# World Vision Global Health: Timed and targeted Counselling for Health and Nutrition

# An Introduction to TTC 2nd Edition

World Vision International’s Global Health team first drafted this Facilitator’s Manual for Timed and Targeted Counselling (ttC) in 2010, in response to the need for a comprehensive curriculum for behaviour change counselling by community health workers and volunteer cadres which would encompass all of the seven interventions for mothers and 11 interventions for children identified in the 7-11 World Vision Health strategy[[1]](#footnote-1). Whilst many diverse curricula exist, very few of these combine current approaches to behaviour change counselling, combining interventions in a life cycle approach from pregnancy through to the second year of life, with a comprehensive package of manuals, job aids, trainers’ guides and planning tools required to deliver quality programming. Since the ttC Core Curriculum was first developed it has been adapted in 20 countries globally and undergone several rounds of field testing in diverse contexts. Additionally, new evidence has come to light regarding life-saving interventions such as chlorhexidine cord cleaning in the first week of life, improvements to prevention of mother to child transmission of HIV (PMTCT), and the importance of stimulation and play on early child development and nutrition. Field tests of ttC have led to further understanding of the need for flexibility in the curriculum selection and adaptation, condensing and simplifying the household handbooks and storybooks and provision of a guidance for country level planning. Furthermore we recognise that diverse cadres are capable of delivering ttC messages in their communities. These changes have been incorporated here, and into the accompanying documents of the ttC Curriculum 2nd edition.

What’s new in this edition of ttC?

**ttC-HVs not “CHWs”** – ttC is preferentially designed to be delivered by community health workers (CHWs), who are formally or informally linked to the local health authorities and recognised by the Ministries of Health. However, in some contexts the appropriate cadre can be community group volunteers such as Care Groups, traditional birth attendants (TBAs), or other non–CHW cadre. As such we adjust the nomenclature here from CHWs to ttC-Home Visitors (ttC-HVs).

Separation of methodology and technical content – many countries are now using hybrid curricula due to the increased availability of high quality technical content for training CHWs from the Ministries of Health, as well as efforts to align all partners towards a single national CHW curriculum. Therefore this separation permits the use of MoH-derived technical content to be combined with the ttC methodological approach more easily.

### **New content modules**

Considering that many countries are already working with ttC edition 1, and many home visitors are active in programming already, we have provided new materials / content into Sessions/ topics which can we selected. As such previously trained home visitors will only need these new sessions, which, if all are to be included, would not require more than 1 week training. Those countries should however, consider using 2nd edition for all new home visitors to be trained, or create a Hybrid with the new modules as well as updating existing sessions with new WHO guidelines, such as HIV.

### **In the ttC Methodology module:**

* Identifying pregnant women through house to house sensitisation – the importance of reaching all households, targeting the most vulnerable ones is emphasised through Session 3 including a method for house to house promotion of the programme.
* Registration of eligible women and girls (optional) – a method for registration of all women and girls eligible for ttC is included as an optional addition (Session 3b) to enable early identification of pregnancies by ttC-HVs through routine updating of a full community registration of all women of childbearing age. There are two advantages to including this approach: a.) this could be a pre-step to integration of pre-pregnancy interventions and b.) can also allow tracking of child / maternal mortality through the ttC register.
* Designing for Behaviour Change (DBC) – we include in Session 4 some element of the DBC framework[[2]](#footnote-2), useful in identifying types of behaviour change barriers discussed during dialogue.
* Psychological First Aid (PFA) & Maternal well-being and child health – the important element of maternal psychosocial well-being is presented as a key issue influencing child health. PFA includes how to recognise and support women suffering from distress, and how to use basic counselling skills which are included in Session 6[[3]](#footnote-3).
* ttC Storybooks and Household Handbook negotiated practices barriers and enablers sessions – for those countries using hybrid curricula to train on technical content optional sessions (Session 9 and10) are given here which can be used to review the specific Storybook and Household handbook messages once the technical content training is completed.

