

Effectiveness of Channels of Hope on Family Planning.

Presentation of
Templeton funded
research results on
Channels of Hope
and reproductive
health.

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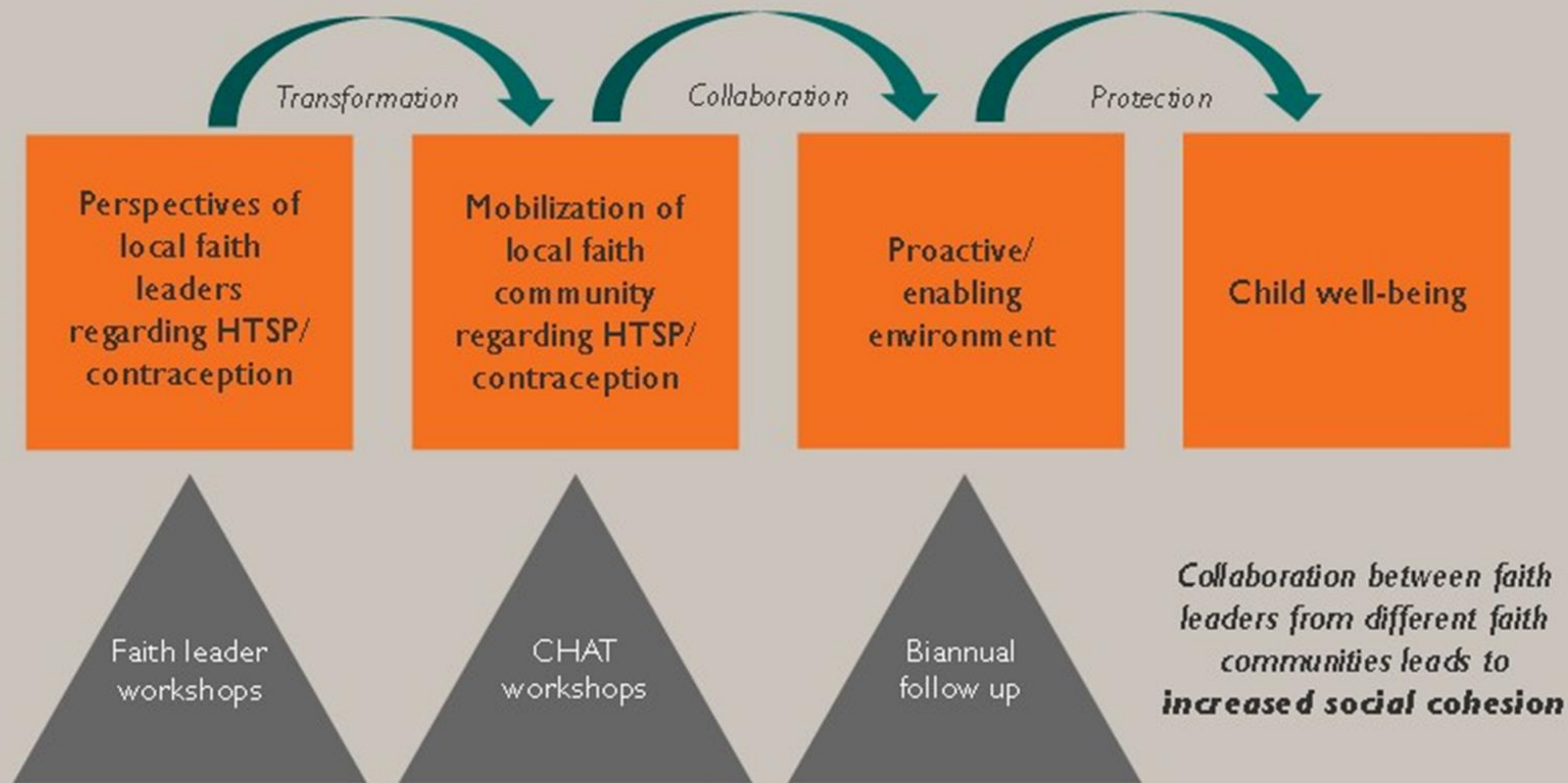


Goals of this talk



1. Illustrate the content of CoH hypothesis.
2. Describe the methods used during this work
3. Share preliminary outcomes results
4. Discuss operational implications for World Vision.

Channels of Hope Theory of Change



Purpose and hypothesis



- Assess the feasibility and effectiveness of faith leaders' support for family planning
- The project hypothesis was that CoH would increase population knowledge on contraceptive methods, contraceptive demand and contraceptive use.

