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# Technical Advisory Group and Implementing High-Impact Practices Meetings

FEBRUARY 8-9, 2011

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## February 8, 2011: Technical Advisory Group Meeting

### Introduction and Objectives

#### Background

USAID's investments in the Global Health Initiative (GHI) and BEST demonstrate the U. S. Government's (USG) renewed focus on state-of-the-art and evidence-based programming, and commitment to achieving results at scale in key health outcomes.

As part of ongoing efforts to strengthen the Agency's technical leadership and maximize investments, USAID's Office of Population and Reproductive Health convened a Technical Advisory Group (TAG) including representatives with a wide range of family planning and reproductive health (FP/RH) expertise from donor agencies, research institutions and service delivery organizations. The purpose of the TAG is to provide ongoing technical guidance on High Impact Practices (HIP) in family planning that demonstrate impact on health and healthy behaviors, and have the potential to be brought to scale in a range of programmatic settings.

USAID held the first technical consultation on August 19<sup>th</sup> 2010, which included over 25 experts who participated in a meeting that established the ongoing Technical Advisory Group (TAG) and developed an initial list of high impact practices that would be further examined and refined based on feedback and further synthesis, translation, and emerging evidence.

On February 8, 2011 PRH organized a second meeting of the TAG to address comments collected from technical experts and USAID Washington and Mission staff.

#### Objectives and Expected results

More than 50 individuals representing a wide range of partners and technical expertise participated in the TAG. (See Appendix A for a List of Participants). Objectives of the meeting were to:

- Examine the strength of evidence for practices currently included in the HIP list
- Review the proposed organization of the HIP list
- Identify gaps in the HIP list and make recommendations

#### Session I: Secretariat Update

The Secretariat reported on key activities undertaken since the TAG meeting held in August 2010. Key activities included; soliciting feedback on the HIP list from key stakeholders within USAID, field Mission staff, and technical experts. Main themes were:

- In general, USAID Mission staff were supportive of a short, prioritized list of HIP for FP
- Some of the HIPs require further refinement and identification of specific practices rather than themes to best inform investments at the country level (e.g. Contraceptive Security, Social Behavior Change Communication).
- HIPs would be better understood if they were organized to reflect the level of practice such as broader practices related to enabling environment versus specific service delivery practices.
- There was a strong request to provide evidence briefs that include reference materials for each practice to help support Missions advocate to policy makers.

- There are gaps in the practices listed (i.e. male involvement, gender equity, youth) which are high priorities for some Missions however for which there is little documentation of the evidence
- Development of an algorithm to help prioritize HIPs based on country context and need would be beneficial
- The Secretariat is involved in a number of activities to support the HIP list including:
  - Creating/identifying forums to share and disseminate information on HIPs such as State of the Art (SOTA) Meetings, country exchanges and large international conferences.
  - Developing a tool to help monitor and evaluate Scale-Up of practices and which will include measurement of both vertical and horizontal aspects of scale-up.
  - Developing algorithms to help missions identify and prioritize practices based on country context.
  - Supporting promotion of tools to assist in implementation of practices. For example, FP Training Resource Package, Rapid Tool for Advocacy, etc.

## Session II: Examining the Strength of the Evidence

USAID Mission and in-country staff said that supplementary material for each practice that synthesizes the existing evidence, provides links to tools and other supporting materials, and describes examples of successful programs would be useful in advocacy with host-country governments. Based on this feedback, the Secretariat worked with experts to develop evidence briefs. Four briefs were provided to TAG members prior to the meeting and four TAG members were invited to provide feedback as discussants. The discussion was intended to address the following issues:

- Is the evidence sufficient to identify the Practice as a HIP (based on established criteria)
- Is the Practice clear and implementable and
- What gaps remain in the evidence-base

The four briefs reviewed in this session addressed the following themes: post abortion family planning, post-partum family planning, community based distribution and mobile outreach services.

