



High Impact Practices

Technical Advisory Group Meeting Report

November 30–December 1,
2021

Virtually co-hosted by FP2030 and BMGF



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Day 1. Tuesday, November 30

Opening of Meeting—Welcome Remarks and Updates

At the opening of the meeting, Martyn Smith, FP2030, shared updates from FP2030, including its broadened focus and new, diverse leadership. Martyn gave an overview of the governing board and organizational structure of FP2030, which will be based out of regional hubs in the near future. He went over the activities that supported the transition from FP2020 to FP2030 from January 2021 through March 2022, including celebrating progress, knowledge translation platform efforts, leadership changes, the setup of regional hubs, and a support network.

Saad Abdulmumin, BMGF, also shared remarks to open the meeting and gave updates from BMGF. As of August, BMGF has joined the HIPs as a co-sponsor organization, and Saad serves as the BMGF representative to the TAG.

Alice Payne Merritt, JHU-CCP, chaired the meeting.

Updates: Progress on Recommendations From June 2021

Maria Carrasco, USAID, shared updates on progress since June:

- There are 4 newly published HIP products
- There are 5 HIP products in the final stages of preparation
- There are 5 HIP products currently under development

In the next 6 months:

- Work on the CHW, Mobile Outreach, and Educating Girls briefs
- Plans to update the HIPs brief guidance, including guidance on indicators, tips, determining proven or promising status, and identifying and selecting HIP implementation resources
- Submit a paper on the BMGF-funded assessment to a journal

As the HIP output has greatly increased recently, Maria noted that it would be challenging to maintain output at this level.

Production and Dissemination Update

Laura Raney, FP2030, presented updates on production and dissemination:

- Proportion of new users is over 80%
- Number of web sessions increased by 40%
- Use of French, Portuguese, and Spanish resources increasing
- Users are downloading the slide decks for the briefs that were introduced in April
- There have been 137 citations of HIPs in peer-reviewed literature since 2014, with 39 in 2021
- Since the newsletter launched in June 2020, over 700 stakeholders from 80 countries have subscribed, and the open rate for the most recent issue was 42%

Enabling Environment Overview

Jay Gribble, Palladium, represented the authors of the overview piece and provided a brief presentation. Erin Mielke, USAID, and Sara Stratton, Palladium, led the TAG's internal discussion of the overview draft. The TAG shared comments and feedback on:

- The selection of tools for the EE overview versus specific EE briefs
- Including tips and tools in the EE overview
- How the introduction ties into the framework used
- How the EE overview aligns with the specific EE briefs

The TAG offered the following recommendations for the overview:

- The tips and tools should remain in the overview, which aligns with how the SBC overview was written. The tools in the overview should have a broad focus and may overlap with another EE brief.
- The overview should include at least a brief mention of how economic factors influence EE. This could be added to the section where gender and other broad factors that influence EE are mentioned and does not need to be overly detailed.
- Review the introduction section, particularly as it relates to the framework included in the brief. There was some concern that the introduction may not fully fit with the framework.
- Consider adding points about the devolution of decision-making processes, the reality of facing political opposition, voluntariness of programs, and citizens' rights.
- Consider including equity more strongly in this overview.
- Acknowledge the contributions of the key informants to the development of the overview.
- Considering highlighting individuals' roles and how to use them effectively e.g., those who have advocacy roles, those who have a vote.
- Make sure the EE overview aligns with each of the specific EE briefs.
- Consider a more interesting name than "overview" for these pieces.

After discussing the overview, the TAG determined that Jay Gribble will use the TAG comments to revise the overview, but the document does not need to go back to the TAG for review. The document will move forward.

Policy Brief

Bonnie Keith, RHSC, provided a short overview of the Policy brief for the TAG. Heidi Quinn, IPPF, and Medha Sharma, Visible Impact, followed with their review and then led the TAG's internal discussion of the brief. The TAG discussed a few big issues related to the brief:

1. Does this "new" brief replace the "old" Policy brief? And what happens to the "old" brief?

The original plan was for the brief presented on Day 1 to be an update of the old Policy brief, and the old brief would move to the archive of retired briefs. On one hand, there may be a need for multiple briefs related to policy. Retiring the old brief makes it seem like it is no longer relevant when much of the information may still be important. On the other hand, from a resources and management perspective, there are limits to the number of briefs that can be reasonably managed.

Having one brief may also make it easier for people to find the information they are looking for when they access the HIPs website.

2. The focus on policy development versus policy implementation versus program implementation (and M&E)

The TAG discussed the focus of the brief and how to include and link the different aspects of policy, such as development, implementation, and program implementation. They discussed the framework currently used and whether the focus should be on the cycle of the evaluation of policy or also on program implementation and evaluation. There was also a concern that the brief began to lose focus as it moved into discussing implementation. The TAG recommended a more explicit link between policy and programs in the brief.

The TAG offered the following recommendations for the brief:

- Cite multiple frameworks in the framework section rather than only presenting one framework throughout the brief.
- Revisit the theory of change for the brief.
- Make the link between policy and programs more explicit. The TAG recommended using examples from countries such as Nepal or Kenya and shared this resource:
 - https://www.healthpolicyproject.com/pubs/186_HealthPolicySystemOutcomesConceptualALDec.pdf
- Highlight the role of champions and advocates in policy.
- The brief should acknowledge that the impact of policy on health outcomes is distal, and tying a policy change to a health outcome is very challenging.
- The implementation section should provide practical, in-depth information. As is, it may be too “textbook” and limited to general wisdom about implementation.
- Consider adding more information on voluntariness, equity, and policies that have the explicit objective of expanding access to the poor.
 - See an example from Peru here: <https://www.jstor.org/stable/30039240>
- Add a point about how implementers can get involved in shaping policy.

