics, and the nature of the intervention.

Complementary skills

- Personal security measures.
- Photography techniques and documentation of experiences with family consent.
- Skills in first aid, psychology, well-being and maternal support.

4.2.2 Implementation of home visits for ttC

This phase involved implementing actions of primary concern to the project and was aimed at achieving behavior change in the families. Actions focused on developing ttC as a methodology model that: i) facilitated interaction and a family-level approach: ii) ensured increased family knowledge and understanding of the priority topics of maternal / child health; and iii) promoted the necessary changes in attitudes and behaviors for positive impact and good practices to improve health in women of childbearing age, newborns and very young children.

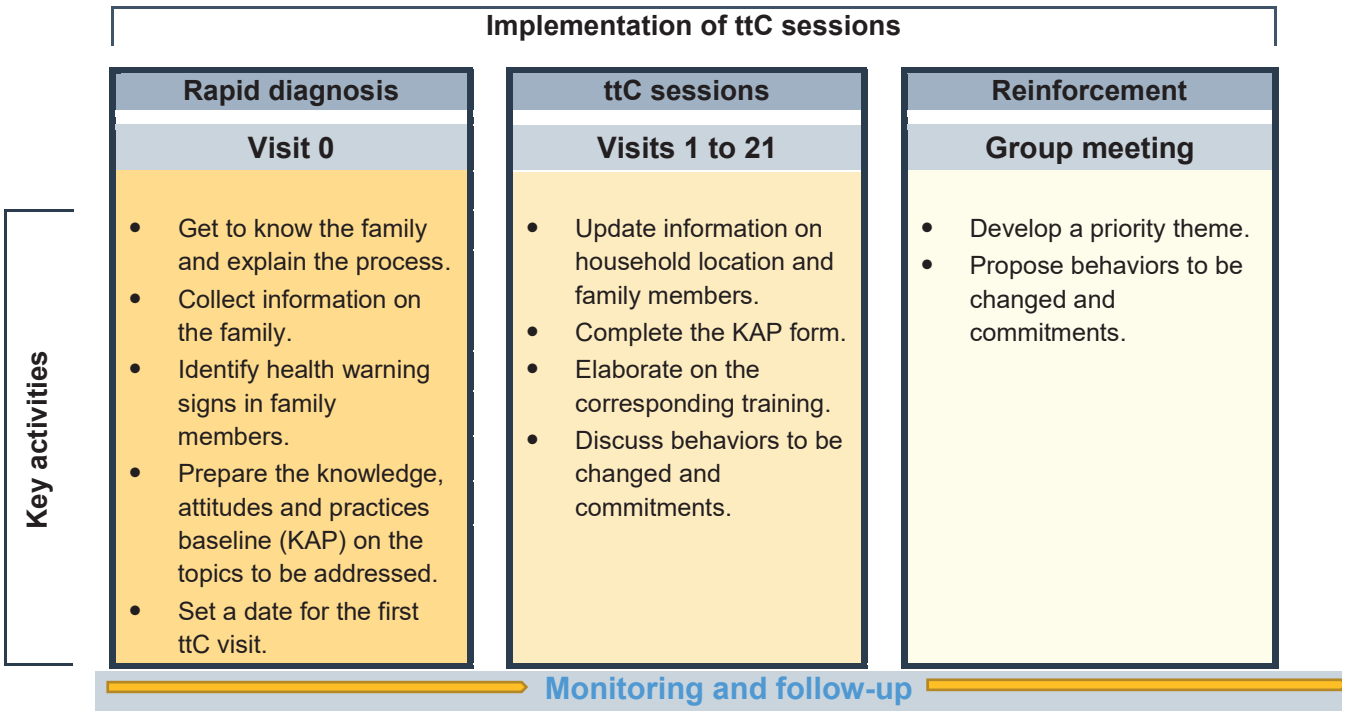
The first five family visits were used to validate the CommCare application and make necessary adjustments.

The process for validating the teaching materials also continued during this period.