### Post-Abortion Family Planning (PAFP)

#### Review of Evidence-Brief:

The evidence in support of the practices is adequate, precise, and strong. The references provided are high quality and reflect knowledge from respected institutions and technical expertise. The job aids that are included as references are an excellent complement and are great guides. The brief is clearly written, avoids technical jargon and shows how to implement through country examples.

#### Gaps/Challenges:

The HTSP, post abortion, and post-partum video should be added as a complementary tool. Integrating field oriented and clinic-based services is critical and requires a shift in the mindset of clinical providers. Medical barriers need to be addressed and training of providers is missing.

Post-abortion care only affects a relatively small percentage of women; how does this fit on the scale relative to other practices?

The references primarily focus on recent literature. The brief would be strengthened by including literature from further (1960s and 1970s), as featuring some of this literature might help emphasize the solid evidence base.

- The brief should emphasize the unplanned/unwanted pregnancies in adolescents seeking abortions.

### Post-Partum Family Planning (PPFP)

Review of Evidence-Brief:

The rationale for this practice exists and is strong. As currently written, the HIP lacks clarity for implementation and the evidence of impact of specific interventions is weak.

Gaps/Challenges:

- Definition of “Post-Partum” time period is missing. There are certain methods that can be provided for women within the first 48 hours postpartum; however, there is a need to ensure that women who are interested in PPFP, but not within the first 48 hours postpartum, are able to access and use appropriate methods.
- Are there specific practices around ensuring follow up?
- Brief needs to talk about the “how” by questioning why PPFP hasn’t been supported. How could checklists help? There are certain lower level practices that can help the whole process.
- The brief has no discussion of opportunities within a year of partum and the period following.
- The timeline figure included in the brief is confusing. It would be clearer to get rid of the “all women” category and only include “breast-feeding” and “non-breast-feeding” women. It is not immediately clear who can use what methods without that breakdown.
- It is not clear what the practice is in this brief. How do we reach those women, what is the approach, and how do we do it? Are there other opportunities that need to be highlighted where the evidence is strong?

### Community Based Distribution (CBD)

Review of Evidence-Brief:

The brief does a good job of describing impact. Concern was raised about terminology used in the brief: “task-shifting” versus “task-sharing”. Community workers may not necessarily be health workers. There is evidence that non-health workers from various groups (agricultural, dairy co-ops) have been able to provide family planning very successfully. There is a need to address the country context – what is going on in the background is critical, and there is little discussion on systemic barriers/impediments. The brief needs a section on costs. CBD is effective, but is very expensive. Looking forward, the long term sustainability of who is going to take it when the donor funding goes away is especially relevant for CBD.

Gaps/Challenges:

- Referral is not mentioned.
- Missing discussion of community health workers and implants

- The practice is training and supporting health workers -- what does this actually mean? We need to be more specific about this.
- Under “Why is this practice important?”
  - Add meeting unmet need across a woman’s reproductive lifecycle.
  - There is some talk about youth, but not about clinical methods.
  - Importance of counseling given the high rate of discontinuation
- Experiences and tools around volunteer selection and motivation need to be better addressed.

### Mobile Outreach Services

#### Review of Evidence Brief

This practice has the least experience and the least evidence. There are few examples available to draw from. The definition of the practice is a little vague.

#### Gaps in Evidence-Brief:

- Mobile outreach services can reach large numbers of people, but we don’t know: who is it reaching? What are the equity issues being addressed? Is this a substitution effect? Are they using it because it’s coming to their doorway vs. traveling to clinic? Cost? Impact?
- The Mobile Services model tends to focus on the mobile team approach, but you don’t have to have four-person teams to have mobile outreach. It is important to not get tied into the team approach.
- The link between mHealth and community based workers needs to be explored.
- There is some demand creation included in the model presented; however, there is a long unfavorable history of how mobile approaches have worked in India.

