High Impact Practices Partners’ Meeting Report
October 21, 2014

Abt Associates
4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814
# Table of Contents

HIP Meeting Notes..............................................................................................................................3  
Appendix A: Meeting Agenda..............................................................................................................6  
Appendix B: Meeting Participant List ..................................................................................................7  
Appendix C: HIP Workplan - FY 2014 ............................................................................................8  
Appendix D: Presentations................................................................................................................11  
  HIP TAG Report...............................................................................................................................11  
  IBP HIP Task Team Report...............................................................................................................14  
  HIP Website...................................................................................................................................18  
Decision-Making Tool – Futures Institute........................................................................................33  
Decision-Making Tool – Marie Stopes International ........................................................................35  
2015 HIP Briefs: Adolescents ............................................................................................................40  
  Overview of Process.......................................................................................................................40  
  Community-Based Interventions......................................................................................................45  
  Adolescent-Friendly Services.........................................................................................................48  
  Economic Empowerment Interventions.........................................................................................53
HIP Meeting Notes

Welcome

Caroline Quijada from Abt Associates opened the meetings and welcomed participants to the third HIP Partners meeting. Ms Quijada provided an overview of Abt Associates contribution and commitment to supporting the HIP work.

Jennifer Friedman from IPPF added her thanks and welcome to participants. She also announced that IPPF would provide support to translate briefs into Spanish and French. IPPF is particularly dedicated to improving the quality of care and expand services for family planning.

Mihira Karra welcomed participants on behalf of USAID and thanked the partners' contribution to increasing the visibility and acceptance of the HIPs. She expressed her appreciation to the support organizations and individuals to helping countries utilize and expand evidence-based programming. Mihira updated participants on recent changes in the Office of Population and Reproductive Health including the addition of two new deputies, Irene Koek and Aly Cameron. She added that there is a continued need for dissemination and promotion of the HIPs at the country level and that Ending Preventable Child and Maternal Death has brought an urgent need for measuring progress and the HIP work has an important role to play.

On behalf of Nuriye Ortayli, Gifty Addico from UNFPA thanked participants for their continued support and participation in the HIP work. Ms. Malarcher reviewed the agenda and objectives of the meeting.

HIP TAG Report

Jay Gribble gave an overview of the conclusions of the HIP TAG meeting which took place in May 2014 in New York. Key points included a recommendation to develop an overarching principle document for the HIPs which will include a discussion of how the HIP work is based on the principles of rights, equity, quality, etc. The TAG also recommended updating the briefs regularly, strengthening the text on scale-up and sustainability, and more emphasis on economic analysis.

IBP HIP Task Team Report

Nandita Thatte, Laurette Cucuzza, and Erin Schelar reported on work of the IBP HIP Task Team. The Task Team meets quarterly and activities have focused on distribution of materials at conferences, inclusion of HIP materials in trainings and on websites, and presentations of HIPs at partner headquarters and at regional meetings. The group has also begun collecting country case studies documenting implementation of HIPs.

Erin presented results from the IBP Strategic Plan Survey. The group found significant limitations to this way of monitoring implementation of HIPs and would like to develop better methods for documenting how countries are using HIPs. The survey found that use of HIP materials among Partners was mixed. There is a need to make the materials available at the country level. There is a lot of interest in the map, but we need to facilitate more participation in the map.
Suggestions from participants:

- Consider engaging the Technical Working Groups at the country level.
- Encourage countries to focus on a smaller number of activities for scale-up and institutionalization. Consider grouping activities in the Costed Implementation Plans so that if there are insufficient resources to do everything it is clear which activities are prioritized.
- Advocate with civil society and women’s organizations
- Consider including geographic targeting as well.
- Support study tours for FP2020 reference groups
- Deputize HIP champions in each country, empower them. What about using IBP country teams to identify POC within teams?
- Develop a useful tool to survey partners, in order to get granular data.

HIP Website and Twitter Account

Debbie Dickson and Caitlin Thistle presented updates and plans for the HIP website and Twitter account. Plans are underway to translate the website and this should help with organization of the briefs. Also, Caitlin plans to increase visibility and activity on the Twitter account. Please ask your communication people to help with spreading the work.

Workplan Discussion

Gifty Addico gave an overview of the joint HIP workplan. Some important updates are that there will be no new briefs in 2016 as we will be working to update several existing briefs. Some suggestions for new activities were:

- Work with countries developing CIP to ensure they are briefed on HIPs and empower them to consider these interventions. 5-7 countries working on CIPs now.
- Create a short set of slides (5-8) that can be used to brief folks about the HIPs. Explains promising/proven, what is a HIP, etc. Consider narrating the presentation and put them on the website.
- Webinar- focus on each HIP and identify partner for each HIP, talks about what they are doing on the ground. Explain standards of evidence.
- RFP/RFA – Encourage AID to include HIPs as resource items in the announcement. Incorporate things that have been done and what can be worked off of.

Decision-Making Tool Overview

Alisa Wong from FP2020 gave an overview of work done to address the need for a HIP “decision-making tool”. Emily Sonneveldt from Futures Institute and George Hayes from Marie Stopes International presented on tools that their organizations have been working on that may fill this need. Work is ongoing.
Adolescent Briefs

Sylvia Wong from UNFPA and Shefa Sikder from USAID gave an overview of the process used to identify the 3 practices which will be developed into 3 briefs. Three main authors for the briefs provided and overview of how the practices are being defined and the extent of the evidence-base they’ve identified thus far.

1. Community-based interventions, Kate Plourde and Joy Cunningham from FHI 360
   - Definition: interventions that target geographically bound communities to improve knowledge and change norms while targeting youth with BCC information.
   - Challenge: authors typically do not tease out the impact of specific interventions, only program as a whole.

2. Adolescent-Friendly services, Jill Gay and Karen Hardee from Population Council
   - Definition: Integrate ‘adolescent contraceptive friendliness’ within the range of existing Fp and other service, INSTEAD OF created a separate facility for adolescents
   - Potentially add within MCH, HIV, PAC, IMZ services
   - Evidence to date is limited.

3. Economic Empowerment, Kim Ashburn from IRH
   - Mechanism for change – improved economic outcomes expands life options and leads to improved SRH outcomes

Participants raised a number of concerns including interventions are too broad and will run into problems with the evidence, interventions are so context-specific, and how can you have HIPs that take into consideration the context.

Jay Gribble from Futures Group provided a brief description of the Galvanizing Commitment brief. “Commitment” is defined as expressed, institutional, and resourced.

Closing Remarks

In order to make the most of these meeting we need your input. We are particularly interested in the following: full day versus half day meetings and how often should we meet? Is once a year enough or do we need to meet more often?

Participants shared appreciation for authors’ work. Gifty reminded participants to engage UNFPA colleagues at the country level. The organizers thanked participants for their time and engagement and will be in touch regularly with updates. Please send feedback on what your organizations are doing to support HIPs. We’d love to hear it!
HIP Partners Meeting
October 21, 2014
9:00 - 4:30

Objectives
- Update on HIP work to date
- Finalize joint HIP workplan for 2015
- Finalize plans for decision-making tool
- Discuss and finalize development of 2015 HIP briefs

Tuesday, October 21, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:15</td>
<td>Welcome</td>
<td>Caroline Quijada, SHOPS Deputy Project Director, Abt Associates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jennifer Friedman, IPPF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suzanne Reier, WHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nuriye Ortayli, UNFPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shawn Malarcher, USAID</td>
</tr>
<tr>
<td>9:15-9:45</td>
<td>HIP TAG Report</td>
<td>Jay Gribble, Futures Group</td>
</tr>
<tr>
<td>9:45-10:45</td>
<td>IBP HIP Task Team Report</td>
<td>Nandita Thatte, USAID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laurette Cucuzza, Plan USA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Erin Scheler, USAID</td>
</tr>
<tr>
<td>10:45-11:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:15-11:45</td>
<td>Website updates, web analytics, and Twitter</td>
<td>Debbie Dickson, K4H and Caitlin Thistle, USAID</td>
</tr>
<tr>
<td>11:45-12:30</td>
<td>Workplan Discussion</td>
<td>Gifty Addico, UNFPA</td>
</tr>
<tr>
<td>12:30-13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:30-14:30</td>
<td>Decision-making tool overview</td>
<td>Alisa Wong, FP 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emily Sonneveldt, Futures Institute and George Hayes, MSI</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>2015 HIP Briefs</td>
<td>Sylvia Wong, UNFPA and Shefa Skider, USAID</td>
</tr>
<tr>
<td></td>
<td>Adolescent Briefs</td>
<td>Briefs: Kate Plourde, FHI 360; Jill Gay, Population Council; Kimberly Ashburn, IRH</td>
</tr>
<tr>
<td></td>
<td>Galvanizing Commitment:</td>
<td>Jay Gribble, Futures Group</td>
</tr>
<tr>
<td>16:00-16:30</td>
<td>Next Steps and Wrap Up</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B

### Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfredo Fort, IntraHealth</td>
<td><a href="mailto:afort@intrahealth.org">afort@intrahealth.org</a></td>
</tr>
<tr>
<td>Alisa Wong, FP2020</td>
<td><a href="mailto:alisawong@familyplanning2020.org">alisawong@familyplanning2020.org</a></td>
</tr>
<tr>
<td>Angela Nash-Mercado, Jhpiego</td>
<td><a href="mailto:Angela.Nash-Mercado@jhpiego.org">Angela.Nash-Mercado@jhpiego.org</a></td>
</tr>
<tr>
<td>Candace Lew, Pathfinder</td>
<td><a href="mailto:CLew@pathfinder.org">CLew@pathfinder.org</a></td>
</tr>
<tr>
<td>Debra Dickson, K4Health</td>
<td><a href="mailto:ddickso1@jhu.edu">ddickso1@jhu.edu</a></td>
</tr>
<tr>
<td>Defa Wane, Engender Health</td>
<td><a href="mailto:dwane@engenderhealth.org">dwane@engenderhealth.org</a></td>
</tr>
<tr>
<td>Elaine Charurat, Jhpiego</td>
<td><a href="mailto:Elaine.Charurat@jhpiego.org">Elaine.Charurat@jhpiego.org</a></td>
</tr>
<tr>
<td>Elizabeth Berard, USAID</td>
<td><a href="mailto:eberard@usaid.gov">eberard@usaid.gov</a></td>
</tr>
<tr>
<td>Ellen Eiseman, Chemonics</td>
<td><a href="mailto:EEiseman@chemonics.com">EEiseman@chemonics.com</a></td>
</tr>
<tr>
<td>Erika Martin, USAID</td>
<td><a href="mailto:ErMartin@usaid.gov">ErMartin@usaid.gov</a></td>
</tr>
<tr>
<td>Erin Mielke, USAID</td>
<td><a href="mailto:emielke@usaid.gov">emielke@usaid.gov</a></td>
</tr>
<tr>
<td>Erin Schelar, USAID</td>
<td><a href="mailto:eschelar@usaid.gov">eschelar@usaid.gov</a></td>
</tr>
<tr>
<td>Gael O’Sullivan, Abt Associates</td>
<td><a href="mailto:gael_osullivan@abtassoc.com">gael_osullivan@abtassoc.com</a></td>
</tr>
<tr>
<td>George Hayes, MSI</td>
<td><a href="mailto:George.Hayes@mariestopes.org">George.Hayes@mariestopes.org</a></td>
</tr>
<tr>
<td>Gifty Addico, UNFPA</td>
<td><a href="mailto:gaddico@unfpa.org">gaddico@unfpa.org</a></td>
</tr>
<tr>
<td>Jay Gribble, Futures Group</td>
<td><a href="mailto:JGribble@futuresgroup.com">JGribble@futuresgroup.com</a></td>
</tr>
<tr>
<td>Gwyn Hainsworth, Pathfinder</td>
<td><a href="mailto:GHainsworth@pathfinder.org">GHainsworth@pathfinder.org</a></td>
</tr>
<tr>
<td>Jen Drake, PATH</td>
<td><a href="mailto:jdrake@path.org">jdrake@path.org</a></td>
</tr>
<tr>
<td>Jennifer Friedman, IPPF (remote)</td>
<td><a href="mailto:jfriedman@ippfwr.org">jfriedman@ippfwr.org</a></td>
</tr>
<tr>
<td>Jill Gay</td>
<td><a href="mailto:jillgay.rh@gmail.com">jillgay.rh@gmail.com</a></td>
</tr>
<tr>
<td>Joy Cunningham, FHI360</td>
<td><a href="mailto:JCunningham@fhi360.org">JCunningham@fhi360.org</a></td>
</tr>
<tr>
<td>Karen Hardee, Pop Council</td>
<td><a href="mailto:khardee@popcouncil.org">khardee@popcouncil.org</a></td>
</tr>
<tr>
<td>Kate Plourde, FHI360</td>
<td><a href="mailto:KPlourde@fhi360.org">KPlourde@fhi360.org</a></td>
</tr>
<tr>
<td>Kim Whipkey, PATH</td>
<td><a href="mailto:kwhipkey@path.org">kwhipkey@path.org</a></td>
</tr>
<tr>
<td>Kimberly Ashburn, IRH</td>
<td><a href="mailto:kaa82@georgetown.edu">kaa82@georgetown.edu</a></td>
</tr>
<tr>
<td>L. Caitlin Thistle, USAID</td>
<td><a href="mailto:lthistle@usaid.gov">lthistle@usaid.gov</a></td>
</tr>
<tr>
<td>Laurette Cucuzza, Plan USA</td>
<td><a href="mailto:Laurette.Cucuzza@planusa.org">Laurette.Cucuzza@planusa.org</a></td>
</tr>
<tr>
<td>Luigi Jaramillo, Pop Council</td>
<td><a href="mailto:ljaramillo-msh@popcouncil.org">ljaramillo-msh@popcouncil.org</a></td>
</tr>
<tr>
<td>Mary Vandenbroucke, USAID</td>
<td><a href="mailto:mvandenbroucke@usaid.gov">mvandenbroucke@usaid.gov</a></td>
</tr>
<tr>
<td>Maureen Corbett, IntraHealth</td>
<td><a href="mailto:mcorbett@intrahealth.org">mcorbett@intrahealth.org</a></td>
</tr>
<tr>
<td>Maureen Norton, USAID</td>
<td><a href="mailto:mnorton@usaid.gov">mnorton@usaid.gov</a></td>
</tr>
<tr>
<td>May Post, Abt Associates</td>
<td><a href="mailto:May_Post@abtassoc.com">May_Post@abtassoc.com</a></td>
</tr>
<tr>
<td>Meghan Bishop, IPPF (remote)</td>
<td><a href="mailto:MBishop@ippf.org">MBishop@ippf.org</a></td>
</tr>
<tr>
<td>Michelle Prosser, Save the Children</td>
<td><a href="mailto:mprosser@savechildren.org">mprosser@savechildren.org</a></td>
</tr>
<tr>
<td>Nandita Thatta, USAID</td>
<td><a href="mailto:nthatte@usaid.gov">nthatte@usaid.gov</a></td>
</tr>
<tr>
<td>Regina Benevides, E2A/Pathfinder</td>
<td><a href="mailto:rbenevides@e2aproject.org">rbenevides@e2aproject.org</a></td>
</tr>
<tr>
<td>Robin Keeley, Abt Associates</td>
<td><a href="mailto:Robin_keeley@abtassoc.com">Robin_keeley@abtassoc.com</a></td>
</tr>
<tr>
<td>Salwa Bitar, E2A/ MSH</td>
<td><a href="mailto:SBitar@e2aproject.org">SBitar@e2aproject.org</a></td>
</tr>
<tr>
<td>Sarah Thurston, MSI (remote)</td>
<td><a href="mailto:Sarah.Thurston@mariestopes.org.uk">Sarah.Thurston@mariestopes.org.uk</a></td>
</tr>
<tr>
<td>Shawn Malarcher, USAID</td>
<td><a href="mailto:smalarcher@usaid.gov">smalarcher@usaid.gov</a></td>
</tr>
<tr>
<td>Shegufa Shefa Sikder, USAID</td>
<td><a href="mailto:ssikder@usaid.gov">ssikder@usaid.gov</a></td>
</tr>
<tr>
<td>Susan Rich, PRB</td>
<td><a href="mailto:srich@prb.org">srich@prb.org</a></td>
</tr>
<tr>
<td>Sylvia Wong, UNFPA</td>
<td><a href="mailto:wong@unfpa.org">wong@unfpa.org</a></td>
</tr>
<tr>
<td>Tanvi Pandit-Rajani, JSI</td>
<td><a href="mailto:tanvi_pandit@jsi.com">tanvi_pandit@jsi.com</a></td>
</tr>
<tr>
<td>Tishina Okegbe, USAID</td>
<td><a href="mailto:tokegbe@usaid.gov">tokegbe@usaid.gov</a></td>
</tr>
</tbody>
</table>
# Deliverables