To ensure the intervention achieved the goal of improving maternal / child health in the families, ttC implementation included the educational principles of gradual application, contextualization and adaptability. Based on this approach, three points were proposed at the community level:

This methodological approach was used to classify the points for educational development with families based on their usefulness and to ensure that each session included a care cycle triad: approach to the family, implementation of ttC sessions and process closure.

Figure 9. Stages of the learning process for families



➢ Implementation of the ttC process

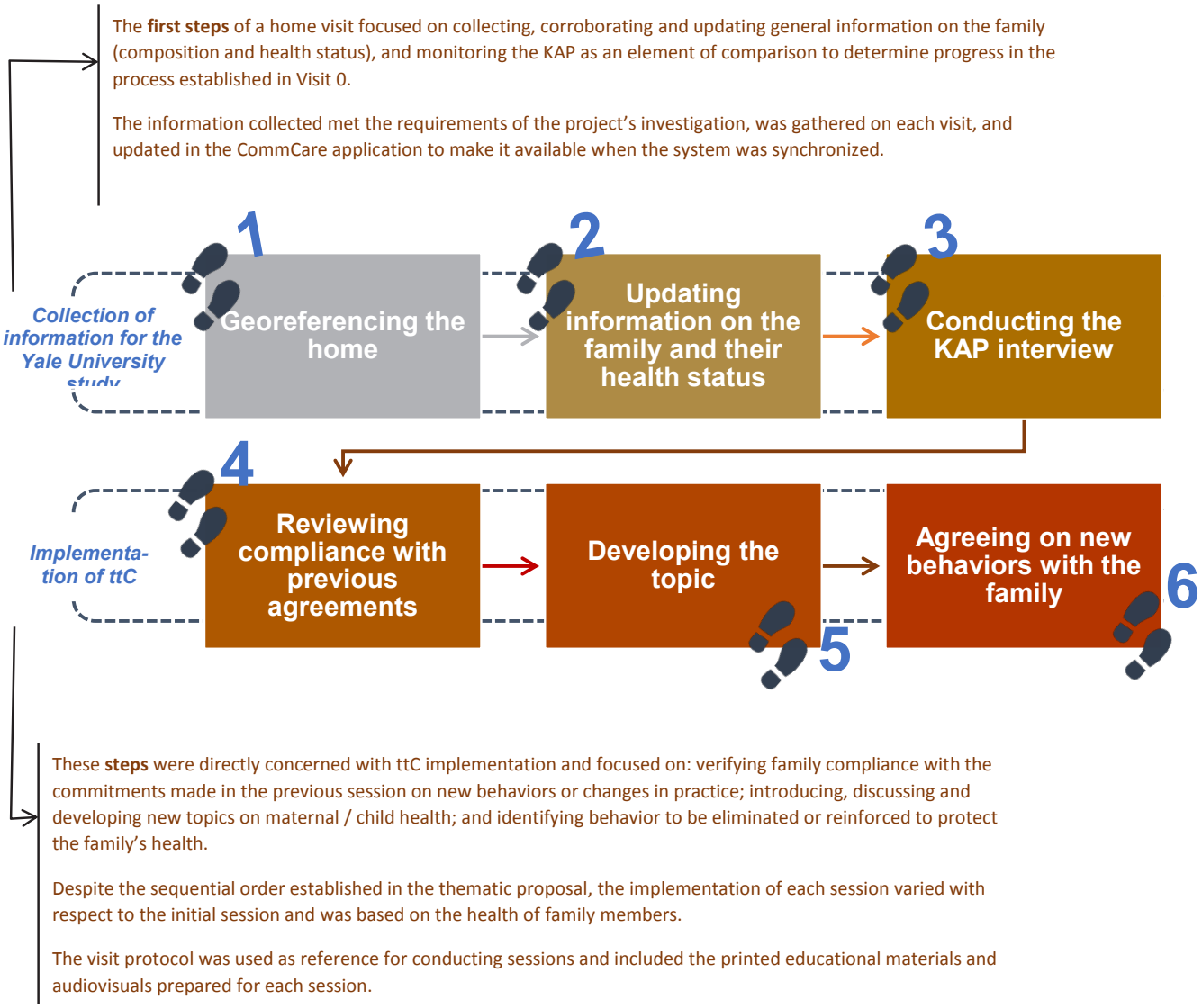
The formative process was essentially carried out through the ttC methodology, following the guidelines set out in the thematic and methodological proposal and taking full advantage of the tools, materials and instruments prepared and validated in the previous phases of the project. It included the following points:

1) **Outreach to the family,** through a home visit that facilitated the first contact between the BCA and family members; enabled socialization of the project and its technical and methodological program; provided a rapid assessment of the family's health status and its KAP on topics of specific interest; and encouraged family participation in the process.