### Session III: Break-Out Sessions

In the afternoon, TAG members self-selected to attend one of four different break-out sessions. Break-out sessions were organized around topics that had been identified as priorities from the field, however for which specific high impact practices were not yet clearly identified. Technical experts presented a synthesis of the evidence behind each topic and tried to identify specific high impact practices related to each topic area. Each session was moderated by a member of the secretariat.

#### Assuring Contraceptive Security

This session focused on defining “Improving contraceptive security” into more manageable segments. Key areas were identified within the practice: developing an effective supply chain, supportive policies and regulations, financing, coordination and planning, and commitment. Individuals were identified to describe the evidence-base on these issues for further discussion at the next TAG meeting.

#### Social Behavior Change Communication (SBCC)

SBCC is critical to creating demand for FP/RH and includes policy and advocacy in addition to behavior change. Given the complexities of SBCC, identifying specific practices that could be standardized across country programs was a challenge. Experts concluded that successful SBCC programs are those that incorporate a systematic process including: understanding local context, using behavioral theory to design interventions, using locally designed and tested messages, implementing strategies through a variety of channels, and monitoring and evaluating outcomes. Evidence behind the use of multiple

channels (such as the media) to disseminate locally tested messages was strong and was identified as a high impact practice that could be replicated in SBCC programs across country settings.

### Private Sector FP Practices & Impact

The Private Sector is a part of many practices on the High Impact List. The greatest and most convincing evidence surrounds the practice of *social marketing*. This practice has enough supporting evidence to merit inclusion on the HIP list. Attention should be given to the fact that many social marketing programs tend to focus on condoms and pills and only achieve a minimal effect. *Social franchising, contracting and vouchers* look promising, however, there is less supporting evidence and more research is required. As the evidence evolves, a companion piece may be useful to discuss innovation and upcoming practices that have the potential to eventually be included on the HIP list.

### Policy and Advocacy

Policy is necessary, but not sufficient for programs to be successful. There are several policy models, that center around assessing policy environment, Identifying policy barriers, implementing policy, monitoring implementation. Often times the practice includes engaging decision makers. It needs a complete and inclusive stakeholder analysis, more than just the MOH. Costing still needs to become a priority – sticker shock can result in something not getting adopted. In addition, issues around standards of evidence need to be explored, for example, it is not feasible to do randomized controlled trials on policies. Further thinking is needed to examine and present the evidence; and refine this HIP.

### Integration of FP and Immunization Services

Child immunization is an existing platform with high coverage and multiple opportunities for provision of FP. There is a need to review the evidence in more detail. The TAG proposed including immunization as a platform to reach postpartum women and review the evidence in more detail at the next TAG.

## Session IV: Organizing the HIP list

Many informants commented that the list would benefit from improved organization and structure. Participants discussed the need to distinguish between the large, amalgamated ideas and discrete practices. Participants highlighted that the HIP list should not be used as a checklist to guide family planning programming. The List should be accompanied by an algorithm or decision tree to assist countries in prioritizing HIPs given their country context.

- Session V: Identifying Gaps in the HIP List Participants were asked to identify key gaps in the HIP list. Youth, gender, male involvement, poverty/equity, post-conflict and other underserved populations.
- There might be a need to have certain practices for different populations.
- Investing in youth friendly services is something that is very obviously missing from the HIP list; is definitely something that needs to be addressed.
- Supply chain/MIS best practices
- Strength and robustness of clinical services: Training for basic providers, pre-service training for FP, supervision.
- Task sharing nurses and Midwives for Implants and IUDs. Mid-Level female providers - they have been providing clinical services. Front line medical professionals providing services in rural

areas, but limited training. RE-engagement of USAID. Proportion of professionals to population.