### **In the ttC technical modules (1 to 3):**

* Supportive care for the most vulnerable pregnancies, infants and children: a tailored, person-centred approach –individuals may have certain health and social risk factors linked to increased risk of maternal and child deaths, and may be more likely to experience medical complications, barriers to health services or psychosocial difficulties. Such vulnerable cases are identified through optional sessions throughout the curriculum. In these sessions ttC-HVs are challenged to consider what additional support such cases may require and identify feasible actions to help these individuals overcome their barriers to health, in a more person-centred approach.
* Essential newborn care ­ –Given the high importance of the newborn phase on deaths this section of the curriculum has been strengthened to include more in depth coverage of immediate newborn care, hygiene, cleaning of the umbilical cord stump using chlorhexidine solution, identification and referral of high-risk newborns, as well as additional supportive care for the small baby.
* Updated PMTCT recommendations – In this edition we promote full antiretroviral (ARV) treatment for HIV-positive mothers, as well as HIV testing for the partner and other children, and early diagnosis of HIV in exposed infants, according to latest WHO recommendations[[4]](#footnote-4),[[5]](#footnote-5).
* Early child development, stimulation and play –in this edition we integrate messages on early child development and nutrition in the first two years of life through promoting good attachment, play and stimulation of the young child[[6]](#footnote-6).
* Referral and ‘counter referral’ systems – using sample tools we present an approach to referral, and post-referral follow up which includes a written referral note which can also relay information from the facility to the ttC-HV enabling them to support the patient further if needed after treatment. Post-referral follow up visiting is also recommended as a strategy to ensure patients have accessed service needed and are recovering well.
* Screening for malnutrition and feeding during illness – within module 3 we introduce the optional addition of training ttC-HVs to screen for malnutrition using Middle Upper Arm Circumference (MUAC) measurements, and signs of complicated malnutrition. Module 3 also includes guidelines from Integrated management of Childhood Illnesses (IMCI) on counselling parents on feeding during illness.
* Revised monitoring tools –ttC first edition monitoring systems presented problems for field supervisors in tallying register data. In this edition simplified versions of these forms and tallying sheets are presented which can be adjusted for the country modifications.
* Household Handbooks and Storybooks shortened – previous versions of the visual aids have been updated, and reduced in size to enable easier printing in the field.

# 

# Introduction

Welcome to the Facilitator’s Manual for Training in Timed and Targeted Counselling. This is a training course developed by World Vision with technical review conducted by the World Health Organisation. The design of the ttC model for Health and Nutrition was informed by the works of the WHO, UNICEF, the American College of Nurse-Midwives, and the USAID Health Care Improvement Project. Specifically, key sources of technical guidance for this edition draw from the following materials6F[[7]](#footnote-7):

Caring for the Newborn at Home: A training course for community health workers. (2012). World Health Organization and UNICEF.

The Community Infant and Young Child Feeding Package: A facilitator's guide (2013). UNICEF.

Caring for Newborns and Children in the Community: Caring for the Sick Child (2011). World Health Organization. ISBN: 978 92 4 154804 5

Facts for Life, Fourth Edition, UNICEF, 2010

Home-Based Life Saving Skills (HBLSS) First edition. (2004) American College of Nurse-Midwives.

CHW AIM: A Toolkit for Improving Community Health Worker Programs and Services (CHW AIM) (2010). Crigler L and K Hill. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research Co., LLC (URC).

***For ttC 2nd Edition the following materials were also key sources:***

Taking Care of a Baby at Home After Birth: What Families Need to Do (2011). Core Group, Save the Children, the American College of Nurse-Midwives, and MCHIP.

WHO Recommendations on Postnatal Care of the Mother and Newborn (2014). World Health Organization. ISBN: 9789241506649 *(Key resource for chlorhexidine cleaning of the umbilical cord)*

Psychological first aid: Guide for field workers (2011). World Health Organization, War Trauma Foundation and World Vision International. ISBN: 978 92 4 154820 5

Care for child development: improving the care for young children. (2012) World Health Organization, UNICEF. ISBN: 9789241548403

Model IMCI handbook: Integrated management of childhood illness (2005). World Health Organization; UNICEF. ISBN: 9241546441. WHO reference number: WHO/FCH/CAH/00.12

Caring for newborns and children in the community, adaptation for high HIV or TB settings. Community health worker manual, Facilitator notes, Chart booklet, Referral form (2014). World Health Organization. ISBN: 9789241548045

What is Timed and Targeted Counselling?

