

# KEY STRATEGIES & LESSONS LEARNED



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## Key Strategies

1. Strong collaboration with government
2. Four key messages on HTSP
3. Social accountability approach - Citizen Voice and Action (CVA), Self Help Groups (in India)
4. Focus on adolescents in and out of school in Kenya
5. **Through Channels of Hope, faith leaders (Muslim, Hindu, Christian, etc.) promote messages on HTSP to their congregations.**
6. Community influentials e.g. "Male Champions"
7. Social and behavior change and communication approaches:
  - Timed & Targeted Counseling interpersonal communication
  - IEC materials / fact sheets
  - Visual, audio, drama/role plays
8. Capacity building by creating demand and strengthening supply

## Lessons Learned: Advocacy

- Finding entry points with government officials on the issue of HTSP is key. Connecting HTSP to stunting, MCH, and breastfeeding was a unique way to show the direct impact of HTSP on child health and the long-term economic benefits.
- Learning trips are a critical piece of champion development. Advocates are created by taking church members and faith leaders to the field.
- Through the use of videos, infographics, and fact sheets, people become more educated about the need for HTSP programs and the value of speaking to Congressional Members to advocate on behalf of these programs.

## Lessons Learned: Kenya

- Strong partnership with government is critical for sustaining HTSP/FP education, access, and use.
- The collaborative approach enabling existing community groups to work together, using the same HTSP messages, strengthens demand and use of FP methods.
- The integration of HTSP/FP with MNCH increases access.
- Adolescents (girls and boys) can be effectively reached through peer educators.
- **Faith leaders and men are gatekeepers in conservative communities. Acknowledging and consulting them first increases access to families and messaging on HTSP/FP.**
- In-country advocacy utilizing World Vision's social accountability approach, CVA, is giving citizens skills to advocate for quality services. CVA groups:
  - identify nurses who require training in providing FP services
  - meet with county budgeting team and advocate for line item increase in MNCH and FP services

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MOMENT

World Vision's Mobilizing for Maternal and Neonatal Health through Birth Spacing and Advocacy (MOMENT) project is a three-year (2013-2016) Bill & Melinda Gates Foundation-funded family planning and advocacy project. MOMENT aims to improve maternal, neonatal, and child health (MNCH) by increasing political advocacy for global health and encouraging the U.S. and Canadian governments to maintain robust global health funding commitments. World Vision also uses its community-led advocacy model, Citizen Voice and Action, and its Channels of Hope model focused on engaging faith leaders to promote and increase use of available MNCH and Healthy Timing and Spacing of Pregnancies/Family Planning (HTSP/FP) services to improve child survival and women's health, prevent unintended pregnancies, and reduce child and maternal morbidity and mortality.

Channels of HOPE

Channels of Hope (CoH) is the way World Vision mobilizes community leaders, especially faith leaders, to respond to core issues affecting their communities—such as HIV and AIDS, MNCH, gender equity and gender-based violence, and child protection.

Channels of Hope is more than just training or education. Faith leaders trained by CoH become active participants in their communities and are committed to identify and support the most vulnerable in their communities. They mobilize their own congregations and seek to strengthen existing community structures. If community support structures do not exist, these leaders often mobilize and launch community coalitions, which are groups of community volunteers committed to identify and support the most vulnerable children and adults in their communities.

## 1 Too Young

Delay your first pregnancy until you are at least 18 years old (62% at mid-term compared to 52% at baseline)

## 2 Too Old

Limit pregnancies to a mother's healthiest years, ages 18-34

## 3 Too Close

Wait at least 2 years after one pregnancy before trying for another (43% at mid-term compared to 4% at baseline)

## 4 Too Soon

Wait 6 months after a miscarriage before trying for another pregnancy

*"Something is happening in this community. The mothers are healthier—they are gaining weight—and they have more time to take better care of their children now that they are not giving birth every year."*  
 -Treza Onyango, Nurse  
 Mulaha Clinic, Siaya County, Kenya