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Key Activities</th>
<th>Responsible Org</th>
<th>Contact</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Briefs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls in School Brief</td>
<td>draft/revise brief</td>
<td>Pathfinder/USAID</td>
<td>Shefa Sikder and Shannon Taylor</td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>comment</td>
<td></td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>fact check</td>
<td>KMS</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>TAG review</td>
<td>UNFPA/USAID/IPPF/WHO</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>copy edit and layout</td>
<td>K4H</td>
<td></td>
<td>Oct-14</td>
</tr>
<tr>
<td>Voucher Brief</td>
<td>draft/revise brief</td>
<td>Population Council/USAID</td>
<td>Ben Bellows/Elaine Menotti</td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>comment</td>
<td>All</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>fact check</td>
<td>KMS</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>TAG review</td>
<td>UNFPA/USAID/IPPF/WHO</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>copy edit and layout</td>
<td>K4H</td>
<td></td>
<td>Oct-14</td>
</tr>
<tr>
<td>Management and Leadership Brief</td>
<td>draft/revise brief</td>
<td>MSH/USAID</td>
<td>Nandita Thatte/Temi/MSH Thatte/Temi/MSH</td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>comment</td>
<td>All</td>
<td></td>
<td>complete</td>
</tr>
<tr>
<td></td>
<td>fact check</td>
<td>KMS</td>
<td></td>
<td>Nov-14</td>
</tr>
<tr>
<td></td>
<td>TAG review</td>
<td>UNFPA/USAID/IPPF/WHO</td>
<td></td>
<td>request interim</td>
</tr>
<tr>
<td></td>
<td>copy edit and layout</td>
<td>K4H</td>
<td></td>
<td>Jan-15</td>
</tr>
<tr>
<td>French translation of new briefs</td>
<td></td>
<td></td>
<td></td>
<td>needed</td>
</tr>
<tr>
<td>Spanish translation of new briefs</td>
<td></td>
<td></td>
<td></td>
<td>needed</td>
</tr>
<tr>
<td>Portuguese translation of briefs</td>
<td></td>
<td></td>
<td></td>
<td>on going</td>
</tr>
<tr>
<td>Adolescent Steering Committee</td>
<td>Meet regularly to guide and advise on review process</td>
<td>UNFPA/USAID/IPPF/WHO and authors listed below</td>
<td>Shawn Malarcher/Cate Lane/Shannon Taylor/Sylvia Wong/Dootja/Chandra Mouli</td>
<td>Oct 15th</td>
</tr>
</tbody>
</table>
### Community-Based Programs for Youth

<table>
<thead>
<tr>
<th>Lit Review: What interventions contribute to improved SRH knowledge ultimately contributing to increase contraceptive use, delayed sexual initiation, delayed first birth, and/or longer birth spacing among adolescents?</th>
<th>FHI360</th>
<th>Kate Plourde</th>
<th>Sep-14</th>
</tr>
</thead>
</table>

### Service delivery brief for adolescents

<table>
<thead>
<tr>
<th>Lit Review: What interventions contribute to improved access to contraceptive services and products ultimately contributing to increase contraceptive use, delayed sexual initiation, delayed first birth, and/or longer birth spacing among adolescents?</th>
<th>Population Council</th>
<th>Jill Gay</th>
<th>Sep-14</th>
</tr>
</thead>
</table>

### Structural intervention brief for adolescents

<table>
<thead>
<tr>
<th>Lit Review: What interventions/program investments contribute to improved social norms that ultimately contributing to increase contraceptive use, delayed sexual initiation, delayed first birth, and/or longer birth spacing among adolescents?</th>
<th>IRH</th>
<th>Rebecka Lundgen/Jessica</th>
<th>Sep-14</th>
</tr>
</thead>
</table>

### Galvanizing Commitment

| HIP Brief | Futures Group | Jay Gribble | Dec-14 |

### Dissemination/Implementation Support

- Develop dissemination strategy
- Document HIP implementation
- Develop template for documenting implementation
- Develop indicators for dissemination and implementation
- Create links on FP2020 and IBP websites

### Supporting Materials

- Standards of evidence guidance on reaching underserved populations and sustainability | HIP TAG | Jun-14 |
<table>
<thead>
<tr>
<th>Checklist for organizing study tours</th>
<th>requested by FP2020</th>
<th>Columbia University, FHI 360</th>
<th>Shawn Malarcher</th>
<th>30-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision-making tool</td>
<td></td>
<td>UN Foundation</td>
<td>Alisa Wong</td>
<td></td>
</tr>
<tr>
<td>Website updates</td>
<td>translation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>add drug shops to the map</td>
<td>K4H</td>
<td>Debbie</td>
<td>Dickson/Aysha</td>
<td>complete</td>
</tr>
<tr>
<td>Case studies on HIP implementation</td>
<td></td>
<td>Population Council</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organizational Support**

| HIP TAG Meeting                     | UNFPA host          | Jun-14                      |
| HIP Partners Meeting                | Abt Assoc host      | Oct-14                      |
| IBP Task Team                       | Country Implementation Case Studies (TZ, Zambia, Mozambique) | Ados May / Nandita Thatte | quarterly |
| HIP Webinar Series                  |                      |                             |                 |
| Continued support for dissemination of HIPs |                      |                             |                 |
| Coordination with FP2020 on HIPs in Country (Uganda) |                      |                             |                 |
Appendix D: Presentations

HIP TAG Update
June 2014

Updates
• IBP Task Team on Implementation
• FP2020 Country Engagement Working Group
• 6 new briefs; translations into French and Spanish
• Need for a document that provides overarching principles—method choice, gender, rights, quality, and equity

Standards of Evidence
• Recommendations from Croyden Meeting
• Suggestions for improving HIP briefs
  – Independent appraisal of evidence in current briefs
  – “Conceptual framework”
  – Firewall between those generating evidence and TAG to avoid conflict of interest
  – Preregistration of research protocols

Standards of Evidence
• Determining “promising” vs “proven” HIPS
  – Service delivery vs enabling environment
  – Difficulty of finding one framework
• Standards for measuring access for underserved populations
  – Contextually defined; need for using equity analysis
  – Not all HIPs focus on reaching the underserved
Standards of Evidence

- Measuring sustainability
  - Is there a time frame?
  - Does "sustainable" mean supported by public sector?
  - Are all practices intended to be sustainable in perpetuity?
  - Adding explicit text on sustainability in briefs

- Enabling environment
  - Variations across briefs is reasonable
  - Derivative products that give more details
  - Recommendation for one-page summary for policymakers

Brief Review

- Leadership and management
  - Critical to health systems
  - Cost-effectiveness and measurement not addressed
  - Practice not clearly defined; inputs were context specific

- Vouchers
  - Evidence fairly consistent
  - Are they scalable?
  - How do vouchers affect voluntary choice

Brief Review

- Girls in school
  - Focus on schooling on SRH (and not vice versa)
  - Correlational evidence

2015 Briefs

- Galvanizing commitment
  - What are levers leading to commitment
  - Need to include accountability
  - Process and expected results

- Adolescents
  - Specific topics to be selected
  - What is outcome of interest—delay sexual initiation or delayed pregnancy?
  - Possible client profiles: married adolescents, urban poor adolescents, and very young (10-14).
Additional Recommendations

- Updating two published briefs each year
- Emphasize dissemination/utilization of briefs
- Descriptions of intended audiences and those actually being served.
- Analytic approaches to assess whether HIPs reach disadvantaged population
- Strengthen “scale up” box
- More economic analysis
IBP Member Organizations’ HIP Technical Assistance

High Impact Practices for Family Planning: IBP Member Involvement

Erin Schelar

IBP Strategic Plan Survey

- Activities from November 2013 to April 2014
- 22 organizations responded
- Over ¾ reported involvement at headquarters level