Qualitative Assessment: Journal of Religion and Health



- Results on perception and attitudes on reproductive health among faith leaders in Kenya and Ghana
- Key in-depth interviews and FGDs with 24 purposely selected participants (Muslim and Christians)

Qualitative Assessment



- All respondents reported a positive view on healthy timing and spacing
- While the health of the woman and child has been mentioned as the primary reason for FP; other benefits mentioned were economic implication for large families, child getting old enough to look after younger siblings

Qualitative Assessment



- Sexual education for youth was not perceived appropriate by male faith leaders
- Early marriage had negative implications in Ghana, but not in Kenya, where extreme disfavor towards abortion was higher
- Female genital mutilation is considered a cultural practice; FL seen themselves as playing limited role

Study Design

Arm 1
comparison

Two-arm quasi-experimental design

Program
Area

No Intervention

Program
Area

Baseline Survey

32 Months

End Line Survey

Intervention
Area

Interventions

Intervention
Area

Arm 2 CoH-
HTSP

Impact of CoH/CHTS= B - A
Core intervention Package= CoH + HTSP
Comparison= ??

Measurements

Country

Kenya

Ghana

Total

Baseline

endline

baseline

endline

Intervention

487

496

609

584

2,176 (50.2%)

Control

499

496

579

622

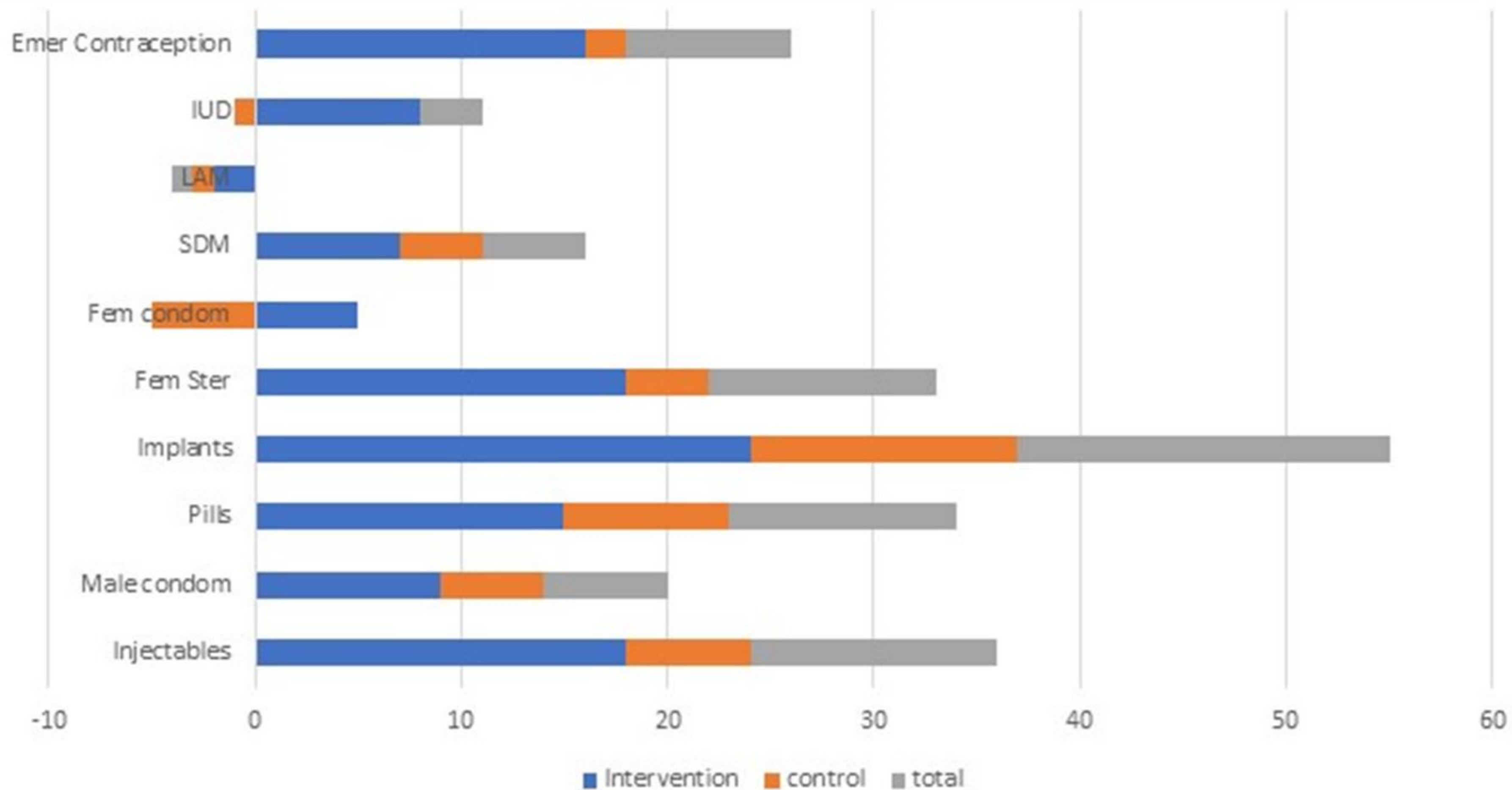
2,196 (49.8%)