After discussing the brief, the TAG determined that the brief will require additional work. There are questions about the focus of the brief and whether it will serve as a replacement for the older policy brief. The TAG shared options for the two briefs and determined to vote on a path forward for the brief on Day 2.

Grey Scale for Norms Brief and Knowledge, Attitudes, Beliefs, and Self-Efficacy Brief

Michelle Weinberger, Avenir Health, and Annie Preaux, USAID, presented the Grey Scale summary tables for the Norms brief and the Knowledge, Attitudes, Beliefs, and Self-Efficacy brief. For each brief, the TAG voted to determine proven or promising status. The TAG voted to label both briefs as proven.

Day 1 General Recommendations

- The Enabling Environment Overview will proceed with revisions and does not need to come back to the TAG.
- The Policy brief will require additional work. The TAG will vote on how to proceed with the new and old Policy briefs on Day 2.
- The TAG voted and agreed that the Norms brief and the Knowledge, Attitudes, Beliefs, and Self-Efficacy brief should be labeled as proven.

Day 2. Wednesday, December 1

Anand Sinha, Packard Foundation-India, served as the chair for the second day of the meeting and welcomed TAG members to the meeting. The TAG began with discussions of the Policy brief from Day 1. After much discussion and voting, which again was tied, it was determined that the group of technical experts for the brief would meet again with a small group from the TAG before February to determine how to move forward. A subgroup composed by Jay Gribble, Karen Hardee, and Anand Sinha was formed to develop a proposal, which will then be discussed by the full TAG in the meeting in February. They will discuss if it is possible to combine the two briefs or if two separate briefs are necessary.

Leaders and Managers Brief

Kate Wilson, MSH, and Madison Mellish, Palladium, represented the authors of the Leaders and Managers brief and shared a short overview. Jennie Greaney, UNFPA, and Mario Festin, University of the Philippines, then presented their review of the brief and led the TAG's internal discussion of the brief draft.

The TAG offered the following recommendations for the brief:

- Consider including key performance indicators or performance reviews as part of the brief, as managing individuals and dealing with poor performance is important.
- Consider including emotional intelligence (EI) in the brief, although there is no evidence on EI related to global FP programming.
- Use another term instead of governance. Integrate these topics into the leadership and management sections of the table.
- Consider power dynamics, innovation, and resilience more explicitly in the brief.
- Consider the ongoing focus on DEI in the "who" part of the conceptual model.
- Consider "change management," especially in the context of COVID.
- Include evidence from contexts outside Africa.
- TAG likes the section on who is trained as a leader but consider moving that piece higher in the brief and adding additional evidence.
- Discuss more about investing in leadership and whose leadership capacity gets investment.
- Remove conceptual framework as it repeats some of the information in the theory of change.
- Consider the issues of corruption and cronyism.
- Make the distinction between leaders and managers clearer.
- Reintroduce skills for leaders and managers and de-emphasize the focus on health systems.

After discussing the brief, the TAG determined that the brief requires revisions, and Mario Festin, Jennie Greaney, and Sarah Fox would form a subgroup to see the revised brief.

Social Accountability brief

On behalf of the authors, Patricia Doherty, Options, gave a short overview of the Social Accountability brief and answered questions from the TAG. Sonja Caffè, PAHO/WHO, and Rodolfo Gomez, PAHO, then shared their review of the brief.

The TAG offered the following recommendations for the brief:

- Consider adding more information on operationalization.
- Clarify what the terminology means, particularly social accountability and how to define a scorecard, and add more evidence on other tools beyond the scorecard if that exists.
- Add more detail on statistical significance in the results table (mixed guidance on this but TAG should consider the way forward).
- Consider how contraceptive use is used here and the ultimate outcome for the EE HIPs.
- Determine if this document should be a brief or an evidence review.
- Consider adding more on trust-building.
- There's a tone difference between social accountability that is communal but also that is more authoritative or confrontational. Make it clear that the brief is about accountability, not just joint/communal planning and decision making.

The TAG made the decision not to have this brief reviewed by a subgroup. It can be published after the TAG input is integrated.

Next Steps and Closing

Saad Abdulmumin and Laura Raney made remarks on next steps and closed the meeting.

Day 2 General Recommendations

- The TAG will revisit questions about the length of briefs (more than 8 pages) and the number of briefs (capping at 25 briefs), as a result of the discussion about the new and old Policy briefs.
- Per recommendations from the TAG, a subgroup will see the revised Leaders and Managers brief. Mario, Jeannie, and Sarah Fox will form the subgroup.
- The TAG agreed that the Social Accountability brief will not be moved to a smaller group.
- For the next meeting, the TAG prefers Tues/Thurs. options for the date of the next meeting include June 7–9th and June 14–16th. The TAG will consider holding the next meeting in person.
- At a February meeting, the TAG will review the Grey Scale for the Couples' Communication brief, review the Policy brief and recommendations, and review two new concept notes for SPGs.

Appendix A. Meeting Agenda



AGENDA

Technical Advisory Group Virtual Meeting

November 30 & December 1, 2021

Objectives

- Continue to refine HIP processes and identify priority activities.
- Review draft HIP materials and make recommendations regarding the strength and consistency of the evidence and adherence to the HIP criteria.