2) **Implementation of ttC sessions was** accomplished through home visits. This encouraged the participation of family members, especially the men.

   Each of these training spaces to guide behavior change was implemented following the visit protocol and respecting the key elements for creating a discussion process with family members. These are the basic **steps** followed during ttC:

Figure 10. Steps or stages of a ttC home visit



3) In the specific case of **topic development** (step 5), the proposal for the visit protocol was used and supported by the educational materials. To guide the work of BCA, the visit reference books and the CommCare application were provided with explanations on the methodological approach and materials to be used at each point during the ttC sessions.

4) **Reinforcement actions,** aimed at expanding, consolidating and standardizing knowledge and behavior changes with family members. To accomplish this, two complementary teaching strategies were used:

Figure 11 Steps for ttC topic development (reference to CommCare application)

During the group meetings, the project's thematic proposal was used as a reference to reinforce the contents already addressed at the ttC level.

Although the project planned to hold several community meetings (there were nine topics to be reinforced in these events), only two meetings per community were held. This is because only a few families were selected due to the characteristics of the study, and constraints on BCA time to prepare, coordinate and conduct group meetings in addition to the time required for the ttCs assigned to each BCA.

For ttC reinforcement sessions, six topics were identified for reintroduction, extension and strengthening with families. As a result, these families received a total of 21 ttC sessions. Reinforcement topics varied according to the situation of each family.

- **Reuniones grupales comunitarias,** Community meetings, planned to reinforce and further develop the contents identified as critical for improving the health status of the families or communities, and ensure that family members who had not taken part in ttC sessions received training in an effective and timely manner.

- **ttC sessions for reinforcement** of topics or behaviors that BCA considered the family had not yet understood or adopted and consequently could put the health of some family members at risk. During these sessions, the team basically identified the topics requiring reinforcement and covered them with the family based on the appropriate visit methodology.

> "Since some topics were difficult for us to understand, when we finished the topics book, we started again with another review. For us, this dealt with pregnancy care and the delivery plan. They showed us more illustrations to understand better." Father, El Porvenir community.

➢ Implementation of the monitoring / follow-up process

These processes were continuous throughout project execution and focused on obtaining family information for evaluating the progress of the intervention, the quality of services provided during ttC sessions, the coverage achieved and the effectiveness of the project. The basic processes consisted of:

- **Field supervision and monitoring,** focused on accompaniment and follow-up of actions carried out with the families. The objective was to ensure the quality and integrity of the methodology, the correct approach to key messages during ttC, and the number of visits conducted with the targeted families.

This process was implemented by the supervisors who, in addition to field supervision work, were responsible for: i) reinforcement actions and feedback on the thematic-methodology for BCA, through individual or continuous training sessions: ii) directing planning and monitoring processes; and iii) following up with families at risk for abandoning the process to motivate them to continue.

Initially, supervision was focused on home visit monitoring and accompaniment to observe the ttC process and identify elements for improvement.

At a second stage, it centered on fostering closer interaction with families to monitor their progress in the process and obtain their assessment of the service provided by BCA. In addition, follow-up with families at risk of leaving the process (flagged households) was a priority for reducing the "drop-out" rate

- **Project monitoring,** focused on monitoring intervention actions to demonstrate and document compliance with project indicators; management of information generated by the CommCare application regarding home location, family composition and health status; and changes demonstrated in the KAPs of the families served.

In addition to taking advantage of the information generated by the BCA in the monitoring process, the information generated by the field supervisors during daily supervision sessions was used during the technical progress meetings.