Results demographics

	Baseline survey		Final survey		Total	
	No.	%	No.	%	No.	%
Age of Mothers						
< 20	167	7.7	139	6.3	306	7.0
20-24	645	29.7	583	26.5	1,228	28.1
25-29	709	32.6	669	30.4	1,378	31.5
30-34	414	19.0	491	22.3	905	20.7
35+	239	11.0	316	14.4	555	12.7
Age of the children						
< 12 months	1,202	55.3	1,160	52.8	2,362	54.0
12-23 months	972	44.7	1,038	47.2	2,010	46.0
Sex of the children						
Girl	1,049	48.3	1,045	47.5	2,094	47.9
Boy	1,125	51.7	1,153	52.5	2,278	52.1
Total	2,174	100.0	2,198	100.0	4,372	100.0

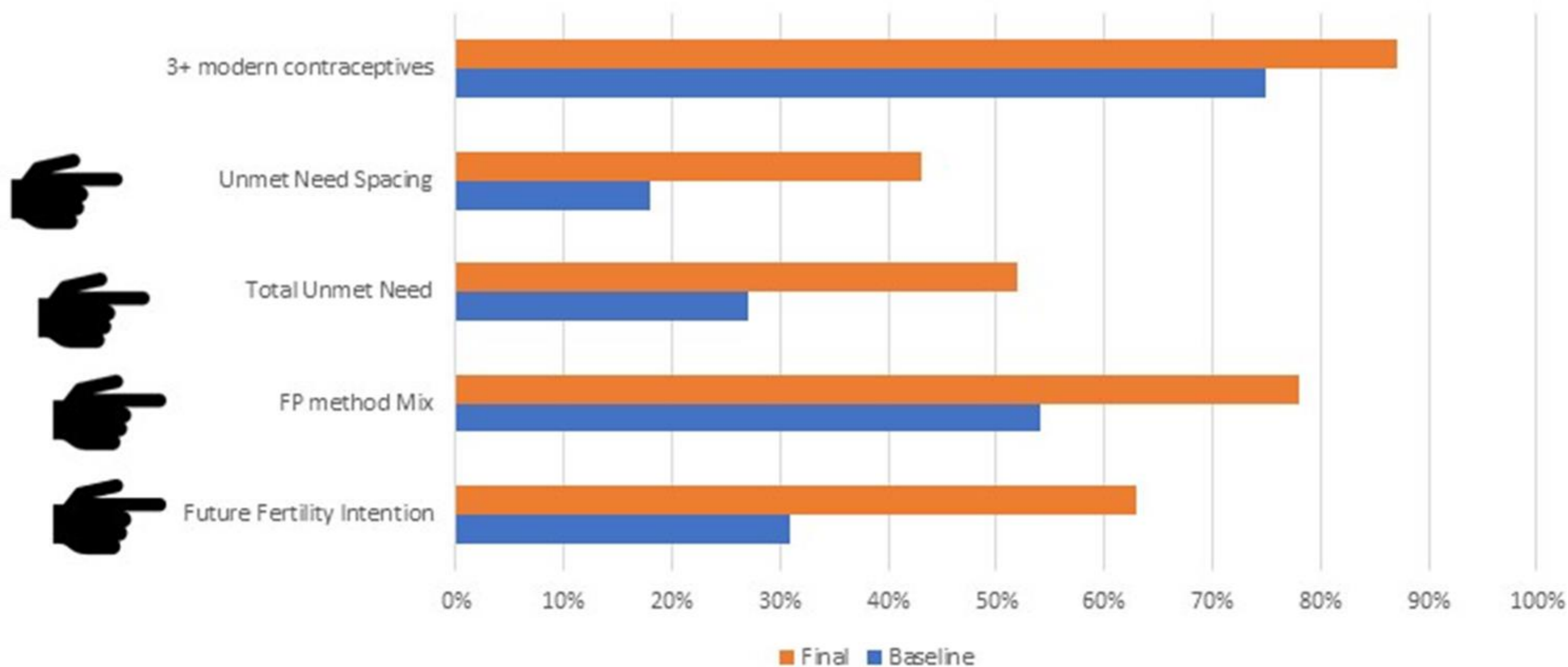
- Six out of ten participants were 20-29 years of age
- Nine of ten were married
- Six of ten had no education
- Half were housewives and the other half were either pastoralists or farmers.
- In Ghana, half of population were Muslim.
- In Kenya, eight of ten were Christian