Abt Associates  PATH
Evidence 2 Action  Pathfinder
FCI  Plan USA
FHI 360  Population Council
FIGO  Population Media Center
IntraHealth  Population Reference Bureau
IRH  PSI
Jhpiego  Public Health Institute
JHU  USAID
JHU CCP  White Ribbon Alliance
MEASURE Evaluation  WHO
Enabling Environment

HIP Involvement

Service Delivery HIP Involvement
Service Delivery HIP Involvement

- Fewer organizations report service delivery HIP involvement
- For most service delivery HIPs, organizations also reported method provision
  - Standard days method: 37% to 80%
  - IUDs: 25% to 81%
  - Injectables: 81% to 100%
  - Pills: 80% to 100%
  - Condoms: 80% to 100%

Country Level HIP TA

Figure 3. Countries Where Partners Report Ability to Provide Most HIP TA
Discussion

- Implications of current organization involvement in HIPs
- Next steps
- Get Involved
  - Support country programs to identify and implement HIPs
  - Build the evidence-base
  - Feedback on materials and tools
  - Enter activities on the Map:
    [http://www.fphighimpactpractices.org/hips/map](http://www.fphighimpactpractices.org/hips/map)
  - Document, Document, Document!

Website: [fphighimpactpractices.org](http://fphighimpactpractices.org)
Contact: [info@fphighimpactpractices.org](mailto:info@fphighimpactpractices.org)
HIPs Website Survey Responses
May 23, 2014 – Oct 17, 2014

HIPs Online Website Survey

- Feedback to evaluate the website experience, impact, and user satisfaction
- Feedback on use of HIP briefs, how they’re used, contacts for follow-up
- Survey consisted of 10 Questions
- Launched on May 23, 2014
- Pop-up using FluidSurveys; Visitors are prompted only once
- 51 responses
Location of Survey Respondents

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>1</td>
</tr>
<tr>
<td>Australia</td>
<td>2</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>1</td>
</tr>
<tr>
<td>Congo</td>
<td>1</td>
</tr>
<tr>
<td>Ghana</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1</td>
</tr>
<tr>
<td>Kenya</td>
<td>3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1</td>
</tr>
<tr>
<td>Philippines</td>
<td>1</td>
</tr>
<tr>
<td>Rwanda</td>
<td>1</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
</tr>
<tr>
<td>South Africa</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5</td>
</tr>
<tr>
<td>Thailand</td>
<td>2</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
</tr>
<tr>
<td>United States</td>
<td>20</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2</td>
</tr>
</tbody>
</table>

Q1. In which region do you mostly work?

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
<td>53.1%</td>
<td>26</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
<td>18.4%</td>
<td>9</td>
</tr>
<tr>
<td>Europe and Eurasia</td>
<td></td>
<td>2.0%</td>
<td>1</td>
</tr>
<tr>
<td>Latin American and the Caribbean</td>
<td></td>
<td>4.1%</td>
<td>2</td>
</tr>
<tr>
<td>Middle East</td>
<td></td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Global</td>
<td></td>
<td>22.4%</td>
<td>11</td>
</tr>
</tbody>
</table>

Total Responses: 49
Q2. What was the main purpose of your visit to the HIPs website?

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td></td>
<td>45.1%</td>
<td>23</td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
<td>7.8%</td>
<td>4</td>
</tr>
<tr>
<td>Program Implementation</td>
<td></td>
<td>35.3%</td>
<td>18</td>
</tr>
<tr>
<td>Policy</td>
<td></td>
<td>9.8%</td>
<td>5</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td>19.6%</td>
<td>10</td>
</tr>
<tr>
<td>Personal Education</td>
<td></td>
<td>29.4%</td>
<td>15</td>
</tr>
<tr>
<td>Other, please specify...</td>
<td></td>
<td>13.7%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td></td>
<td>51</td>
</tr>
</tbody>
</table>

Other responses:
1. Expand educational materials to adolescents, childbearing women and mature men through schools, community and faith base education
2. Health team
3. I wanted to read success stories from other organizations and see how they’re written and presented:
4. HIP Map
5. Spread of family planning
6. A quick review of the HIPs
7. Find out more about what HIP stood for, and resources

Q3. Which of the following best describes how often you visit our website?

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is my first visit ever</td>
<td></td>
<td>62.7%</td>
<td>32</td>
</tr>
<tr>
<td>First visit in the last 6 months</td>
<td></td>
<td>9.8%</td>
<td>5</td>
</tr>
<tr>
<td>2 - 5 visits in the last 6 months</td>
<td></td>
<td>21.6%</td>
<td>11</td>
</tr>
<tr>
<td>6+ visits in the last 6 months</td>
<td></td>
<td>5.9%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td></td>
<td>51</td>
</tr>
</tbody>
</table>
Q4a. Where you able to find what you were looking for?

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>74.5%</td>
<td>38</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>13.7%</td>
<td>7</td>
</tr>
<tr>
<td>Other, please specify...</td>
<td></td>
<td>11.8%</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td></td>
<td><strong>51</strong></td>
</tr>
</tbody>
</table>

**Other responses:**
1. Need more information how to document
2. I had no specific goal, just browsing
3. not yet
4. still to look up what I need to know
5. Found one quality assurance resource to add to our library collection
6. am still searching

Q4b. We’re sorry to hear that. Please tell us a bit more about what you were looking for.

1. To collaborate with someone who can integrate existing educational program with new ideal natural method that can be embraced by childbearing women and men no matter their educational background or religious belief, without bias and political views.
2. I am looking for a manual that uses right based approach to empower women to demand for quality RMNCH services through training of the lady health workers
3. education and training, materials available
4. the definition of unmet needs in family planning
5. Existing success stories. Maybe there's no content yet?
6. success stories
7. Was hoping to find more open discussion of implementation issues around HIP...not the usual promo pieces that paint a rosy picture of the interventions but which are ultimately more about promoting the organizations involved than actually in helping other implementers.
Q5. Have you accessed HIPs briefs in any of the following languages?

<table>
<thead>
<tr>
<th>Language</th>
<th>Yes</th>
<th>No</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>36</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>French</td>
<td>6</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Spanish</td>
<td>2</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

Q6. Please indicate whether or not you have used or are planning on using information from the HIP briefs for the following purposes:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Definitely</th>
<th>Probably</th>
<th>Not Sure</th>
<th>Unlikely</th>
<th>Definitely Not</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>To design or improve projects or programs</td>
<td>20</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>To develop or improve policy</td>
<td>12</td>
<td>15</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>To develop or improve national service delivery guidelines</td>
<td>12</td>
<td>10</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>To develop training programs or workshops</td>
<td>18</td>
<td>9</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>To assist in designing educational materials</td>
<td>14</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>To guide research agenda or methods</td>
<td>18</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>To increase my own knowledge</td>
<td>33</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>
Q7. In addition to the choices above, have you used HIP briefs for other purposes?

1. None
2. no
3. no comment
4. knowledge sharing
5. Shared with relevant colleagues to update their knowledge and skills
6. no
7. no
8. I did original industrial biological research and discovered drugs which I used for a woman who presented with a dead fetus. I administered the proprietary medicine orally and the fetus was expelled and the mother became healthy. The proprietary medicine was tested at the Department of Pharmacology and it contained anticoagulant and contractile properties.
9. Yes, to initiate research on the strong topic/subject seem to us
10. no
11. Population Council pubs are frequently used for requested literature searches here at Jhpiego
12. For now, for general information purposes only (though might use to find out latest evidence by themes, e.g., adolescents)
13. keep myself updated
Q8a. If you do plan to use one or more of the HIP briefs to design or improve your projects, may we contact you to find out how useful the HIP brief was and to get your input on how to make the HIP briefs more useful in helping to design programs?