- Initiating and continuing contraceptive normative change, experience of nutrition women's social network groups. ex. Microfinance
- Performance based financing (although there is insufficient evidence at this time).
- Mobile technologies

## Session VI: Next Steps and Closing

The TAG ended with a closing by the Jewel Gausman and a synthesis of the major discussion points. In general, the TAG was very supportive of this effort and will continue to be engaged in this process. Specific practices related to SBCC, Social Marketing, and FP-immunization integration were refined. Further discussion on the organization of the list to reflect the various types of practices and country context is required. Next steps include:

### Revised HIP list

A revised list that reflects discussions from the TAG will be posted on the IBP Knowledge Gateway site for feedback and input (<http://my.ibpinitiative.org/HIP/TAG>). Comments will be consolidated and a revised list will be circulated in the next few months. The TAG is requested to help disseminate the revised list within their respective organizations and encouraged to help synthesize knowledge for the evidence briefs.

### Evidence briefs

Several of the evidence briefs presented are close to final but others will require additional revisions and refinement. Support from the TAG will be critical to help revise existing drafts and develop new briefs for the remaining practices on the list.

Refining the HIP Concepts

PRH has established an internal HIP working group that will continue to follow up on the recommendations from the breakout sessions including facilitating the development of evidence briefs. In addition, the PRH internal HIP working group will be discussing ways to better organize the HIP list and ways to disseminate the list to country Missions, other USG partners, implementing partners, and other donor agencies.

### Future Meetings

The TAG is meant to be a continuous effort that requires consistent participation. PRH anticipates holding an annual or semi-annual TAG. The TAG operates best in a smaller group inclusive of breadth and expertise and may be expanded slightly to include other USG partners and partners from the field. Information on the TAG meetings and the List of High Impact Practices can be found on the WHO Implementing Best Practices (IBP) Knowledge Gateway ([www.knowledge-gateway.org](http://www.knowledge-gateway.org)),



## February 9, 2011: Implementing High Impact Practices

The half-day meeting on February 9<sup>th</sup> built upon the previous day's meeting with an expanded audience, and included more than 75 participants from donor agencies, research institutions and implementing partner organizations. The focus was on how to support country programs in implementing the HIP list, through the key areas of building capacity, knowledge management, and monitoring and evaluation, and the main objectives of the meeting included:

- Providing an overview of High Impact Practices and relevance to BEST and other USAID Initiatives;
- Mapping planned activities for supporting identifying, introducing, and scaling up High Impact Practices in programs; and
- Identifying synergies among implementing partners to maximize resources.

The meeting opened with an overview of BEST by Senior Deputy Assistant Administrator Dr. Susan Brems, which was followed with an engaging panel discussion focused on experiences across the Agency in supporting the field to better introduce and scale up high impact practices. Jewel Gausman gave a background of key investments in HIP, and Gary Cook, Ishrat Husain, and Kathryn Panther discussed their experiences in working with the field to support best practices. Highlights from the discussion included the need to distinguish between innovations and already-tested practices, developing tools to make the introduction process easier at the field level, how to better incorporate country context, the need to focus on training to build capacity, and how to better communicate with the intended audience.

The second session was divided into 3 concurrent sessions: 1) Supporting the Field and Building Local Capacity to Implement HIP, 2) Addressing Gaps in the Evidence Base, and 3) Knowledge Management. The key points of discussion in each group were as follows:

### **Supporting the Field and Building Local Capacity to Implement HIP**

Working with USAID and other field staff to build stronger FP skills is important. Training is essential, and tools such as decision-making algorithms should not take the place of training. Exchanges, online learning courses, and regional meetings are all important avenues to reach program managers.

### **Supporting the Field and Building Local Capacity to Implement HIP**

Dissemination strategies should be more robust and should include IBP, HIPnet, etc. In addition, regional workshops focused on one or two priority HIPs may be beneficial. Documentation of HIPs by field programs is important to capture evidence from the field that may not be published in peer review, or be distributed beyond the country of implementation.

### **Addressing Gaps in the Evidence Base**

The participants in this group discussed their experiences in monitoring and evaluation of high impact practices, and discussed possible opportunities for future research and collaboration. (Appendix E).