Tuesday, November 30th: Alice Payne Merritt, Chair

08:00–12:00 Washington | 14:00–18:00 Geneva | 15:00–19:00 Nairobi | 17:30–21:30 New Delhi

Time (Washington)	Agenda Item	Reference materials
07:45–08:00	Sign-in to meeting	
08:00–08:20	Opening of Meeting—Welcome Remarks Martyn Smith and Saad Abdulmumin	
08:20–08:30	Updates: Progress on Recommendations From June 2021 Maria Carrasco	Updates Presentation
08:30–08:35	Production & Dissemination Update Laura Raney	Production and Dissemination Presentation
8:35–9:35	Enabling Environment Overview Erin Mielke and Sara Stratton	Enabling Environment Overview Presentation
9:35–9:45	Break	
9:45–11:00	Policy brief Heidi Quinn and Medha Sharma	Policy Brief Presentation
11:00–12:00	Grey Scale for Norms brief and Knowledge, Attitudes, Beliefs, and Self-Efficacy brief Michelle Weinberger & Annie Preaux	Grey Scale Presentation

Wednesday, December 1st: Anand Sinha, Chair

09:00–12:00 Washington | 14:00–18:00 Geneva | 15:00–19:00 Nairobi | 17:30–21:30 New Delhi

Time (Washington)	Agenda Item	Reference Materials
08:45–09:00	Sign-in to meeting	
09:00–09:15	Review recommendations from Day 1 Maria Carrasco Focus for the next 6 months & next batch update Maria Carrasco	
09:15–10:15	Leaders and Managers brief Jennie Greaney and Mario Festin	Leaders and Managers Presentation
10:15–10:30	Break	
10:30–11:45	Social Accountability brief Sonja Caffè and Rodolfo Gomez	Social Accountability Presentation
11:45–12:00	Group Reflections Next Steps and Closing Saad Abdulmumin and Laura Raney	

Appendix B. List of Participants

TAG Members	
Saad Abdulmumin, BMGF	Sonja Caffè, PAHO/WHO
Maria Carrasco, USAID	Saswati Das, UNFPA-India
Mario Festin, University of the Philippines	Sarah Fox, Options Consultancy Services
Rodolfo Gomez Ponce de León, PAHO	Jennie Greaney, UNFPA
Jay Gribble, Palladium	Karen Hardee, Hardee Associates
Roy Jacobstein, IntraHealth	Erin Mielke, USAID
Gael O’Sullivan, Kantar Public	Heidi Quinn, IPPF
Barbara Seligman, PRB	Medha Sharma, Visible Impact
Anand Sinha, Packard Foundation-India	Sara Stratton, Palladium
Michelle Weinberger, Avenir Health	Martyn Smith, FP2030
Christine Gallavotti, BMGF	Alice Payne Merritt, JHU-CCP
Ginette Hounkanrin, Pathfinder International	

Observers	
Alex Mickler, USAID	Annie Preaux, USAID
Laura Raney, FP2030	

Appendix C. Presentations

FP2030: A Global Partnership



	
69 focus countries	All countries welcome
Country support through centralized Secretariat	Country support managed by regional hubs
Data use and tracking towards 120 million additional users	Updated framework monitoring individual, system, and environment levels
Knowledge dissemination	Knowledge sharing through interconnected regional hubs
Promoting high-impact, rights and evidence-based practices	Global, regional, and country-level advocacy and accountability

BROADENED FOCUS

Expanded, values-based partnership

- Preserving **accountability** functions and knowledge-sharing
- Forging **new ties** beyond the FP community
- Promoting **women’s rights**, agency, and choice

Shared responsibilities and inclusive decision-making

- Diverse Governing Board responsible for partnership decisions and overall governance
- Civil society, advocacy partners, and youth leaders invited to participate
- ***Governing Board positions to be announced in late 2021***

CHANGING LEADERSHIP STRUCTURE





JAN – MARCH 2021

FP2020: Celebrating Progress, Transforming for the Future virtual event and launch of **Family Planning 2030** name and brand

Transition Oversight Group established

Launch **FP2030 commitment process**

Final **FP2020 PME WG Meeting**

APR – JUNE 2021

Final **FP2020 Reference Group Meeting**

Launch **FP2030 measurement framework**

Issue RFIs for **North, West, & Central Africa and East & Southern Africa Hubs** (*April*)

Generating **country government and non-state commitments**

Beth Schlachter ends term of service as ED and **Martyn Smith** assumes role of interim ED

JULY – SEPT 2021

Begin **Governing Board recruitment** process

Issue RFIs for **Asia & the Pacific Hub** and RFPs for **North, West, & Central Africa and East & Southern Africa Hubs** (*July*)

OCT – DEC 2021

FP2030 Fiduciary established

Finalist selected for **North, West, & Central Africa and East & Southern Africa Hubs** (*October*)

Issue RFP for **Asia & the Pacific Hub** (*October*)

First **FP2030 PME WG Meeting** November 2-3

FP2030 Celebration Event November 18

Executive Director begins employment: December 1

Governing Board recruited and established (*December*)

Transition Oversight Group disbanded (*December*)

JAN – MARCH 2022

Finalist selected for **Asia & the Pacific Hub** (*January*)

Issue RFI/RFP for **Latin America & the Caribbean Hub**

FP2030 Support Network fully operationalized (*March*)

First meeting of the **Donor Engagement Working Group** (*January*)