Contraceptive knowledge outcomes



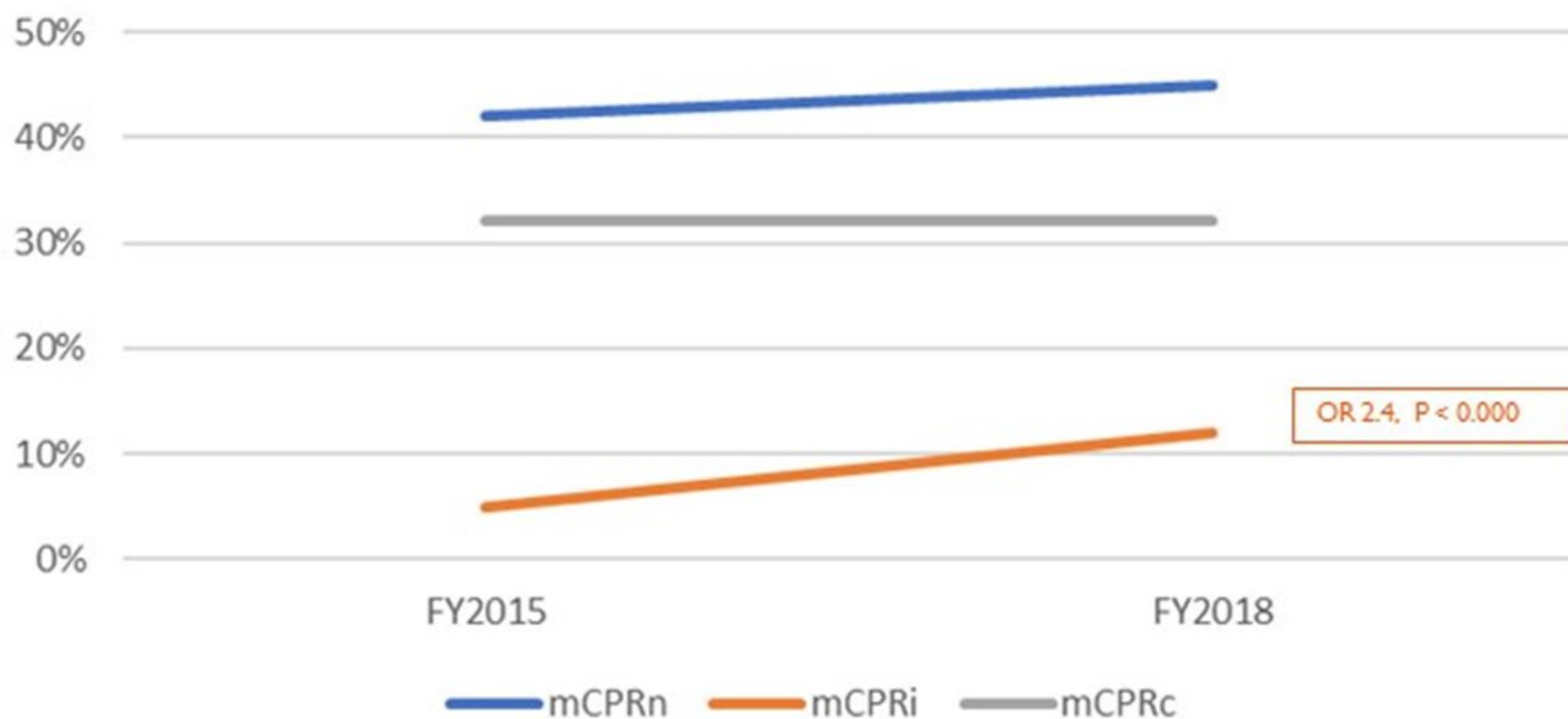
Contraceptive intention to use outcomes

Family planning intention indicators, before and after CoH intervention, Ghana and Kenya, 2015-18