Figure 12 Monitoring topics addressed in the CommCare application

The use of technology facilitated the monitoring process through:

i) Use of the CommCare application to collect family information. Essentially, it generated information on the home visits, the field supervision process, flagged households, changes in the KAPs, and issues related to visit quality;
ii) Creation of a WhatsApp group for BCA to provide a daily report on the number of visits conducted or not, and the reasons they were not conducted; and
iii) Establishment of permanent communications between field personnel and the management team to clarify or address specific situations for timely discussion with the families. Moreover, this communication extended to the families, who telephoned the BCA for questions or in case of emergency.

Use of these types of communication was permanent and facilitated the counseling process and technical and conceptual reinforcement for the BCA; monitoring and collection of information on the approach; and interaction and coordination between the management team and field personnel.

5. REDES' main achievements

At the conclusion of the REDES project, progress had been achieved in the following aspects: methodology validation, training on priority topics for families in the intervention area, and behavior changes with positive implications for reducing or eliminating maternal / child health problems. The main achievements of the project were:

a) Adaptation and validation of the ttC methodology applied in the Copán area, specifically in the municipalities served by the REDES project. Accordingly, there is now:

- A thematic and methodological proposal that prioritizes 15 topics and key practices to be addressed with the families, based on information obtained from the formative survey carried out at the start of the project. This proposal included knowledge, undesirable behavior for maternal / child health frequently found in the area, and cultural elements that could impact family health.

- A visit protocol to guide implementation of the ttC sessions, ensure compliance with the required quality standards, and promote an atmosphere for reflection, interaction and dialogue during the visits; this influenced consensual decision-making for changing undesirable behavior related to family health.

- A validated set of teaching and promotional materials on the priority topics of the thematic-methodology proposal and serving as a support tool for implementing ttC. This set of materials includes the following elements:

  i. *Three home visit books containing ttC narratives (problematic and positive) to promote discussion on the 15 priority topics. These narratives were designed and produced in an audiovisual format with colorful images.*

> "The positive accounts, which we had not studied, opened our minds to do things better because what we see in positive accounts teaches us to do things better on some topic, and this helps us." Father, El Porvenir community

  ii. *A book of family commitments, highlighting the agreements on key behaviors negotiated with the families during each home visit.*

  iii. *A support-tool kit to facilitate home visits, including a set of educational posters with danger signs for pregnancy, puerperium, newborns, ARI and ADD, and family planning; songs, riddles, rhymes and coloring sheets.*

iv. A package of promotional materials for families with a box of materials, a calendar, and an artistic print for each family participating in the intervention.

b) The ttC sessions were carried out in **154 villages** of the four municipalities, with a total of **3022 families** receiving at least one ttC visit. Of this total, **80.54%** (2,434) received 15 home visits and **34.21%** (1,034) received 21 visits for ttC. By the end of the project, **51,786 home visits** had been carried out.

Families who received ttC visits

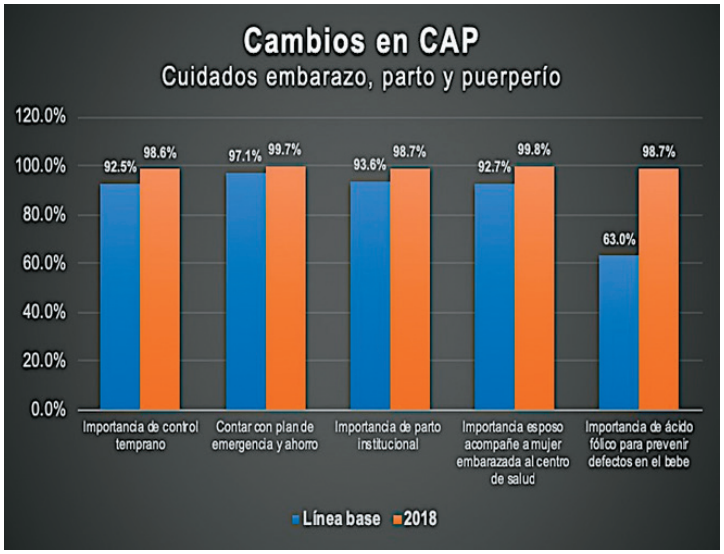
Municipality	At least one visit	Completed 15 visits	Completed 21 visits
Cabañas	550	439	158
Copan Ruinas	1,215	998	413
San Jerónimo	238	193	92
Santa Rita	1,019	804	371
Total	**3,022**	**2,434**	**1,034**