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TAG meeting Updates

Maria Carrasco
11/30

Progress highlights: Briefs & SPGs

- Published: 4 products
 1. [Social marketing](#)
 2. [FP/Immunization integration](#)
 3. [Pharmacies and drug shops](#)
 4. [Equity SPG](#)
- Final stages: 5 products
 - 3 SBC briefs being finalized
 - Meaningful Adolescent and Youth Engagement SPG
 - FP Product Introduction and Development SPG
- Under development: 5 products
 - 3 EE briefs drafted for TAG review
 - 1 Overarching SBC brief drafted
 - SPG: FP for Persons with Disabilities

To do next 6 months

- Briefs:
 1. Community health workers (CHW)
 2. Mobile outreach
 3. Educating girls
- HIPs brief guidance update
 - Sub-group to develop guidance on proven vs. promising status and grey scale Chris, Karen, and Michelle
 - Sub-group to finalize brief indicator guidance. Jay, Jennie, and Sonja. The current draft is [here](#).
 - Sub-group to develop guidance for tips section. Anand, Ginette, Erin, and Sara Stratton
 - Sub-group to think through criteria to identify and select existing HIP implementation resources. Jennie, Sarah Fox, Sara Stratton, Anand, and Saswati.

To do next 6 months

- From the BMGF-funded assessment 2 critical items identified (that need further strategizing):
 - Facilitate implementation and scale up
 - Reach more local organizations (without links to global networks)

Questions?

- Thank you

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HIP Production and Dissemination (P&D) Data Review

