



HEALTHY TIMING & SPACING OF PREGNANCY AND FAMILY PLANNING

Why we care

Early marriage with early first pregnancy and closely spaced subsequent pregnancies and births are among the causes of infant and maternal mortality and reasons for unsafe abortions in developing countries. Available data indicates that the healthy timing and spacing of pregnancy (HTSP) through use of modern methods of family planning (FP) could prevent as many as one-third of maternal deaths by enabling women to delay their first pregnancy to at least age 18, space pregnancies by two to five years, protect women from unplanned pregnancy, prevent abortions, and limit childbearing to a mother's healthiest years.

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Our vision for every child, life in all its fullness, moves us to join hands with the development community and use our collective experiences to help prevent maternal and child deaths.

Our Experience in HTSP/FP programming

World Vision recognizes family planning as an effective, efficient strategy to improve maternal and child health. Since 1985, World Vision has implemented 44 USAID Bureau for Global Health Child Survival and Health Grants Program in 20 countries, many of which included family planning.

Between 1998 and 2002, World Vision India implemented the Ballia Rural Integrated Child Survival (BRICS) project in Uttar Pradesh, India. BRICS educated and equipped village health volunteers and trained 137 Registered Medical Practitioners as family planning counselors, service providers of information on birth spacing and forecasting contraceptive needs. By the end of the project, condom use had risen from 52 percent to 61 percent and IUD use from 0 to 0.9 percent.

The follow-on Pragati Project (2003 - 2007) took to scale these approaches, training and supporting Accredited Social Health Activists (ASHAs), Anganwadi workers (AWWs), and members of Self-Help Groups (women's micro-finance groups) to counsel other women and increase use of contraceptives. The proportion of mothers using modern methods improved in all three districts between baseline and the end of the project: Balia (12 to 25 percent), Lalitpur (10 to 34 percent), and Moradabad (18 to 28 percent).



THE USAID-FUNDED INTEGRATED BIRTH SPACING PROJECT (IBSP 2007 - 2012) in Haiti, India and Senegal focused on building an enabling environment through advocacy with Ministries of Health to improve policies and strengthen the health system and service quality by training health workers to counsel and provide contraceptives to women and men. In addition, social and behavior change activities were key to working with faith leaders and community leaders to change norms around desired family size, contraceptive use, and timing and spacing of pregnancies.

In Haiti, World Vision's USAID Title II Multi Year Activity Program, leveraged several platforms within its community network to integrate family planning either as part of the integrated maternal and child health and nutrition (MCHN) health package or the agriculture and livelihoods program components. Community health promoters (CHPs) and nurses were the two cadres of providers that played a critical role in most of the strategies delivering the integrated MCHN package, providing fertility awareness and family planning in prenatal and postnatal visits, making home visits to new family planning users, and following up with drop-outs. The nurses hired by the project were responsible for training and supervising the CHPs. Because the IBSP was integrated with ongoing MNCH programs, the total number of contraceptive users rose from 1,900 to 11,500 within two years.

In India, World Vision trained female volunteer health workers to make household visits and provide Timed and Targeted Counseling (ttC) to households with pregnant mothers and those with children under two years of age. Self-help groups were introduced to HTSP and encouraged to discuss with their husbands. Within 14 months, there were 67,989 new contraceptive users, with an estimated contraceptive prevalence rate of 77 percent in targeted communities, compared to 21 percent in other districts.

In Senegal, faith leaders in Fatick district played an essential role in building support for HTSP. When they learned that timing and spacing births would lower mortality and improve health, they advocated for this in their mosques during Friday prayers. Catholic sisters supported the Standard Days Method and Lactational Amenorrhea, and referred clients to MOH facilities for additional methods of contraception. Contraceptive use in one health posts rose from 12 percent to 17 percent in one year.



THE BILL & MELINDA GATES FOUNDATIONS FUNDED MOMENT PROJECT (2013 - 2019) implemented a Healthy Timing & Spacing of Pregnancy and Family Planning (HTSP/FP) program advocacy project in the US, Canada, Kenya and India. In the US and Canada, World Vision is educating governments to sustain robust global health funding commitments for maternal and child health and family planning. In Kenya and India, World Vision used grassroots level social accountability and demand creation activities, in addition to collaborating with community health volunteers, men, and faith leaders which led to increased understanding of HTSP and a rise in voluntary use of modern methods of family planning. Both countries increased method mix in targeted facilities (32 of 45 facilities in Kenya and 17 Auxiliary Nurse Midwives sub-centers in India), by collaborating with the MOH to train nurses to provide different FP methods, including the long-acting reversible contraceptives implants and intrauterine contraceptive devices. In Kenya, by endline, contraceptive prevalence rate (CPR) was 69.5 percent, a 20 percent increase from a baseline of 49.5 percent. In Hardoi India CPR was 39.5 percent at baseline and 47.3 percent at endline. Faith leader engagement was also successful when World Vision implemented its Channels of Hope (COH) strategy that engages faith leaders in promoting maternal and child health and family planning. In Kenya, when faith leaders understood the importance and potential impact of timing and spacing of pregnancies on maternal and child health, they delivered HTSP messages to their congregations and promoted support from male spouses. 6,086 women went to a health facility to seek HTSP, FP or MCH services because they were referred by a faith leader, and more than half (3,847) of the women decided to use a method of contraception.