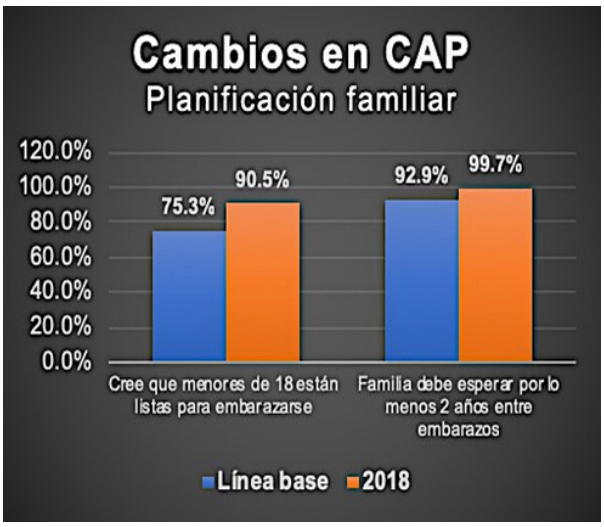
As a result, there have been some changes in knowledge, attitudes and practices that impact the health of women, children and families. The **main behavior changes** observed in the families are:

Figure 13. Main challenges in behavior related to maternal, neonatal and child health

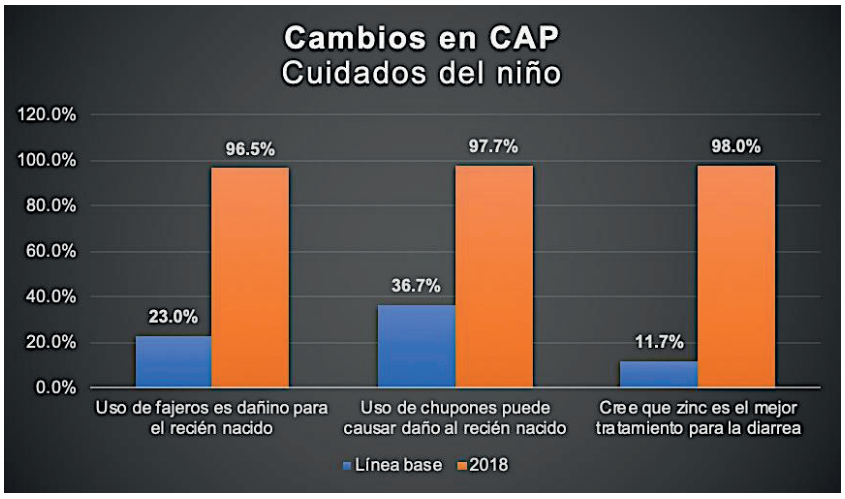
Key topic	Before	After
Family planning	The husband makes decisions about family planning methods.	An increase in the number of couples making consensual decisions on family planning methods.
	Adolescent pregnancy is not perceived as a risk.	Reduction in perception that it is fine for minors under age 18 to become pregnant.
	"I tell my 17-year-old daughter: be very careful…because you are too young to become pregnant. I also tell my 19-year-old son and his partner: you are still too young to be thinking about things that are not good for you. You must be as careful as you can. There are many family planning methods and you will need to take folic acid." **Mother, La Castellana community**	
Care during pregnancy, childbirth and puerperium	Limited or no checkups for pregnant women before 12 weeks of gestation.	Increase in women receiving early pregnancy care before 12 weeks of gestation.
	Families are unprepared for childbirth.	Families have begun preparing a savings or emergency plan to prepare for childbirth.
	Some women prefer home delivery with help from a midwife.	Voluntary increase in institutional births.
	"I had all my children at home, and thank God they are all well. But now I go to the clinic with my daughter and daughters-in-law, no matter what the hour. These are different times and I take them so there is no danger for them or the child. This is one of the topics that I have also used most to help my neighbors." **Mother, La Castellana community**	
	Husbands do not accompany women to prenatal checkups.	Families recognize the importance of husbands accompanying their wives to prenatal checkups.
	To avoid facial skin spots, women do not take folic acid.	Increased consumption of folic acid during pregnancy.
	"I didn't know it was good for me. They gave it to me and told me it would help with my blood and body. Now the BCA have told us it helps against hair loss, and it is good for the blood and skin spots." **Mother, La Esperanza community**	
	Families do not recognize danger signs.	Family members recognize pregnancy danger signs.