December 2021

Laura Raney & Natalie Apcar

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Agenda

Website Users

Top 10 HIP Products

HIP Webinars

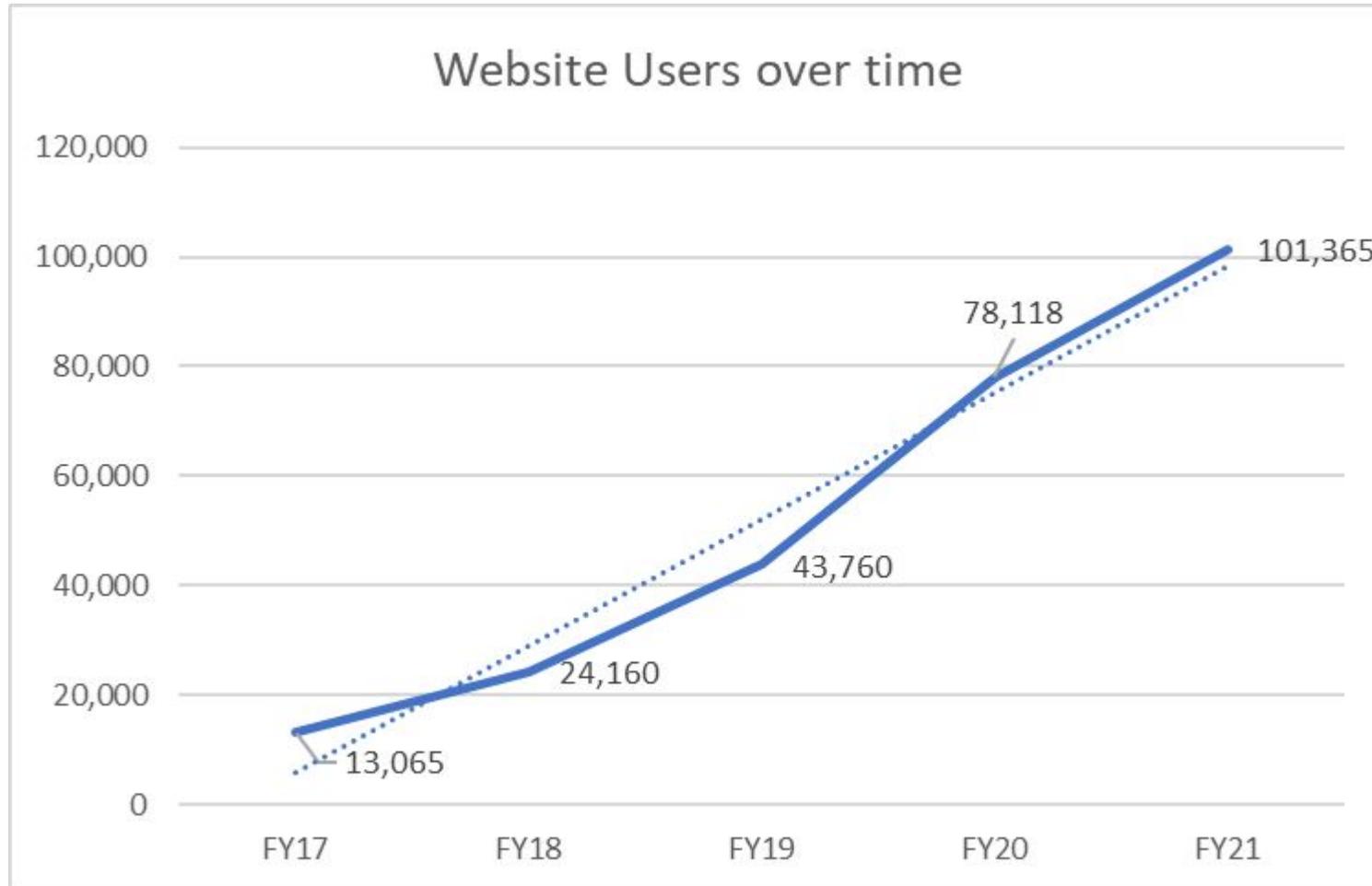
Twitter Engagement

HIP Newsletter

HIPs in Peer-Reviewed Literature



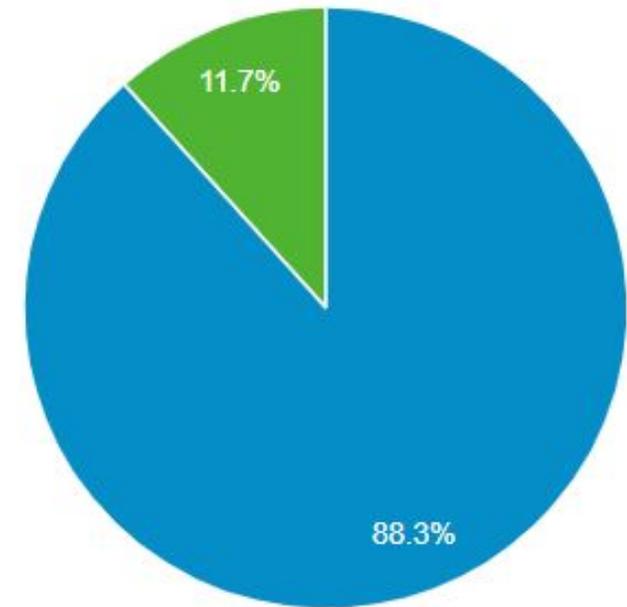
Website Users FY2017 – FY2021



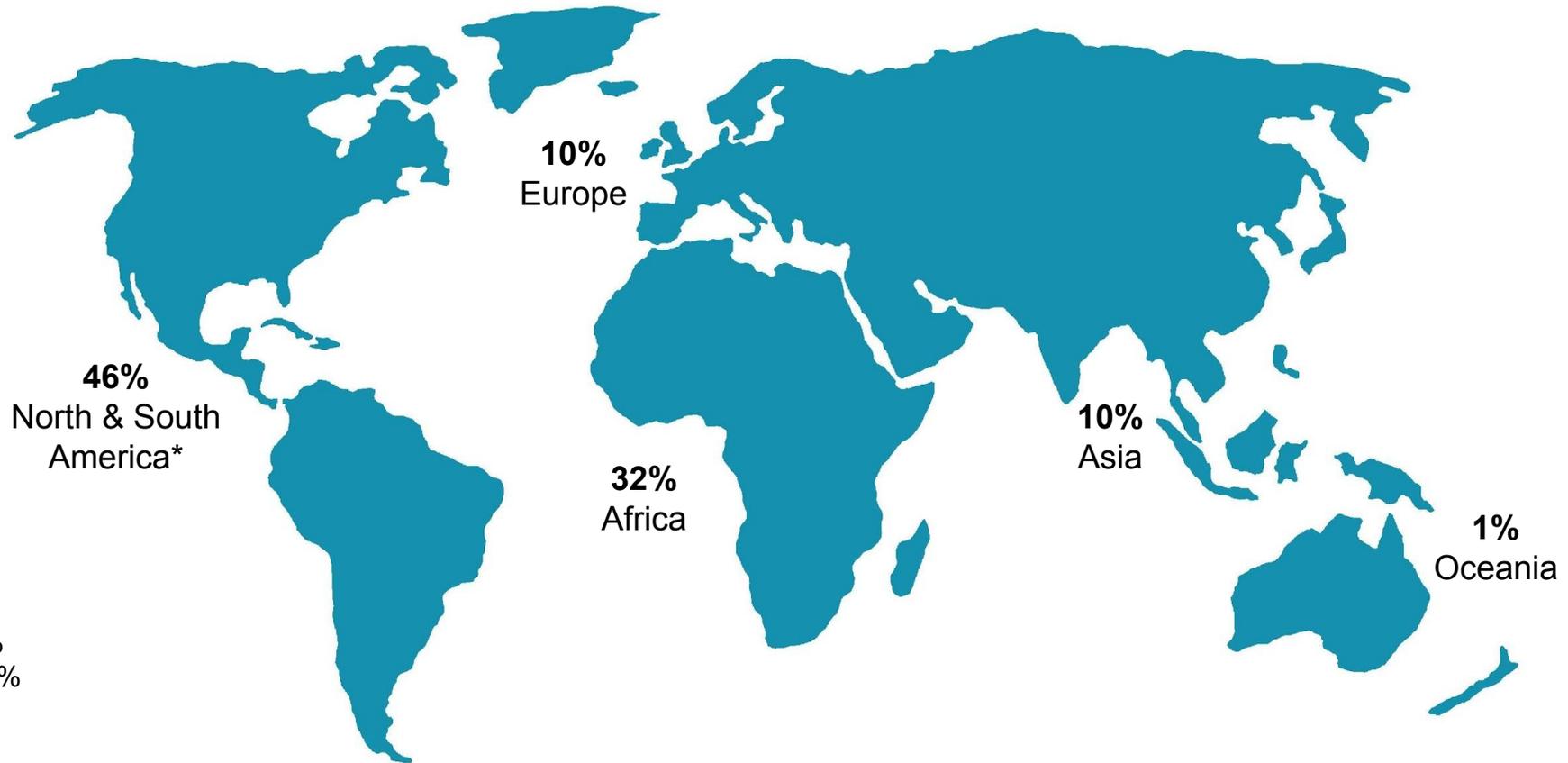
New or Returning Visitor

In FY21, a large majority of visitors to the site were new users

■ New Visitor ■ Returning Visitor



Website Users by Region FY21



*Of the Americas:
North America: 49%
South America: 30%
Central America: 14%
Caribbean: 4%