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No thank you</td>
<td>34.1%</td>
<td>14</td>
</tr>
<tr>
<td>Yes, I can be contacted for future input</td>
<td>65.9%</td>
<td>27</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

Q8b. Thank you for giving us permission to contact you. Please provide your email address:

- UnchartedNaturalArt@gmail.com
- Idulli@fhi360.org
- sharifhossain@popcouncil.org
- jkaswiia@gmail.com
- rozinamistry@gmail.com
- tshimangapaulin@gmail.com,tshimanga@unfpa.org
- chrisostom.lipingu@jhpiego.rog
- gandanhamu@gmail.com
- medecinspartenaireshumanitaires@yahoo.fr
- sarahbrubinstein@gmail.com
- jejozami@gmail.com
- manjitk2020@hotmail.com
- smbukwa@gmail.com
- deborah.stein@jhpiego.org
- sknox@peoriacounty.org
- mbyomakesh303@gmail.com
- davidmatthe@yahoo.com
- alousikasso@yahoo.fr
- pisrfrdc@yahoo.fr
- jkanama@engenderhealth.org
- kakhadidja@gmail.com
- oagdotse@gmail.com
- lev9@georgetown.edu
- jean.sack@jhpiego.org
- afort@intrahealth.org
- alanoabraham@yahoo.com
- myintmohsoe@gmail.com
- may_post@abtassoc.com
- pile@unfpa.org
- edaniel@pathfind.org
9. Based on today’s visit, on a scale of 1-5, how would you rate your experience with the HIPs website overall?

![Rating Chart]

10. In what ways can we improve the HIP website?

There are 19 response(s) to this question:

1. Not sure, not computer literate
2. Well I believe by broadening family planning approach resources to more RMNCH related resources
3. no comment
4. frequent knowledge sharing
5. include other minor foreign languages
6. meets expectations
7. Ensure linked pages are available for download. Improve downloading of documents as bulk vs a vs individual download
8. let be available for others, since it is not always opening
9. no suggestions at this time
10. sharing in website
10 Cont. In what ways can we improve the HIP website?

11. It is an improved website more can be done for modern technology
12. Yes, easily, I share with all during all opportunity
13. Provide more information from HIP countries
14. By mail
15. Reorder the HIP brief landing page to display the most used briefs rather than by the most recent posting date. Perhaps collapse all of the languages under each theme so there isn't a lengthy list of pages to search through.
16. Send alerts to new materials on HIP through HIPNET
17. For now, it's good. We'll see later...thanks.
18. In Myanmar, internet connections are slow. Yesterday I can not download anything although I am now studying in Thailand. Can you make downloads more easy.
19. just be sure to update updates in a timely manner

Crosstab 2: Purpose of Visit by Region Where You Work

<table>
<thead>
<tr>
<th>Region</th>
<th>Research</th>
<th>Advocacy</th>
<th>Program Implementation</th>
<th>Policy</th>
<th>Training</th>
<th>Personal Education</th>
<th>Other, please specify...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>11</td>
<td>1</td>
<td>12</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Asia</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Europe and Eurasia</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Latin American and the Caribbean</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Middle East</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Global</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
Crosstab 3: Purpose of Visit by Found what I was looking for

| Response | Research | Advocacy | Program Implementation | Policy | Training | Personal Education | Other, please specify...
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>2</td>
<td>14</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Other responses:
- Need more information how to document
- I had no specific goal, just browsing
- not yet
- still to look up what I need to know
- Found one quality assurance resource to add to our library collection

HIP Website Analytics

March 2012

June 2013
HIP Website Visits
March 2012 - Present


0 1000 2000 3000 4000 5000 6000 7000 8000 9000

June 2013 – Redesigned Website Launched

Visits - Top 20 LMICs
Mar 2012 - Oct 2014

India, 414
Kenya, 318
Pakistan, 223
Philippines, 211
Ethiopia, 190
Tanzania, 165
Nigeria, 162
Nepal, 143
Brazil, 134
Senegal, 122
Uganda, 108
Egypt, 91
South Africa, 76
Mali, 77
Mexico, 69
Bangladesh, 63
Guatemala, 63
Ghana, 59
Zambia, 63
Thailand, 55

HIP Website Visits
March 2012 - Present


0 1000 2000 3000 4000 5000 6000 7000 8000 9000

June 2013 – Redesigned Website Launched

Visits - Top 20 LMICs
Mar 2012 - Oct 2014

India, 414
Kenya, 318
Pakistan, 223
Philippines, 211
Ethiopia, 190
Tanzania, 165
Nigeria, 162
Nepal, 143
Brazil, 134
Senegal, 122
Uganda, 108
Egypt, 91
South Africa, 76
Mali, 77
Mexico, 69
Bangladesh, 63
Guatemala, 63
Ghana, 59
Zambia, 63
Thailand, 55

HIP Website Visits
March 2012 - Present


0 1000 2000 3000 4000 5000 6000 7000 8000 9000

June 2013 – Redesigned Website Launched

Visits - Top 20 LMICs
Mar 2012 - Oct 2014

India, 414
Kenya, 318
Pakistan, 223
Philippines, 211
Ethiopia, 190
Tanzania, 165
Nigeria, 162
Nepal, 143
Brazil, 134
Senegal, 122
Uganda, 108
Egypt, 91
South Africa, 76
Mali, 77
Mexico, 69
Bangladesh, 63
Guatemala, 63
Ghana, 59
Zambia, 63
Thailand, 55

HIP Website Visits
March 2012 - Present


0 1000 2000 3000 4000 5000 6000 7000 8000 9000

June 2013 – Redesigned Website Launched

Visits - Top 20 LMICs
Mar 2012 - Oct 2014

India, 414
Kenya, 318
Pakistan, 223
Philippines, 211
Ethiopia, 190
Tanzania, 165
Nigeria, 162
Nepal, 143
Brazil, 134
Senegal, 122
Uganda, 108
Egypt, 91
South Africa, 76
Mali, 77
Mexico, 69
Bangladesh, 63
Guatemala, 63
Ghana, 59
Zambia, 63
Thailand, 55
### HIP Brief Downloads

<table>
<thead>
<tr>
<th>Brief</th>
<th>Number of Downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIP List</td>
<td>1096</td>
</tr>
<tr>
<td>Postabortion Family Planning</td>
<td>392</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>388</td>
</tr>
<tr>
<td>Health Communication</td>
<td>325</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>251</td>
</tr>
<tr>
<td>Family Planning and Immunization Integration</td>
<td>223</td>
</tr>
<tr>
<td>Supply Chain Management</td>
<td>201</td>
</tr>
<tr>
<td>mHealth</td>
<td>195</td>
</tr>
<tr>
<td>Drug Shops and Pharmacies</td>
<td>156</td>
</tr>
<tr>
<td>Policy</td>
<td>118</td>
</tr>
<tr>
<td>Mobile Outreach Services</td>
<td>72</td>
</tr>
<tr>
<td>Financing Commodities and Services</td>
<td>61</td>
</tr>
</tbody>
</table>

### Page Views by Tab

#### June 2013 – Oct 2014

![Bar chart showing page views by tab from June 2013 to Oct 2014](image)
Success Stories

Launched June 10, 2014

Family Planning/Immunization Integration Overcomes Obstacles to Contraceptive Use in Senegal

As in many other West African countries, contraceptive use in Senegal has stagnated over the past twenty years. The barriers to acceptance are many—women often need the consent of their husbands before accessing family planning (FP) services; religious taboos around limiting births are prevalent, particularly in rural areas; many women fear being stigmatized for using contraception and write-offs culturally predominant desires for large families; and, finally, the set-up of many health facilities precludes the confidentiality that many women desire when accessing FP for the first time. As a result, the 2011 Demographic and Health Survey (DHS) documented modern contraceptive prevalence at just 12 percent and unmet need for contraception among married women at 30 percent.
Public-Private Partnership Brings Family Planning Closer to the Client on Immunization Event Days in Mali

Overview

Mali’s contraceptive prevalence rate (CPR) is one of the lowest in the world: only 10% of married women use modern contraception. Women have an average of 6 children in their lifetime, almost a third of which are under age 5. Mali has an unmet need for family planning (PNF). Prospective unmet need is even higher (70%) among postpartum women. Offering a range of contraceptive options, including long-acting reversible contraception (LARC), is especially important to meeting women’s diverse needs and reproductive intentions. To expand contraceptive access to include highly effective LARC methods, Population Services International (PSI) launched its Innovative Outreach Model (IOM) in collaboration with the Malian Ministry of Health (MOH). This work was supported by USAID’s Maternal and Child Health Integrated Program (MCHIP) from 2009 through 2014.