“Timed and Targeted Counselling” (ttC) refers to a behaviour change counselling approach extending primary health care counselling to the household level, and is one of the core approaches of World Vision’s Global Health and Nutrition Strategy known as 7-11. This strategy is built around evidence-based, cost effective key interventions for pregnant women and children under 2 that, when taken together, can significantly reduce maternal and infant/young child morbidity and mortality. The key interventions promoted during the ttC programme are summarized below.

|  |  |
| --- | --- |
| 7 Interventions for Pregnant Women | 11 Interventions for Children under 2 |
| 1. Adequate diet | 1. Appropriate breastfeeding |
| 1. Iron/Folate supplements | 1. Essential newborn care |
| 1. Tetanus toxoid immunization | 1. Handwashing with soap |
| 1. Malaria prevention, and Intermittent Preventive Treatment | 1. Appropriate complementary feeding (6 to 24 mos) |
| 1. Healthy Timing and Spacing of Pregnancy, and Birth Preparedness | 1. Adequate iron |
| 1. De-worming | 1. Vitamin A supplementation |
| 1. Facilitate access to Maternal Health Service: Antenatal and Postnatal care, Skilled Birth Attendance, Prevention of Mother to Child Transmission of HIV, HIV/TB/Sexually Transmitted Infections Screening | 1. Oral rehydration therapy/zinc |
| 1. Prevention and care seeking for malaria |
| 1. Full immunization for age |
| 1. Prevention and Care Seeking for Acute Respiratory Infection |
| 1. De-worming (+ 12 months) |

Following an extensive review of CHW training materials and curricula conducted by the World Health Organisation in 20137F[[8]](#footnote-8), in which World Vision participated, it was found that there were gaps in curricula designed for community health worker and volunteer cadres in the areas of sexual, reproductive, maternal and child health. Of the curricula reviewed, World Vision’s ttC first edition was considered one of the most comprehensive in technical coverage of interventions across the life cycle. However, they reported that *“There is no or limited coverage of interventions related to safe abortion, adolescent health, and gender-based violence. There is no training package addressing the range of evidence-based interventions that can be delivered by CHWs as per World Health Organization guidance”.*

Additional guidance that has an increasing evidence base is the importance of early child development, stimulation and play from birth8F[[9]](#footnote-9), the impact of perinatal mental health and psychosocial distress in the mother9F[[10]](#footnote-10). Global effort to reduce the burden of child mortality in the newborn phase has identified several low cost interventions that can be delivered at scale to reduce newborn mortality, now found in current WHO recommendations such as chlorhexidine cleaning of the umbilical cord stump10F[[11]](#footnote-11), home visits for the newborn in the first week of life11F[[12]](#footnote-12), and care for the small or low birth weight baby12F[[13]](#footnote-13), and care of the HIV exposed infant.

As such, in the 2nd edition we have provided additional training sessions delivered in an integrated manner, on these additional interventions:

|  |  |
| --- | --- |
| 7 Interventions for Pregnant Women | 11 Interventions for Children under 2 |
| Psychological first aid (PFA) for supportive counselling of women experiencing perinatal mental health or psychosocial difficulties  Recommendations for supportive care of the most vulnerable pregnancies (e.g. adolescents, HIV positive, women with disabilities or health problems, women experiencing psychosocial difficulties in pregnancy) | Chlorhexidine cord care for the newborn  Supportive home care for the small baby  Counselling caregivers for child development (birth to two years  Supportive care for vulnerable children (birth to two years)  MUAC screening and detection of complications of malnutrition  Early detection of HIV positive infants |

Of the 6.6 million under-5 deaths that occurred in 2012, almost half took place during the first 28 days of life, and most of these during the first week.13F[[14]](#footnote-14) Many of these deaths (child and newborn) can be prevented by simple interventions delivered at the community level. Research evidence suggests that home visits by ttC-HVs or trained home visitors during pregnancy and the first week of life can make a significantly reduce deaths in the postnatal period.14F[[15]](#footnote-15) These home visitors can promote newborn warmth, cord care and hygiene, early breastfeeding, and detection of danger signs. Continuing household visits up to two years of age allows for additional messages around growth monitoring, immunization, age-appropriate complementary feeding, disease prevention, care seeking for illness and promotion of early child development.