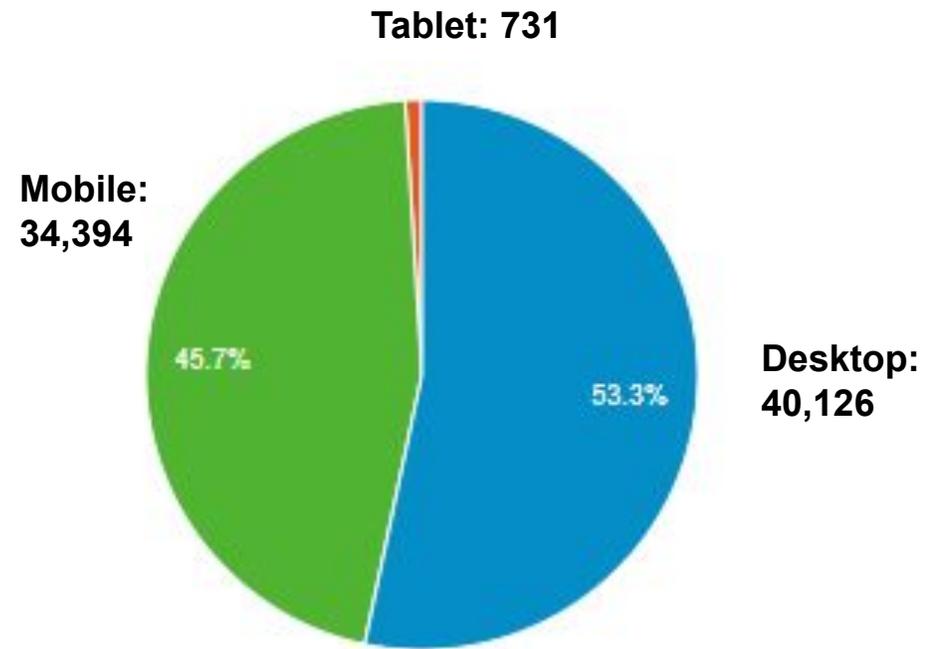
Website Users by Language

Language	FY19	FY20	FY21
English	72%	63%	48%
Spanish	14%	24%	17%
French	13%	12%	19%
Portuguese	1%	2%	3%

Website Users – Top 10 Countries, past year

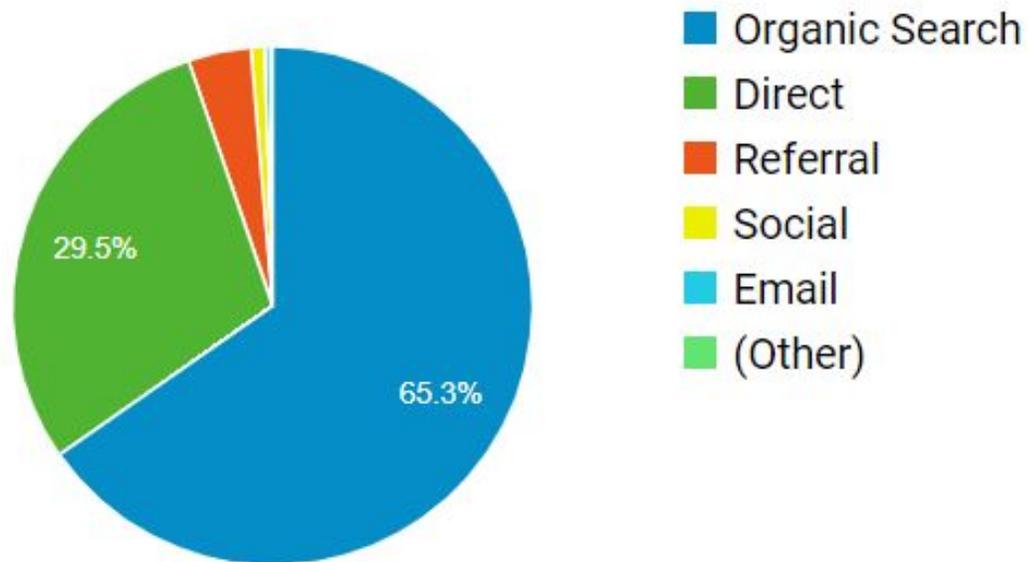
Country	Number of Users
1. United States	47%
2. Colombia	13%
3. Mexico	10.5%
4. Peru	6%
5. Brazil	4%
6. Ecuador	3%
7. Guatemala	2.5%
8. Canada	2%
9. Argentina	2%
10. Dominican Republic	2%