Kadia’s Story

Kadia Baggaye is a 39-year-old Malian woman. She lives with her husband Seyba and their nine children in a single room tin shack, part of a larger slum community in Bamako, a low-income neighborhood in Mali’s capital city. Demba-Kadia was 14 years old when she and Seyba married in 1996. Since then, Kadia has been pregnant 14 times, including two sets of twins and a miscarriage. None of Seyba and Kadia’s nine living children attend school. The couple cites poverty as the reason: Seyba is a day laborer, but is currently unemployed. Kadia works in the home and sells charcoal to help make money for the family. Seyba and Kadia’s economic circumstances are not atypical in Mali, which is one of the 25 poorest countries in the world as the most recent estimate of Mali’s poverty rate and income distribution.

Family Planning Counseling and Services Benefit Mothers in Zarqa, Jordan

Dr. Hsereen Bitar
AtAsessian

The Kingdom of Jordan is committed to reducing the total fertility rate in order to achieve social and economic progress and improve health status. A series of Demographic and Health Surveys in Jordan over the past decade show a lack of progress in key demographic indicators such as the Total Fertility Rate, hovering around 3.6 children per woman, and the Modern Contraceptive Prevalence Rate, which is stable at 42%. About 44% of these women obtain their family planning methods from the public sector compared to 56% who obtain them from private or NGO services (Jordan Demographic and Health Survey, 2012).

USAID’s Health Systems Strengthening II (HSB II) Project is helping the MOH to overcome this stagnation in use of modern family planning methods.

A range of modern methods are widely available in Jordan including condoms, oral contraceptives, injectables, implants, and IUDs. Voluntary surgical sterilization is also available. Use of traditional methods, especially withdrawal, is practiced by almost 20% of Jordan’s couples (Jordan Demographic
On the Horizon

- Changing name of Success Stories tab to HIP Blog
  - Thoughts; other suggestions?
- Revamping the HIP Brief page
- Website Translation
  - French
  - Portuguese
  - Spanish
Family Planning Impact Modeling

WHAT WORKS?

Emily Sonneveldt
Futures Institute

Questions that Need to be Answered

What should we do to increase CPR?
What CPR can we reach in a specific period of time based on our current efforts?
If we invest in a specific strategy (such as CBD), what level of prevalence can we achieve?
How much would it cost to reach a particular CPR target?
Can we achieve a better result by re-allocating funds?

Building a New Model (no name yet)

Start with what we know
- Building an impact matrix

Move to one-country modeling
- How do all the parameters fit together

Expand to full model
- Likely integrated into Spectrum

Models

- Annual growth needed
- Comparison to actual past growth
- Number of users needed each year (including additional users)

What should we actually do?
What do we Know? (interventions and impacts)

Interventions/Strategies
- Mobile clinics
- CBD
- Integration
- Postpartum
- Task shifting
- Training
- Private sector
- Social marketing
- Adolescent programs
- Male involvement
- Policy/advocacy
- IEC/Demand generation
- Supply side (stockouts)

Outputs/Outcomes
- Increase in knowledge
- Acceptance
- Consistent use
- Ever use
- Intention to use
- Use (CPR)

Will focus on direct to contraceptive use where possible.

First Step: Impact Matrix

Integration example
- 66 articles found
- 22 articles with data extracted
- HIV, Postpartum, ANC, MCH, water and sanitation (male involvement), immunization, economic land development
- Different models: referrals (on site and off site), direct provision, focus on different methods
- Different outcomes: continued use, new use, consistent use, ever use, method specific outcomes

Process is the same for all interventions

One Country Modeling

How the interventions interact with one another
- Not all impacts can be cumulative
- Mauritanian most women deliver in a health facility—could make postpartum family planning integration a successful strategy
- Lack of existing community based workers will produce a delayed impact of CBD efforts (assuming you have to first identify and hire them)
- Policy barriers can impact many strategies (integration, task-shifting)

Need to build in country specific parameters

Full Model

User friendly platform (Spectrum)
Enter default data when possible
Documentation on how to use
Support for country applications

When: Early next year
Impact: Task Sharing
A simple tool to show the potential impact of task-sharing FP services

George Hayes – Impact Analyst, MSI

Task sharing background
- WHO definition – “A partnership in which different levels of healthcare providers do similar work”.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Lay health workers</th>
<th>Auxiliary Nurses</th>
<th>Auxiliary Midwives</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Associate Clinician</th>
<th>Advanced Associate Clinician</th>
<th>Non-specialist doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubal Ligation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Implants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Contraceptives &amp; Condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KEY
- Already_Accepted
- Recommended
- Recommended with Significant Limitations and Evaluation
- Correlation to the Current or Planned Research
- Not Recommended
The ‘Impact: Task Sharing’ model

- Our model helps users to quantify task-sharing’s benefits in specific national contexts.
- The model enables advocates to **make the case** for changing task sharing regulations as a first step towards creating a more enabling environment for FP service delivery.
- I.e. If a more liberalised task-sharing policy framework was in operation **now**, what might the impacts be?
- **And** by projecting a number of different scenarios, advocates can estimate which task sharing reforms could be the most impactful in a particular country context.

---

**How it works**

- **Current policy**
- **Suggested policy change**
- **Full implementation of WHO standards**

*Compare difference in maximum impact of each scenario:*

- **Number of providers**
- **Number of clients reached**
- **Spending on salaries**
- **Increased health impacts**
Information the model needs

<table>
<thead>
<tr>
<th>Increased Access</th>
<th>Freeing up doctor time</th>
<th>Larger health impact</th>
<th>Cost effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Results

1. Increase access to family planning services
   - Total providers who can provide the service (+ per WRA, rural)

2. Free up time for doctors and clinicians to spend on other high-level services
   - Minutes and weeks freed per 100 clients
   - Total time freed (based on client goal + method mix)

3. Achieve greater impact without increasing spending on salaries
   - Potential increase in # clients (based on salary goal + method mix)
   - Additional impact generated (all key Impact 2 results)

4. Provided services for less salary spend
   - Savings in salary spending (based on client goal + method mix)
Considerations and limitations

- The model shows the potential impact of a policy change—e.g. the maximum impact that could be achieved if the policy was fully implemented. Just changing a policy may not mean these impacts will automatically be realised.

- This is a model, rather than a measure of real life. Results will only be as good as the data and assumptions that produces them.

- With the model having numerous data entry points, it is hard to generalise results. They will be specific to a projected scenario.
Find out more

- Visit [www.mariestopes.org/impact-task-sharing](http://www.mariestopes.org/impact-task-sharing) to download the model and access guidance notes on how to use it.

- For any feedback or follow up questions, email george.hayes@mariestopes.org.
Overview of Process for Review of Adolescent HIPs

HIP Partners Meeting
October 21, 2014

Sylvia Wong, UNFPA
Shegufta Shefa Sikder, USAID

Technical Expert Group

Authors
- FHI 360, K4H Project: Kate Plourde, Joy Cunningham, Rose Wilcher, Robyn Dalton
- Institute for Reproductive Health, Georgetown University, FACT Project: Jessica Velcoff, Victoria Jennings, Rebecka Lundgren, Kimberly Ashburn
- Population Council, EVIDENCE Project: Karen Hardee, Jill Gay

Reference Group
- Bill & Melinda Gates Foundation: Clarissa Lord Brundage, Kimberly Hamilton
- IPPF: Doortje Braeken
- Pathfinder, E2A Project: Regina Benevides, Gwyn Hainsworth
- UNFPA: Sylvia Wong
- USAID: Cate Lane, Shawn Malarcher, Erin Schelar, Shefa Sikder, Shannon Taylor, Caitlin Thistle
- WHO: Chandra Mouli
Timeline

To date
- Feb 2014 – HIP Partners Meeting: Focus on adolescent interventions decided
- March 2014 – 3 groups identified to conduct literature scoping in 3 categories: 1) knowledge & attitudes, 2) health services, 3) structural interventions
- March-Sept 2014 – Literature scoping conducted & technical guidance provided by core group
- May-Sept 2014 – Client profiles developed
- Sept 2014 – Review of findings from literature reviews
- Oct 2014 – Presentation to HIP Partners

Future
- Oct-Dec 2014 – 3 authors develop draft briefs
- Jan-Feb 2015 – Endorsing partners review and provide feedback on content of briefs
- April 2015 – Revision of briefs to incorporate comments and fact check
- May 2015 – Briefs to be reviewed at HIP TAG

Beneficiaries –Who/Where?