### **Getting more information:**

More information can be found on the HIP TAG online community, located at:  
<http://my.ibpinitiative.org/HIP/TAG>

## Responding to Feedback and Next Steps

Both of the meetings on February 8 and 9<sup>th</sup> received positive feedback from participants, and provided USAID with critical technical input. These meetings were instrumental in enabling USAID to build consensus around high impact practices, but also provided key recommendations for how to better support Agency priorities. The Office of Population and Reproductive Health intends to continue to engage the participants in ongoing discussions, and host a follow-up technical consultation in the Fall of 2011.

Specific areas of follow up identified during the Feb. 8<sup>th</sup> meeting and status updates:

- **Revising the HIP list:** A key take away message from both the February 8 and 9<sup>th</sup> meetings was the need to better organize the HIP list. Since the meeting, USAID has worked extensively with USAID Development Leadership Initiative (DLI) officers, internal and external experts from a range of organizations, and USAID field missions to revise and restructure the list. Special attention was placed on making some of the practices more specific based on the discussion during the February 8-9 meetings and continuing discussions.
- **Country Context:** A key issue that emerged throughout the day was concern over incorporating country context. As the HIP list is not intended to take the place of a comprehensive family planning program, some practices may be better suited for certain environments than others. USAID is exploring possibilities for developing an algorithm or tool to assist Mission staff and program managers to more easily respond to their individual country's programmatic needs.
- **Including additional HIPs:** Many participants wanted to see additional practices, such as those focused on youth, gender, integration, etc., added to the list. As USAID sees the HIP list as a consensus document, any changes to the list will need to be agreed upon within the TAG. A focus of the next TAG meeting will be on how to best include these additional items. Those with an interest in a certain practice or technical area that they would like to see considered for addition to the HIP list are encouraged to email the contact person below.

***Emails and future actions can go through Matthew Phelps***

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Population Council

**Padmini Srinivasan**  
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**Mary Vandenbrook**  
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**John Stanback**  
FHI

**Carla White**  
ESD Project

**Patricia Stephenson**  
USAID

**Edward Wilson**  
John Snow, Inc.

**Kristina Yarrow**  
USAID



## Appendix C: Agenda for February 8

# High Impact Practices Technical Advisory Group

**SEIU Conference Center**  
1800 Massachusetts Ave. NW  
Washington, D.C.

**February 8th, 2011**  
**09:00 – 17:00**

### Objectives

- Examine the strength of evidence for practices currently included in the HIP list
- Review the proposed organization of the HIP list
- Identify gaps in the HIP list and make recommendations

<b>08:30 – 09:00</b>	<b>Arrival</b> Continental Breakfast		
<b>09:00 – 09:45</b>	<b>Opening of meeting</b> <ol style="list-style-type: none"> <li>1. Welcome Remarks</li> <li>2. Secretariat Updates</li> </ol> <i>Shawn Malarcher</i> <i>Nandita Thatte</i>		
<b>09:45 – 10:45</b>	<b>Examining the strength of evidence</b> <ol style="list-style-type: none"> <li>1. Post-Abortion Family Planning (PAFP)</li> <li>2. Post-Partum Family Planning (PPFP)</li> <li>3. Community Based Distribution</li> <li>4. Mobile Services</li> </ol> <i>facilitated by Sharon Rudy</i> <i>Halida Akhter</i> <i>John Stanback</i> <i>Lynn Bakamjian</i> <i>Ian Askew</i>		
<b>10:45 – 11:00</b>	<b>Quick break</b>		
	<i>Two concurrent sessions</i>		
<b>11:00 – 12:00</b>	<b>Refining HIP:</b>	<b>Contraceptive Security</b> <i>Linda Cahaelen &amp; Padmini Srinivasan (Breakout Room)</i>	<b>Social Behavior Change Communication</b> <i>Geeta Nanda, Arzum Ciloglu, &amp; Nancy Newton</i>
<b>12:00 – 13:00</b>	<b>Lunch</b> <i>provided</i>		
<b>13:00 – 14:00</b>	<b>Refining HIP:</b>	<b>Policy-</b> <i>Shelley Snyder</i> followed by: <b>FP Immunization Integration-</b> <i>Cat McKaig</i>	<b>Private Sector</b> <i>Ruth Berg</i> (Breakout Room)
<b>14:00 – 15:00</b>	<b>Report back</b> <i>facilitated by Sharon Rudy</i>		
<b>15:00 – 15:30</b>	<b>Break</b>		
<b>15:30 – 16:00</b>	<b>Review proposed organization of HIP list</b> <ul style="list-style-type: none"> <li>• <i>Facilitated by Shelley Snyder</i></li> </ul>		
<b>16:00 – 16:45</b>	<b>Identify gaps in HIP list and make recommendations</b> <ul style="list-style-type: none"> <li>• <i>Facilitated by Sharon Rudy</i></li> </ul>		
<b>16:45 – 17:00</b>	<b>Closing</b> <ul style="list-style-type: none"> <li>• <i>Jewel Gausman</i></li> </ul>		