Website Users by Device



Website Users – Acquisition Overview

Oct 1 2020 - Sept 30 2021



Top 10 HIP Products by Page View, FY21



Prestación de Servicios

Planificación familiar post-aborto

PRÁCTICA COMPROBADA



Prestation de Services

Planification familiale après avortement

PRATIQUE ÉPROUVÉE



Evidence Summary

Economic Empowerment



Prestación de Servicios

Planificación familiar inmediatamente posparto

PRÁCTICA COMPROBADA



Service Delivery

Drug Shops and Pharmacies

PROMISING



Enabling Environment

Supply Chain Management



HIP Enhancement

Adolescent-Responsive Contraceptive Services



Service Delivery

Immediate Postpartum Family Planning

PROVEN



Environnement Propice

Gestion de la chaîne d'approvisionnement



Prestation de Services

Dépôts pharmaceutiques et pharmacies

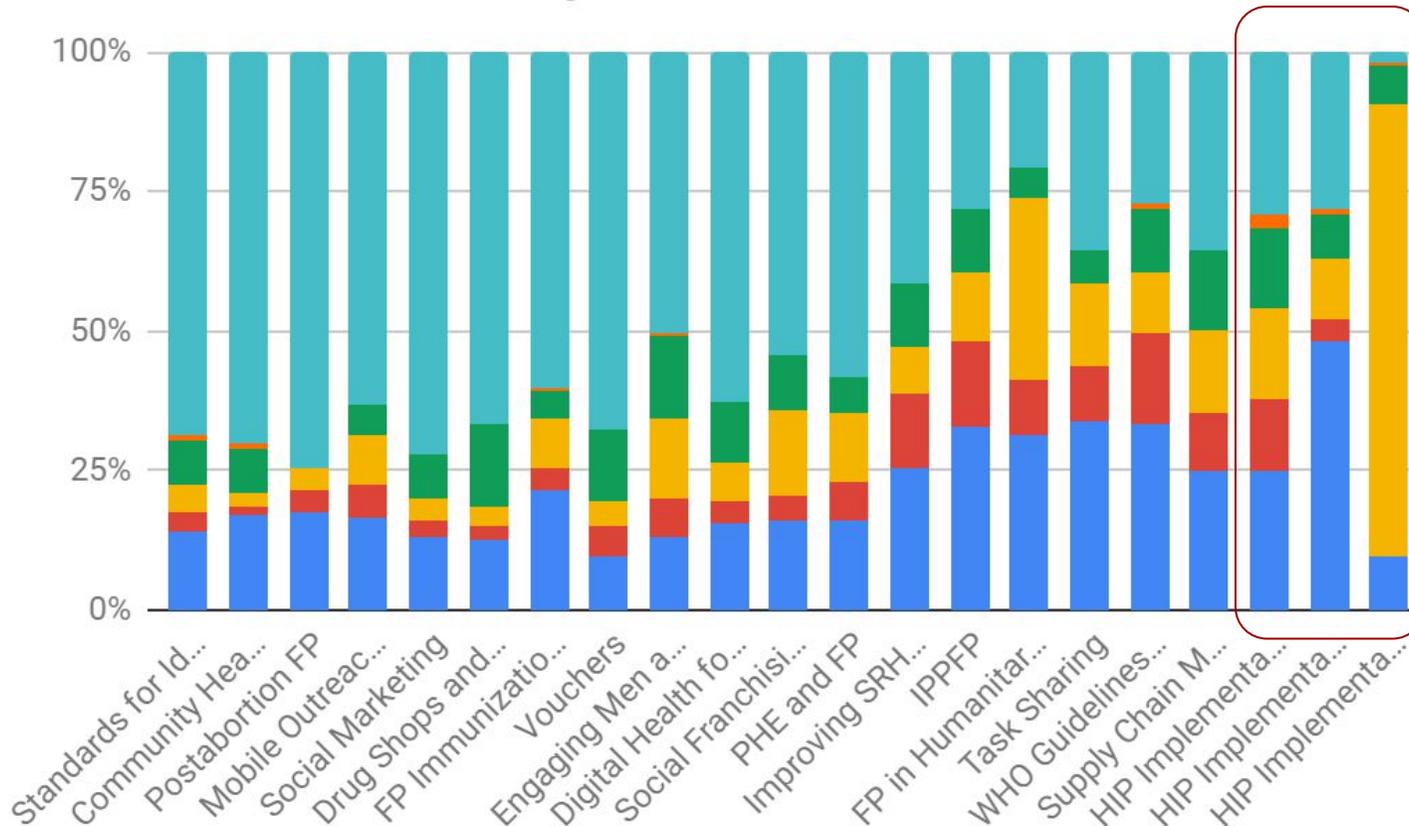
PRATIQUE PROMETTEUSE

HIP Webinars since last TAG meeting

Proportion of Attendees by Region

English

- North America
- Oceania
- Europe
- Asia
- Latin America
- Africa



The 3 IBP/HIP Implementation Stories webinars attracted a significant proportion of attendees from Africa and Asia, with over 155 live attendees total at each webinar

Twitter: Consistent Engagement from Partners

Top 5 by # of Tweets:	Top 5 by # of Impressions:
@fprhknowledge	@fp2030Global
@R4Sproject	@fprhknowledge
@fp2030Global	@USAIDGH
@caring_mobile	@EngenderHealth
@PassagesProject	@caring_mobile