<table>
<thead>
<tr>
<th>Country **</th>
<th>% of 15-19 yr olds married/ in union</th>
<th>Country **</th>
<th>% all 15-19 women who are never married and ever had sex (DHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>59%</td>
<td>Congo (Brazzaville)</td>
<td>69%</td>
</tr>
<tr>
<td>Mali</td>
<td>50%</td>
<td>Liberia</td>
<td>67%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td></td>
<td>Cote d’Ivoire</td>
<td>52%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>46%</td>
<td>Colombia</td>
<td>49%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>43%</td>
<td>Mozambique</td>
<td>46%</td>
</tr>
<tr>
<td>Chad</td>
<td>42%</td>
<td>Namibia</td>
<td>43%</td>
</tr>
<tr>
<td>Guinea</td>
<td>35%</td>
<td>Cameroon</td>
<td>39%</td>
</tr>
<tr>
<td>South Sudan</td>
<td></td>
<td>Uganda</td>
<td>37%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>33%</td>
<td>Benin</td>
<td>36%</td>
</tr>
<tr>
<td>Nepal</td>
<td>32%</td>
<td>Haiti</td>
<td>34%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td></td>
<td>Zambia</td>
<td>34%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>29%</td>
<td>Ghana</td>
<td>33%</td>
</tr>
<tr>
<td>India</td>
<td>27%</td>
<td>Madagascar</td>
<td>32%</td>
</tr>
<tr>
<td>Somalia</td>
<td></td>
<td>Malawi</td>
<td>25%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td></td>
<td>Kenya</td>
<td>23%</td>
</tr>
<tr>
<td>Malawi</td>
<td>23%</td>
<td>Tanzania</td>
<td>23%</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>22%</td>
<td>Guinea</td>
<td>23%</td>
</tr>
<tr>
<td>Zambia</td>
<td>17%</td>
<td>Nigeria</td>
<td>18%</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td></td>
<td>Burkina Faso</td>
<td>17%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>19%</td>
<td>Brazil</td>
<td>--</td>
</tr>
</tbody>
</table>
### What is the context?

<table>
<thead>
<tr>
<th>Married 15-19</th>
<th>Unmarried, sexually active 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 5 and 25% report sex before age 15 which may be a sign of coerced or forced sex.</td>
<td></td>
</tr>
<tr>
<td>Almost all births were &quot;wanted&quot; in both groups.</td>
<td></td>
</tr>
<tr>
<td>Unmet need for FP high (between 34 and 41%)*</td>
<td>Unmet need for FP high (between 34 and 41%)*</td>
</tr>
<tr>
<td>Unmet need higher in rural vs urban areas (except in the Dominican Republic) Variable</td>
<td></td>
</tr>
<tr>
<td>Low condom use Traditional method and condom use high in some countries</td>
<td>Public sector use among contraceptive users between 70 and 90% in several countries. However, the two countries with the highest mCPR among this population have high rates of private sector use (&gt;60% in Indonesia and Bangladesh).</td>
</tr>
<tr>
<td>Private sector, pharmacy/drug shop, and friend support more than half of all contraceptive use (except in 3 countries)</td>
<td>High rates of polygamy in West Africa</td>
</tr>
<tr>
<td>High rates of polygamy in West Africa May have more access to wealth and literacy, working</td>
<td>Poor</td>
</tr>
<tr>
<td>Literacy rates highly variable. Between 40-95% are literate</td>
<td>Literacy rates very variable.</td>
</tr>
<tr>
<td>HIV prevalence rates are low (&lt;1% among 15-24 yr old females) in most countries. Countries with higher rates are ~ Chad, Central African Republic, Mozambique, Malawi, Sierra Leone, and Zambia.</td>
<td>Generally higher rates of HIV</td>
</tr>
<tr>
<td>More than 40% of all girls not in school (except Bangladesh, Dominican Republic, Namibia, Haiti, Kenya)</td>
<td>Very limited media access (exception Dominican Republic and Indonesia)</td>
</tr>
<tr>
<td>Higher levels of media exposure. Although a third of girls had no media exposure</td>
<td>Integration opportunities with skilled delivery or antenatal care highly variable.</td>
</tr>
</tbody>
</table>

* except married in Niger -13% and Indonesia 6%, unmarried, sexually active Columbia, Namibia, Zambia, Malawi, and Kenya have unmet need of >12%.

### Recommended practices covered by HIP Briefs

<table>
<thead>
<tr>
<th>Literature Review Category</th>
<th>Existing HIPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge &amp; Attitudes</strong></td>
<td>mHealth</td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td>Social marketing</td>
</tr>
<tr>
<td></td>
<td>Pharmacies and drug shops</td>
</tr>
<tr>
<td></td>
<td>Mobile outreach</td>
</tr>
<tr>
<td></td>
<td>Vouchers</td>
</tr>
<tr>
<td><strong>Structural Interventions</strong></td>
<td>Health communication (mass media and SBCC)</td>
</tr>
</tbody>
</table>
Other practices

- **School-Based Comprehensive Sexuality Education:** Recommended where school participation is universal and school systems are robust.

- **Parent Involvement:** Maybe more applicable for youth 10-14 and those who are not yet sexually active.

- **Peer Education:** Positive effects for increasing SRH knowledge among peer educators, not necessarily among beneficiaries.

- **Sports Initiatives:** Maybe most applicable for youth 10-14 and those who are not yet sexually active.

- **Integration of FP into immediate post partum (skilled delivery) care:** Most impactful where skilled delivery services are highly utilized.

Practices to be developed into HIP briefs

<table>
<thead>
<tr>
<th>Literature Review Category</th>
<th>Recommended Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge &amp; Attitudes</strong></td>
<td>Community-based interventions (adult-led CSE, community mobilization, interpersonal communication)</td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td>Making existing health services adolescent-friendly</td>
</tr>
<tr>
<td><strong>Structural Interventions</strong></td>
<td>Livelihood and/or vocational training</td>
</tr>
</tbody>
</table>
Other recommendations

• There is a need for more evidence on the barriers to contraceptive use among **married** adolescents to better understand and design programs that meet their needs.

• Most programmes included complex resource-intensive interventions. More evidence is needed from large scale implementation and more streamlined approaches which are feasible at scale.

• Develop 2-page reference guide based on this review which includes the summarized findings and helps direct program managers to existing and new briefs based on their adolescent population and country context.
COMMUNITY-BASED INTERVENTIONS

Defining the Practice

- Community based interventions target geographically bound communities as a whole to improve knowledge and change norms while simultaneously targeting youth with BCC information.

- Holistic approach may include:
  - Behavior change communication (videos, lectures, small group activities, community conversations, street theater)
  - Improved access to services (YFS, counseling, distribution of contraceptives, CHWs)
  - Distribution of contraceptives
  - Youth SRH education (peer education, community center)
  - Capacity building and/or stakeholder training

Mechanism of Action (CI)

Educate young people and engage community members → influence family and community norms, empower young people → improve KASI and access → reduce adolescent pregnancy

Search Strategy

- Combined approach
  - Search for interventions to improve KASI
  - Search for interventions to address structural barriers
- Plan to conduct more targeted search for CB interventions meeting definition
Populations

• Commonly applied in resource-poor settings
• Married or unmarried
• In-school or out-of-school youth [males and females]
• Urban or rural settings
• Youth ages 10-24

Results

• 8 measured changes in KASI
  – All positive
• 8 measured behavior changes
  – 6 demonstrated positive change on condom use, contraceptive use, delayed onset of sexual activity, reduction in number of sexual partners, increased RH communication, use of services, decreased intimate partner violence, alcohol use, and transactional sex
  – 2 demonstrated mixed results: 1 (+/-), 1 (+/0)

Results Contd.