THE USAID ADVANCING PARTNERS & COMMUNITIES PROJECT (2014 - 2018), where World Vision is partnering with JSI, is implementing an Integrated HTSP Project in Garba Tulla, Isiolo County Kenya. Project data indicates 80 Muslim religious leaders, 1442 male Community Health Workers (CHWs), and 733 female CHWs have been trained in HTSP. One-third of reported FP users are men. Forty-five percent of male FP users report to use male condoms and 21 percent report using the Standard Days Method as their FP method. This project has reached nearly 25,000 community members with FP messages, exceeding the target of 15,000. To date, over 1284 females are lactational FP implementers and there are 11,000 male condom users. Over 7,100 female and 5,300 male clients between 20-24 years of age receive FP counselling while 11,000 female and 8000 male clients are above 25 years of age. The project has reported over 7800 female clients receiving FP services integrated into MNCH services at the same time and location.



THE PFIZER FOUNDATION-FUNDED INCREASING USE OF FAMILY PLANNING AND IMMUNIZATIONS SERVICES THROUGH PROGRAM INTEGRATION PROJECT (2016 - 2019) in West Pokot and Isiolo Counties, Kenya, is providing technical support to the Ministry of Health to integrate ongoing maternal and child health services with family planning services, strengthening the immunization supply chain, and using mobile outreach services—facilitating 'one stop shopping' for mothers who may spend at least one day to reach a health facility. Early data shows a modest increase in eight months (June 2016 - February 2017) in the number of women receiving co-located same-day counseling (129 to 973) and contraception (7 to 166).

OPERATIONS RESEARCH IN GHANA AND KENYA WITH SUPPORT FROM JOHN TEMPLETON FOUNDATION (2015 - 2018) measures change in CPR among women of reproductive age. Christian and Muslim faith leaders were exposed to the COH MNCH+HTSP training methodology and compared to a comparable community without the training. Results to date include: 102 Faith Leaders trained in COH MNCH+HTSP (Kenya: 55 Christian, 5 Muslims, Ghana: 11 Christian, 31 Muslims). Messages from faith leaders on HTSP/FP have reached an average of 9,200 beneficiaries in each country. A qualitative study in 2016 indicates attitudes of faith leaders towards HTSP have changed favorably due to learnings from the COH workshops. Final results on knowledge, attitudes and CPR will be shared at project end in April 2018.

THE HTSP SCALE UP CHALLENGE: FAITH LEADERS AND COMMUNITY SUPPORT WOMEN TO USE FAMILY PLANNING FOR HEALTHIER MOTHERS AND CHILDREN (JOHN TEMPLETON FOUNDATION 2017 - 2019) uses a multi-dimensional approach to change social norms around FP as a key strategy to link HTSP/FP to healthier moms, children, communities and economic stability. Faith Leaders (FL), men, women, and non-traditional community groups play critical roles in education on HTSP/FP as learned from implementing the MOMENT project and Integration projects. In this scale up, our goal is to increase use of FP within Siaya County, Kenya from the one-sub-county under the MOMENT project to the remaining five sub-counties in Siaya. This will be accomplished through proven approaches and lessons learned, including a social accountability approach called Citizen Voice and Action (CVA) that combines accountability with local advocacy by citizens and training of FL in the Channels of Hope methodology.



Key HTSP and FP Strategies

Wide coverage, Reaching Scale

- Advocacy and linking communities with the formal health system
- World Vision's global "7-11" health strategy, founded on high impact practices (HIP) for mothers and children, is implemented in 22 countries, with the aim to eventually roll out to all World Vision's health programs. "7-11" comprises 7 and 11 HIP for mothers and children, respectively. HTSP is one of the "7" practices, including key health messages the first 1000 days (from conception through to age 2).
- Local partnering with government institutions to influence policy and with local institutions to ensure sustainability

Health Systems Strengthening (resource generation)

- Skills training of nurses working in health facilities and community health workers
- Advocacy and Social accountability using World Vision's Citizen Voice and Action strategy
- Policy & decision-making advocacy to create an enabling environment that supports linking HTSP to FP and to linking communities with the formal health system

Demand Creation: Increasing understanding of issues

- Timed and targeted counselling (ttC) provides household level counseling to target populations (pregnant mothers and those with young children, and others within the household who influence health-related decisions). Community health and other community-based workers are trained to give the right messages at the right time.
- Channels of Hope is a faith-based methodology for working with faith communities and seeks to empower faith leaders by addressing their misconceptions about issues such as HIV/AIDS and family planning. The goal is to transform their thinking and, in turn, change the thinking of their communities and congregations.
- Social behavior change and communication strategies that fit the context
- Consistent messaging on HTSP
- Focus on male engagement

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