## Appendix D: Agenda for February 9<sup>th</sup>

### High Impact Practices Implementation Workshop

February 9<sup>th</sup>, 2011  
09:00 – 13:00

**SEIU Conference Center**  
1800 Massachusetts Ave. NW  
Washington, D.C.

#### Objectives:

- Provide an overview of High Impact Practices and relevance to BEST and other USAID Initiatives
- Map planned activities for supporting identifying, introducing, and scaling up High Impact Practices in programs
- Identify synergies among implementing partners to maximize resources

08:30 – 09:00	<b>Arrival</b> Continental Breakfast			
09:00 – 09:15	<b>Welcome and Updates</b> <ul style="list-style-type: none"> <li>• Nandita Thatte <i>USAID Office of Population and Reproductive Health</i></li> </ul>			
09:15 – 09:35	<b>Analysis of BEST</b> <ul style="list-style-type: none"> <li>• Jewel Gausman <i>USAID Office of Population and Reproductive Health</i></li> </ul>			
09:35 – 10:45	<b>USAID Panel: <i>Connecting HIP to BEST &amp; GHI</i> facilitated by Sharon Rudy</b> <ul style="list-style-type: none"> <li>• Kristina Yarrow <i>Health Advisor, Asia and Middle East Bureaus</i></li> <li>• Ishrat Husain <i>Senior Health Advisor, Bureau for Africa</i></li> <li>• Kathryn Panther <i>SDI Division Chief, Office of Population and Reproductive Health</i></li> <li>• Susan Brems <i>Senior Deputy Assistant Administrator, Bureau for Global Health</i></li> </ul>			
10:45 – 11:00	<b>Break</b>			
11:00 – 12:00	<b>Three concurrent sessions</b>			
	<b>Small group break-out</b>	Addressing Gaps in Evidence-Base <i>Shawn Malarcher</i>	Knowledge Management <i>Nandita Thatte</i>	Supporting the Field & Building Local Capacity to Implement HIP <i>Jewel Gausman</i>
12:00 – 12:30	<b>Concise group reports (<i>plenary</i>)</b>			
12:30 – 12:45	<b>Next Steps: Sharing information</b> <ul style="list-style-type: none"> <li>• Matthew Phelps <i>USAID Office of Population and Reproductive Health</i></li> </ul>			
12:45 – 13:00	<b>Closing</b> <ul style="list-style-type: none"> <li>• Shawn Malarcher <i>USAID Office of Population and Reproductive Health</i></li> </ul>			