These changes are related to both the family's management of topics covered and the adoption of new practices aimed at prevention and health improvement in women and children. This is consistent with data obtained through monitoring the KAPs developed by the project, as shown in the following graphs:





Key topic	Before	After
Cuidados del niño	It is considered appropriate to use umbilical bandages, pacifiers and tea to care for newborns.	A reduction in inappropriate and risky practices in newborn care.
	"Before, we sometimes used umbilical bandages and I also used the pacifier a bit…because I have always used natural remedies. Now we understand the importance of not using them." Mother, La Castellona community	
	The family did not know about the danger signs in newborns or children.	Family members recognize danger signs in newborns.
	"When a child is sick, you have to be careful with his ribs. If you pick him like this (quickly) and his skin flap falls off, you must immediately take him to a doctor." Mother, La Esperanza community	
	Many mothers did not breastfeed, or at least not exclusively.	Greater awareness of benefits of breastfeeding.
	Zinc was not used for treatment of ADD.	Increased use of zinc for treatment of ADD.



Change in newborn care is one of the areas that has shown the greatest progress, particularly in loosening the grip of some cultural beliefs.

Other outcomes	Leaders and families in the Chorti community more open to participating in the formative s
	Older adults and other family members who participated in the process shared what they learned with families and neighbors.
	Validation of the methodology and a high level of acceptance of the educational materials and use of technology as a teaching tool by the families. These helped promote behavior changes in the families.

6. Lessons learned

- **Design of methodology**

1) The **formative survey** on knowledge, attitudes and practices (KAP) – implemented as a starting point for the project – identified topics and behaviors to be addressed during the intervention process and changes to the ttC methodology for better alignment with the area's cultural and socioeconomic conditions. These helped to guide efforts to adapt the ttC methodology to meet the specific needs of the intervention area, identify key messages to be reinforced or introduced during ttC visits, and establish a baseline of behaviors where change was desirable.

2) The availability of **teaching materials** based on data obtained from the formative survey ensured an effective approach to the key topics and momentum for desired behavior changes. The materials prepared included the sociocultural characteristics of the families, and provided attractive education / communication options that encouraged interaction with families.

The educational material proved useful as a support tool to help families feel identified with the characters, clearly understand the key messages, and use teaching resources for thematic reinforcement (songs, riddles, rhymes).

3) Use of a **technological platform** (CommCare) made it easy to update family information, monitor changes in KAP related to topics of interest, and to take advantage of the electronic tablets to share audiovisual support material during ttC visits. However, in order to use the application effectively, it was important to develop the necessary skills in the project's technical team to prevent loss of information and time.

- **Implementation of ttC sessions**

4) **Capacity building in the technical team**, using a "learning by doing" approach, supported acquisition of essential skills to manage topics, the methodology and technology and guaranteed quality in ttC visits. In addition, this helped BCA to develop empathy and active listening skills to promote outreach and family acceptance of their accompaniment and created greater confidence for transferring knowledge and reinforcing essential health practices (ttC topics of interest).

5) The **community meetings** served as reinforcement to encourage the integration of family members whose participation had not been consistent during ttC visits – especially the men. This helped to strengthen and reinforce specific topics and promoted behavior changes in the family.

6) The **appropriate approach to Chorti communities** required recognition of their cultural and community traditions. Consequently, family outreach had to be coordinated with community leaders, who authorized entry to the community and participation by the families.