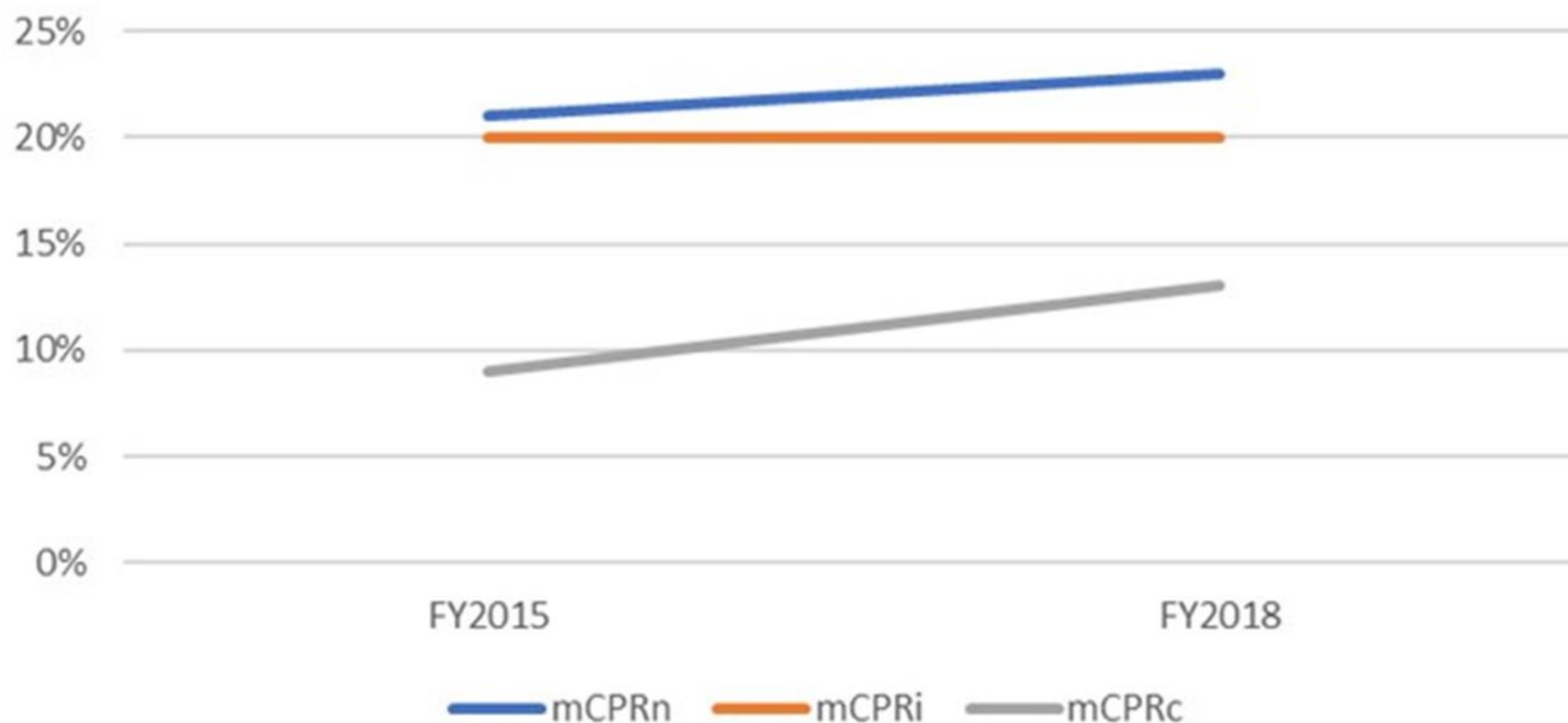
Contraceptive use prevalence, Kenya

National, intervention, and control mCPR, Kenya
2015-2018.



Contraceptive use prevalence, Ghana

National, intervention, and control mCPR, Ghana
2015-2018.



34%
points

- Decrease social and religious barriers
- Demand-side approach with contextual need
- Monitoring of implementation fidelity and intensity
- Need of supply-side complement