## Appendix E: Gaps in the Evidence Base and Future Research Ideas

Name	Organization	Email	Comments
Melissa Adams	Georgetown IRH	<a href="mailto:melissaadams.irh@gmail.com">melissaadams.irh@gmail.com</a>	community-based distribution
			direct to consumer
			scale-up of FAM through expandNet model
			gender transformative approaches with VYA
			social network analysis to address unmet need
			advocacy with Government for supportive policies
			introduction and scale-up of SDM, LAM
Salwa Bitar	ESD	<a href="mailto:sbitar@esdproj.org">sbitar@esdproj.org</a>	innovative approaches on the how to scale-up. ESD uses
			1. knowledge exchange on SOTA FP/RH best practices
			2. Methodologies of scaling up are shared with country teams
			3. Small ?? to local NGOs that have proof on HIP B.P. numbers 5,6,9, and 10
Jim Foreit	Pop. Council	<a href="mailto:jforeit@popcouncil.org">jforeit@popcouncil.org</a>	WTP - Zambia with PSI, condoms + CL orin?
			Counseling tool / WHO
			CHW role expansion 2 grade
			Age of marriage
Caroline Quijada	Abt & Associates	<a href="mailto:Caroline_Quijada@abtassoc.com">Caroline Quijada@abtassoc.com</a>	OR--> HIV Nigeria/India
			Global Research study on private sector; Topic: TBD
			evaluation of mhealth intervention on strengthening continuation for DMPA
Avzum Ciloglu	JHU/CCP	<a href="mailto:aciloglu@jhuccp.org">aciloglu@jhuccp.org</a>	we do costing too
			Papers forthcoming from Egypt "Communication for Healthy Living" project
			Work just started in FP communication campaign in T2 - baseline will be fielded in April
			Baseline results available for Ghana behavior change support project
			Formative research forthcoming from Gates funded urban RH initiatives in Kenya, Nigeria, India including work with religious leaders in Jordan plus many others - can send via e-mail later.
Dana Aronovich	JSI DELIVER PROJECT	<a href="mailto:daronovich@jsi.com">daronovich@jsi.com</a>	Strengthening information systems to improve access to + use of data for more accurate forecasting of contraceptive needs, ordering, procurement, distribution etc., which in turn, increase product availability at SDPs
			developing evidence to show how contraceptive availability at health facilities and a broad method mix lead to increase in contraceptive use.
			use of mobile technology for reporting logistics data for decision making at higher levels.
			Secondary analysis of DHS - market segmentation - understanding user profiles
			Working with CHWS



Name	Organization	Email	Comments
Holly Stewart	PRB	<a href="mailto:hstewart@prb.org">hstewart@prb.org</a>	Develop and review of RDMP for acceleration of MDGs related to MNCH and guidelines for integrating RP, nutrition, malaria and HVI.
			Build/strengthen advocacy skills of FP champions to reposition FP in ECOWAS region collaborating with African regional institutions; use of ??
			Update FP knowledge of maternal health providers in the ECSA region.
			Establish a culture of monitoring and documentations to follow up post-activities (workshops, training, health ministers conference) ECSA + WAHO and ??
Annie Berwick	State Department	<a href="mailto:BerwickAE@state.gov">BerwickAE@state.gov</a>	We'd like to look at uptake of FP with ? for PAC.
			UNFPA funding of Family Planning and Reproductive Health in Humanitarian crises.
			Work with ICRC, UNHCR and other NGO's to fund projects.
			Issues looked at include GBV, Youth populations, Family Planning and Reproductive health.
			Work with FGM and fistula issues.
J. McCleary-sills	ICRW	<a href="mailto:jmccleary-sill@icrw.org">jmccleary-sill@icrw.org</a>	Research on gender demand-side barriers to contraceptive and abortion
			Fertility and empowerment
			Ops research on gendered needs for FP, focus on youth (under SIFPO/MSI)
			Primary- (India) studies of fertility regulation and needs over the life course (new methodology)
			Formative research - linking FP, girls' education and early marriage
			Research in the concept/proposal stage: method-specific barriers to FP use (and abortion/PAC); method-specific
			1. LA/PM's
			a.) DHS 41 country analysis of LA/PM users - 2 papers coming soon.