*"MOMENT is effective as it brings together all stakeholders—faith-based organizations and churches—along with the community health workers, who are creating the demand for family planning. Now when people come for family planning services at health facilities, they are available and they get them. Our humble plea is that MOMENT expand. It would help many women and reduce maternal mortality, which continues to be a problem here."*  
 -Solomon Osaya, Sub-county Public Health Nurse  
 Siaya, Kenya

*Faith leaders in Siaya County, Kenya help save lives by influencing attitudes about healthy timing/spacing of pregnancies, and family planning practices*

Faith leaders trained through **World Vision's Channels of Hope** program are helping to save lives in Siaya County, Kenya—a region with abnormally high pregnancy-related maternal mortality (448/100,000 live births) and a rate of infant mortality (111/100,000) that is 18 times higher than that of the U.S.

Siaya has one of highest fertility rates in Kenya, with an average of 5.7 children born for every woman of childbearing age, compared to the national average of 4.6. One-third of women of reproductive age in Siaya would like to space their next birth or limit their family size, but they don't know how. They lack the information or access to services they need. As a result, many will have unplanned pregnancies or children too close together, exposing them to high risk pregnancies and even death. Fears and misconceptions about family planning methods are common. In this predominantly Christian area, many assert that using any form of contraception is "against God's will" so they ignore or resist information about it.

**Through World Vision's Channels of Hope for Maternal, Newborn and Child Health (CoH MNCH) program, faith leaders are learning how to tackle perceptions about family planning—often considered a volatile or taboo issue—and are breaking down walls of stigma and discrimination.**

CoH MNCH trains, motivates and mobilizes faith communities and individuals to act on their responsibility to honor, uphold, and restore the dignity and value of every human being, and to help ensure that even the most vulnerable—especially women and children—experience fullness of life. This carefully designed program relies on: scripture-based guiding principles, dialogue, interactive activities, and scientific information and messages. In Siaya county, more than 200 faith leaders have been equipped with the tools they need to respond compassionately and practically to their congregations and communities with accurate information about HTSP/FP that can save the lives of women and children. They in turn have organized over 360 church volunteers to spread the word in their communities.

**At the mid-term, 65 percent of women in Alego-Usonga who have a child under two years of age have chosen to use a modern method of contraception.** In 2015 alone, the faith leaders referred 4,288 women to family planning services. More than half (2,819) are now using a method of contraception that is right for them.

### Additional Outcomes and Observations:

- The demand for family planning increased when contraception was linked to HTSP and improving maternal and child health.
- Women now make informed requests for the contraceptive of their choice at local health clinics.
- More men are supporting their wives' use of contraception.
- Religious leaders are encouraging congregations and other community members to practice HTSP/FP to promote better health.



*"I like World Vision's faith focus on birth spacing and family planning. In the past, information was available, but the medical approach was not well-received. This is the first time we've combined family planning information with a faith approach, and engaged faith leaders as champions. People trust us as leaders, and are now confident about seeking family planning services in the local health facility."*  
 -Rev. Gabriel Anyiko Owino, Anglican priest  
 CoH champion, Siaya County, Kenya

CHART. 1 WOMEN REFERRED BY FAITH LEADERS & USE OF FP IN KENYA (MAY-JUNE 2015)

	Family planning method	Division – Alego-Usonga sub-county			Total
		Urunga	Boro	Karemo	
Women referred by faith leader, went to health facility		1,229	1,315	1,744	4,288
Women who received a method of FP at health facility	Injectable	256	340	225	821
	Pills	214	100	136	450
	Implant	242	287	493	1,022
	Condoms	120	202	89	411
	IUCD	20	50	25	95
	BTL	2	0	0	2
	CycleBeads	5	11	2	18
<b>Total</b>		<b>859</b>	<b>990</b>	<b>970</b>	<b>2,819</b>