7) The **composition of the project's technical team**, which included men and women, ensured that any necessary changes in family assignments could be made during implementation, since some families showed greater openness to women BCA, either because of the partner's chauvinistic attitudes or because the women felt more confident about discussing these topics with other women. This point required a careful and consistent initial process for BCA to approach the families and gain their trust.

8) Among the most important **factors that contributed to the success** of the REDES project, are the following:

   a. Adaptation of a flexible and comprehensive thematic proposal based on changing undesirable practices for family health identified as critical through the initial formative survey. In addition, this proposal responded to and was aligned with the conditions of the area and its population.

   b. A methodology that promotes horizontal and two-way communication between the family and BCA. This focused on achieving behavior change in a progressive and comprehensive manner, and included the family's specific conditions or needs to guide the approach. Furthermore, the uniform structure for conducting ttC sessions supported the approach to the topics and key messages, and maintained quality in the session.

   c. The systematic and consistent programming of ttC sessions ensured proper monitoring of topics addressed and created a routine that encouraged families' participation and incorporation in the process.

   d. The emphasis on preventing risk situations for pregnant women, newborns and young children during the process encouraged families to seek immediate and prompt care for any danger sign or health problem.

   e. Promotion of family participation and involvement in care for the woman during pregnancy, delivery and puerperium, as well as newborn care, guaranteed more positive results by encouraging measures for family work distribution during this period and adopting behaviors that promoted family health.

   f. Having educational – communication material for the target population that focused on addressing key messages and creating processes of reflection for behavior change.

   g. Utilizing a technological application as a support tool for the monitoring and teaching process (audiovisual material) with the families. This helped to keep information on the ttC process up to date and provided follow-up to the work of the BCA.

   h. The commitment and role taken on by the technical team, especially the BCA, to provide ttC in a consistent manner, adhering to the visit protocol, and maintaining the quality of the sessions conducted during the week (workload), in addition to establishing relationships of trust, empathy and open communication with the families.

   i. Considering the community group meetings as spaces to delve deeper into key topics and involve family and community actors who were not included in the ttC sessions.

7. Suggested modifications

Since project implementation was governed by strict conditions related to the Yale University study, several aspects were difficult, particularly the interaction and support for the families and keeping some families interested in the process. Nevertheless, the methodology was validated and several potential improvements were identified:

☐ ttC method

- A **differentiated approach** at the thematic level should be considered for couples or families of older adults, who have finished their reproductive life and whose contribution will now be more for guidance at the family or community level.

- Being asked **questions about KAP** can be tiring and tedious for the families since these are repeated during each visit. Cover topics or practices that have not been addressed and extend the time of the visit. These can be programmed on a quarterly basis, or even addressed gradually, according to progress in developing the topic.

- To **establish agreements** with the families on topics that have no immediate application, a list of alternative practices should be provided that reinforce the topics during ttC.

☐ Supervision and monitoring

- The role of the supervisor should focus on supportive accompaniment and methodological advice for the BCA to ensure quality in the approach to household visits and contact with the families. This helps to achieve results and reduces the risk of families abandoning the process.

- The information generated through the monitoring process should be

available to the personnel coordinator and technician for use in decision-making and improving the intervention.

☐ Implementation model

- Consider **sharing and learning spaces** at the technical level to facilitate reinforcement at the thematic and methodological level. These will improve the quality of ttC implementation and develop technical skills.

- Incorporate actions to improve **coordination and work with the health centers** as a point of reference to address key project topics.

- The methodology will have greater impact if it is **linked to other processes or projects** for development being implemented by the organization. In this case, that did not occur because of the conditions stipulated in the study.

- To ensure the quality of the intervention, it is necessary to **apportion the workload** of the BCA. The frequency and repetition of ttC sessions can have a negative impact by reducing the detail in the approach to the topic, interaction and discussion during ttC sessions, and effective use of the validated educational material.

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Proyecto “Uso de Redes Sociales para mejorar los resultados maternos, neonatales e infantiles en zonas rurales de Honduras”

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