• 4 measured biological outcomes
  – 2 positive (1 pregnancy prevention, 1 delayed age at first birth and birth spacing)
  – 1 no effect (HIV)
  – 1 negative (pregnancy)
• 2 measured delayed age at first marriage
  – All positive

Considerations

• Results presented include only evaluated interventions
• Majority of behavior change information is self-reported
• There are methodological challenges to teasing out relative impact of unique intervention components
Summary

• Most promise in developing countries
• Ability to reach wide audience
• Addresses community and gender norms
• Resulted in increased age at first marriage (WHO recommended approach to delaying pregnancy)

Thank you

Questions or suggestions
Jcunningham@fhi360.org
Kplourde@fhi360.org
Mainstreaming Adolescent Friendly Contraceptive Services: A Review of Evidence (so far)

Jill Gay, Consultant
Karen Hardee, Project Director

ARH HIP Review Meeting
September 18, 2014

AFCS: Defining the practice

- Ensuring that AFCS are rights-based
  - Using the VHRBFP conceptual framework from an adolescent lens (Hardee et al., 2014)
  - WHO guidance for rights-based FP (WHO, 2014)
- Other corner stones:
  - Gender
  - Equity


AFCS: Defining the practice

- Integrating “adolescent contraceptive friendliness” within the range of existing FP and other services, rather than as separate for adolescents only
  - Clinic, community, school-based, social marketing, pharmacies/drug shops, mobile services, mHealth, etc.
  - Wherever contraceptives are or can be made available, services should be adolescent friendly
  - Potentially adding AFCS within:
    - HIV services (2.2 million adolescents living with HIV globally, Idele et al., 2014)
    - Maternal health: ANC and PP
    - Infant and child immunization
    - PAC
    - Schools

Mechanism of action/theory of change

AFCS that are...

- Mainstreamed throughout FP programs (clinic-based, community-based, social marketing, etc.)
- Provided by trained providers (with positive attitudes towards adolescents)
- Confidential and private
- Offer a range of methods (not just pills and condoms)
- Bolstered by a strong enabling environment (e.g. policies supporting contraceptive access by adolescents)
- Supported by community leaders, members and families
- Free of charge or subsidized

...will lead to

- Increased contraceptive availability, affordability, accessibility and quality (AAAQ); and
- Increased use of contraception by adolescents
**Mechanism of action/theory of change**

AFCS that are...
- Mainstreamed throughout existing programs (clinic-based, community-based, social marketing, etc.)
- Provided by trained providers (with positive attitudes towards adolescents)
- Confidential and private
- Offer a range of methods (not just pills and condoms)
- Bolstered by a strong enabling environment (e.g. policies supporting contraceptive access by adolescents)
- Supported by community leaders, members and families
- Free of charge or subsidized

...will lead to
- Increased contraceptive availability, affordability, accessibility and quality (AAAR); and
- Increased use of contraception by adolescents

**Evidence to date is mixed:**

- **Youth-friendly services**
  - Condom use and modern contraceptive use at first and last sex, AFCS scale up in 5 countries (Hainsworth et al., 2014) (pre/post)
  - Contraceptive use, Disha, India (Kanesathasan et al., 2008) (pre/post)
  - Pill or condom use, Kenya (Decker and Montagu, 2007) (comparison)
  - Use of FP in YFS, Zambia, (Mmari and Magnani, 2003) (pre/post)
  - Outcomes (various) AYA (4 countries), YFS, sex ed, mass media (Williams et al., 2007) (post statistical analysis using instrumental variables)

- **Correlation between YFS and contraceptive use (national level)**, Tanzania (Chandra Mouli et al., 2013) (pre/post)

  - **Question:** what are the key components that lead to outcomes? Standalone adolescent services work but are difficult to scale up. Can YFS be streamlined and mainstreamed?
Evidence to date is mixed:

- **Provider training**
  - Increased contraceptive use Disha, India (Kanesathasan et al., 2008) (pre-post)
  - Better provider attitudes (Warenious et al, 2006)
  - Increased visits for FP in Georgia (Tavadze et al., 2009) (pre/post)
    - *Question*: what training works best in which contexts?

- **Wide range of methods**
  - Much adult data, should be the same for adolescents
  - Use of IUDs in Mexico by PP adolescent mothers (Nunez-Urquiza et al., 2003) (survey)
    - *Question*: how to move beyond providing just pills and condoms?

- **Free or subsidized services**
  - Voucher correlated with higher use of clinic (Meuwissen et al., 2006a) (Quasi-experimental)
  - Chile’s national no-cost FP program results in high rates of contraceptive use (Parra Villaroel et al., 2013)
  - Clinic costs covered resulted in increased FP use (Karei and Erulkar, 2010) (comparison)
    - *Question*: cost is a clear barrier; mechanisms for reducing cost?

- **Policy environment, rights-based FP**: need evidence

---

We need your help

Do you/your organization have:

1. Work on what aspects of AFCS resulted in contraceptive uptake with measured/documented outcomes?
2. Suggestions of what websites might have key documents?
3. Suggestions on the name of the practice – is “Mainstreaming Adolescent Friendly Contraceptive Services” ok?

Please send to JillGay.rh@gmail.com
THANK YOU

The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this presentation are the sole responsibility of the Evidence Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.

The Evidence Project seeks to expand access to high quality family planning/reproductive health services worldwide through implementation science, including the strategic generation, translation, and use of new and existing evidence. The project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, Management Sciences for Health, PATH, Population Reference Bureau, and a University Resource Network.
Economic Empowerment Interventions

Kim Ashburn, Presenter
Jessica Velcoff
Rebecka Lundgren

ARH HIP Review Meeting
October 21, 2014

Defining Economic Empowerment

A young person’s transition from not having to having economic resources that he or she needs to help achieve better life outcomes
**Economic Empowerment: Defining the Practice**

- **Expanding economic opportunities:**
  Financial literacy and savings; vocational and livelihood training; access to transfers (cash and productive assets; conditional and unconditional); access to microcredit.

- **Integrating EE with other components – particularly gender:**
  More effective EE programs are delivered in combination with gender or SRH education, life skills training, community sensitization, or community campaigns.

- **Ensuring programs are adapted to the needs and constraints of adolescents, and economic, social, and political context:**
  - Programs are appropriate to needs and interests of adolescents, and to their particular economic, social, and political context.
  - Generally microcredit programs are less suitable for younger women or girls who do not have existing small businesses, or access to capital to develop a business.

**Mechanism of action/ theory of change**

- **Strengthening economic outcomes through**
  - financial/business knowledge and skills
  - vocational training
  - access to credit/cash or in-kind transfers

- **Improved economic outcomes expands life options and leads to improved SRH outcomes**

- **Livelihood programs that address gender inequality can increase the effectiveness of EE programs.** This in turn can increase the agency of girls and women and enhance their ability to make SRH decisions (Dworkin & Blankenship, 2009; Gibbs, Willan, Misselhom, & Mangoma, 2012).
The Evidence: Cash and In-kind Transfers

- Direct injection of cash or in-kind assets skips step of improving economic outcomes
- Increases in labor participation, wages, and overall wellbeing among young women (Afswa et al., 2012; Erulkar & Chong, 2005; Pronyk et al., 2006)
- Increases in SRH knowledge (Dunbar et al., 2010; Erulkar and Chong, 2005)
- Delayed sexual debut and decreased number of sex partners, greater than 60% reduction in HIV and HSV2 (Baird, et al., 2010)

The Evidence: Vocational Training and Livelihood Programs

- Increased SRH knowledge including knowledge of FP methods (Bandiera et al., 2012; CEDPA, 2001; Grant, Mensch, & Sebastian, 2011)
- Improved communication with husbands and friends about FP (CEDPA, 2001)
- Increased use of contraceptives (Bandiera et al., 2012; Erulkar & Muthengi, 2007)
- Decrease in fertility rate (Bandiera, et al., 2012)
- Improved self-esteem and social capital (Lukas, 2008; Urdang, 2007)
The Evidence: Financial Literacy and Savings

- Increased interaction with financial institutions and ability to hold savings accounts (Hallman and Roca, 2000; Ssewamala et al., 2010)
- Remaining abstinent and fewer sexual partners (ref to be added)
- Increased autonomy in how to spend money and wider sense of control over own lives (Hallman and Roca, 2011)

The Evidence: Microcredit

- Some evidence of reducing poverty (Dworkin and Blankenship, 2009; Pronyk et al., 2008)
- Research gap - few programs specifically for adolescents, particularly boys, young men
- Microcredit for mothers of adolescent girls shows some effect on girls' reproductive health and economic opportunities (Urdang, 2007)