The ttC approach can be delivered by a range of community-based cadres including, preferably, those formally recognised as Community Health Workers (CHWs), but can also be delivered by existing community group volunteers such as Care Group and Mother’s Group volunteers, as well as other volunteer cadres active in communities such as Mother’s Guides and trained traditional birth attendants (TBAs), depending on what is deemed appropriate in country context. Throughout the materials we refer to these implementers as “ttC home visitors”(ttC-HVs)which can be modified as per contextualisation, but is taken to refer to any person conducting ttC in their community.

The ttC-HVs counsel mothers and other household members around the essential health and nutrition practices that, taken together, can lead to reductions in maternal and child morbidity and mortality. The ttC-HVs conduct home visits to pregnant women to promote antenatal care, and planning for skilled care at birth. They also visit newborns and mothers in the home in the hours and days following birth, identify danger signs and refer appropriately, and advise on appropriate home care for the newborn. They will continue to visit families at regular intervals until the child reaches 2 years of age, delivering messages to the family members throughout this important period in the child’s life. The role of fathers is particularly emphasised throughout the ttC curriculum and materials. In particular, the storybooks include stories where fathers take a positive role in health decision-making and are seen as positive role models. In the early child development session in technical Module 3, the role of fathers is emphasised in play and language, and the counselling visit recommendations.

1. World Vision International 2010. 7-11 Start Up Field Guide. http://www.wvi.org/health/publication/7-11-field-guide-0 [↑](#footnote-ref-1)
2. Designing for Behaviour Change Curriculum (2008) Core Group. http://www.coregroup.org/storage/documents/Workingpapers/dbc\_curriculum\_final\_2008.pdf [↑](#footnote-ref-2)
3. Psychological first aid: Guide for field workers (2011). World Health Organization, War Trauma Foundation and World Vision International. ISBN: 978 92 4 154820 5 [↑](#footnote-ref-3)
4. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach (2013). World Health Organization. ISBN: 978 92 4 150572 7 [↑](#footnote-ref-4)
5. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (2014). World Health Organization. ISBN: 978 92 4 150743 1 [↑](#footnote-ref-5)
6. Care for child development: improving the care for young children. (2012) World Health Organization, UNICEF. ISBN: 9789241548403 [↑](#footnote-ref-6)
7. The full list of literature used to inform the original design of ttC 1st Edition is provided in Part 7 of the TTC Planners’ Guide. Where direct citation of source materials is used references are given throughout the document. [↑](#footnote-ref-7)
8. Tran NT, Portela A, de Bernis L, Beek K (2014) ‘Developing Capacities of Community Health Workers in Sexual and Reproductive, Maternal, Newborn, Child, and Adolescent Health: A Mapping and Review of Training Resources’. *PLoS ONE* 9(4): e94948. doi:10.1371/journal.pone.0094948 [↑](#footnote-ref-8)
9. *Lancet Series*. ‘Child Development in Developing Countries’ Series 1 (2007) & 2 (2011). [↑](#footnote-ref-9)
10. *Lancet series*. ‘Perinatal mental health’. November 14, 2014 [↑](#footnote-ref-10)
11. Imdad A, Bautista RMM, Senen KAA, Uy MEV, Mantaring III JB, Bhutta ZA. ‘Umbilical cord antiseptics for preventing sepsis and death among newborns’. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD008635. DOI: 10.1002/14651858.CD008635.pub2. [↑](#footnote-ref-11)
12. WHO/UNICEF Joint Statement (2009), ‘Home visits for the newborn child: A strategy to improve survival’. WHO reference number: WHO/FCH/CAH/09.02 [↑](#footnote-ref-12)
13. World Health Organisation, ‘Care of the preterm and/or low-birth-weight newborn’. http://www.who.int/maternal\_child\_adolescent/topics/newborn/care\_of\_preterm/en/ [↑](#footnote-ref-13)
14. UNICEF (2013), *Levels & Trends in Child Mortality Report 2013 Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation*. [↑](#footnote-ref-14)
15. Gogia S, Sachdev HS. ‘Home visits by community health workers to prevent neonatal deaths in developing countries: a systematic review’. *Bull World Health Organ*. 2010;88:658–66B. [↑](#footnote-ref-15)