Name	Organization	Email	Comments
Trish MacDonald		<a href="mailto:pmacdonald@usaid.gov">pmacdonald@usaid.gov</a>	b.) Multi-country document-action of mobile-outreach services for PM's by Respond, SiFPO/MSI SiFPO/PSI - include costing
			c.) Multi-country used-dynamic study for LA/PMs
			2. Postpartum FP
			a.) PPMCD
			b.) FP/Immunization
Bridgit Adamou	Measure Evaluation PR	<a href="mailto:adamou@ad.unu.edu">adamou@ad.unu.edu</a>	c.) FP/MIYCN
			We have a small grants program where we fund local groups (i.e. NGO's universities) who are conducting FP research in USAID priority countries)
			The project also funds secondary analysis FP research among UNC and Tulane researchers.
			We are developing costing guidelines for scaling up FP programs. The intention is for this to be used as both a policy and advocacy tool at the field level.
Katig Chapman	DFID	<a href="mailto:K-Chapman@dfid.gov.uk">K-Chapman@dfid.gov.uk</a>	PRH is developing a repositioning FP framework that has identified indicators for assessing how countries are doing in repositioning FP. It will soon be field-tested in Tanzania.
			1. New Framework for Results on Reproduction Maternal and Newborn Health (Dec.2010)
			2. Evidence Paper series published December 2010 on improving Reproductive, Maternal, and Newborn Health. Includes: a) Reducing unintended (FP + safe abortion)pregnancies; b) Burden determinants and health systems; c) Private sector engagement in MNH/SRH (by HLSP/JHU); d) Several systematic reviews being commissioned on RMNH: e.g. What is the impact of method mix on contraceptive prevalence in developing countries? What kinds of policy and program Interventions in post-abortion case contribute to reductions in maternal mortality?
			3. New Research Program Consortium on meeting unmet for FP and improving access to safe abortion (6 yr. programme let by Population Council 2011-2016).
			Population Council - RPC - 3 themes of research: (1) urban youth (2) medical abortion (3) new technologies e.g. mobile phones and FP
Geeta Nanda	C-CHANGE	<a href="mailto:gnanda@aed.org">gnanda@aed.org</a>	Planning to undertake qualitative research in Keyya on of misinformation related to contraceptives, side effects
John Stanback	PROGRESS Project	<a href="mailto:JStanback@fhi.org">JStanback@fhi.org</a>	Programmatic research on FP service delivery for ???,www.fhi.org/PROGRESS

Name	Organization	Email	Comments
			costing!
?	HPP	?	Building the evidence base for the health systems and health outcomes associated with policy work:
			(a) Retrospective analysis of policy work in key countries.
			(b) Comparison studies in the field of intervention and non-intervention districts
			Integration with economic growth and agriculture components of ???
Carmen Coles	USAID	<a href="mailto:ccoles@usaid.gov">ccoles@usaid.gov</a>	1. We will be working on compiling(??) evidence to demonstrate impact of policy and advocacy activities
			2. Measure evaluation repositioning FP framework
			3. Costing with Africa Bureau
Karen Foreit	FUTURES	<a href="mailto:kforeit@futuresgroup.com">kforeit@futuresgroup.com</a>	Standards of evidence for demonstrating impact of policy
			Secondary analyses of DHS for identifying high need groups for targeting
			Cost - HPI costing Task Order (TODD)
Cat McKaig	MCHIP	?	FP Immunization - Liberia
			Systems - imm? India
			DHS profiles - 1-2 years postpartum country
Carla White	ESD	<a href="mailto:CWhite@esdproj.org">CWhite@esdproj.org</a>	1. HTSP studies
			2. community based strategies
			3. using religious leaders
			4. CSR in support of FP and womens health
			Safe age of marriage
Nomi Fuchs-Montgomery	MSI	<a href="mailto:nomi.fuchs-montgomery@mariestopes.org">nomi.fuchs-montgomery@mariestopes.org</a>	• non USAID \$ - cost effectiveness FP service delivery channels
			• SHOPS poverty/equity evaluation with vouchers
			• SIFPO
			evaluation mobile outreach
			cost structures/pay for performance willingness to pay
			ICRW gender analysis
			EH review clinical proto?? In quality