HIP Newsletter

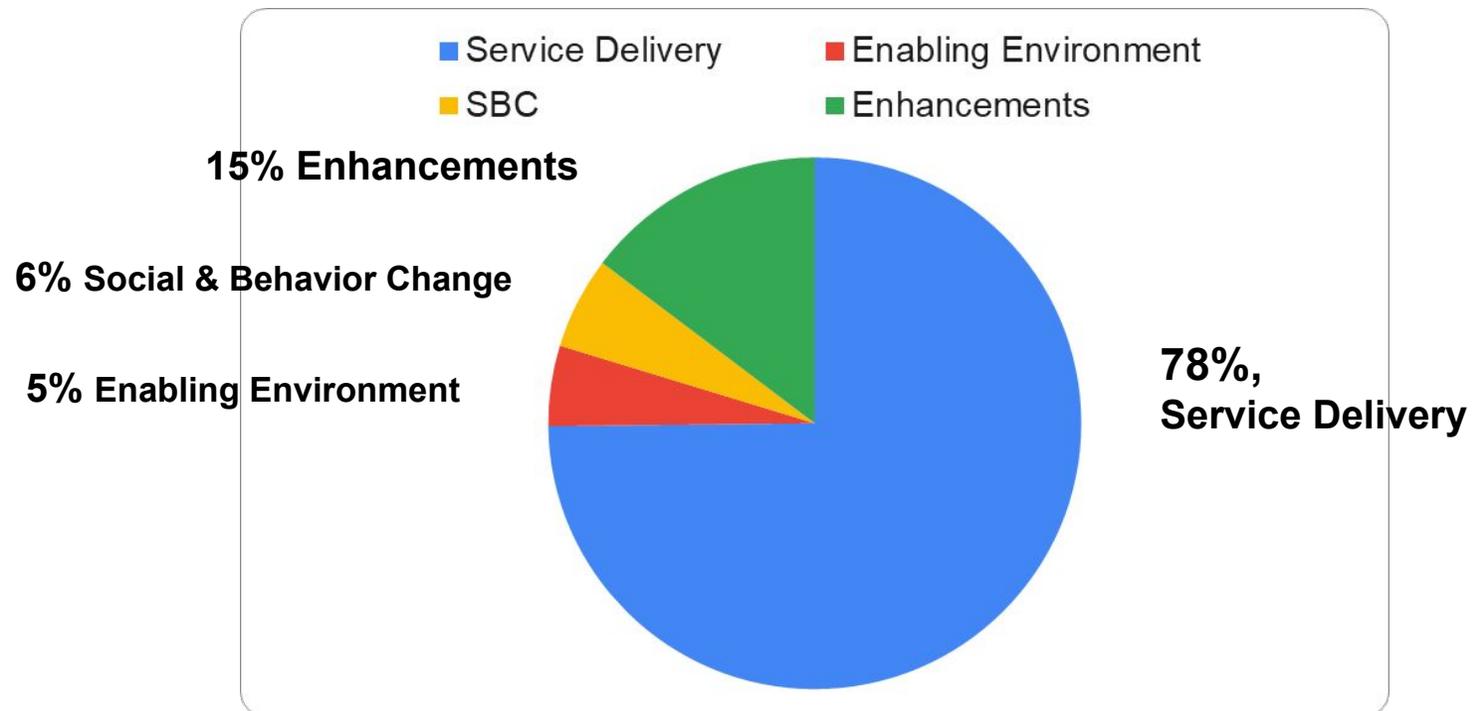
*Since the newsletter's launch in June 2020, over **723** FP stakeholders from **80+** countries have subscribed to the quarterly HIPs newsletter.*

Key Stats	% of Subscribers
Open Rate	42%
Click Rate	31%
Total Opens	830



HIPs in Peer-Reviewed Literature

During FY 2021, **39 peer-reviewed publications** cited a HIP brief, bringing the total to 137 publications since 2014.



HIP Brief Slide Deck Presentations

- Since launch in April 2021, there have been 4,302 downloads of presentations
- Available on Resources page in English for 17 HIP briefs; Spanish versions forthcoming



HIP slide decks are adaptations of the HIP briefs and are intended to make it easier to present specific HIPs to various audiences. These PowerPoint slides are downloadable, include speaking notes for the presenter, and are fully editable to adapt to your needs.



Adolescent - Responsive Contraceptive Services



Community Health Workers



Digital Health for Systems



Digital Health to Support FP Providers



Domestic Public Financing



Educating Girls

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Enabling Environment (EE) Overview

Discussants: Sara Stratton & Erin Mielke

November 30, 2021

General Comments

- Reminder, this overview covers the EE in FP broadly (not just existing HIP briefs)
 - Overall, very clear, well written
 - Only needs minor tweaks
 - More opportunities to cross-reference specific HIPs and the 4 SPGs
-

Comments by Section: Introduction

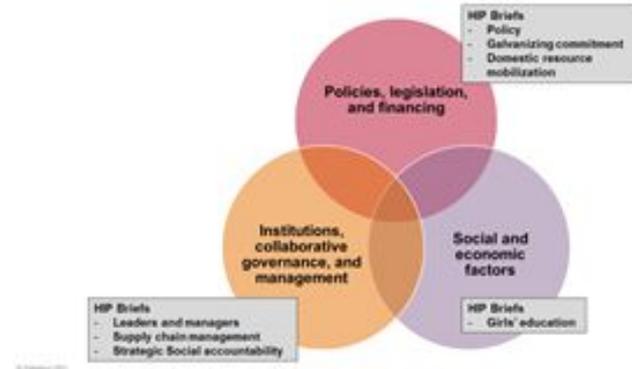
- Sets the stage well for what the enabling environment encompasses
 - Anything to add that's specific about the EE in humanitarian/fragile settings? (or to make explicit this applies universally to all settings?)
-

Enabling Environment Framework

Diagram

- Overlapping circles convey the interconnectedness of these diverse sets of issues
- Considered several framework options

Figure 1: A Framework for the HIPs Enabling Environment



Policies, legislation & financing

- No comments
-

Institutions, collaborative governance and management

“Collaborative governance”

- Because governance is so broad and we are focusing on how stakeholders work together to advance the EE
 - Add link to Meaningful Adolescent and Youth Engagement SPG (when available)
 - Could add reference to fragile states along with COVID-19 reference
-

Social and economic factors

Gender norms

- Add link to Social Norms brief (when available)
 - Add link to Engaging Men and Boys SPG
 - Add link to Equity SPG
-

Working within the enabling environment groupings

Adolescent RH

- Tweak: need clearer call out that reference to adolescents is example
 - Add link to Adolescents SPG
-

Enabling environment practices support Service Del. & SBC HIPs

- No comments
-

Tips for implementation

- Always a challenge to have enough, but not too many tips!
 - These seem purposefully selected and appropriate
-

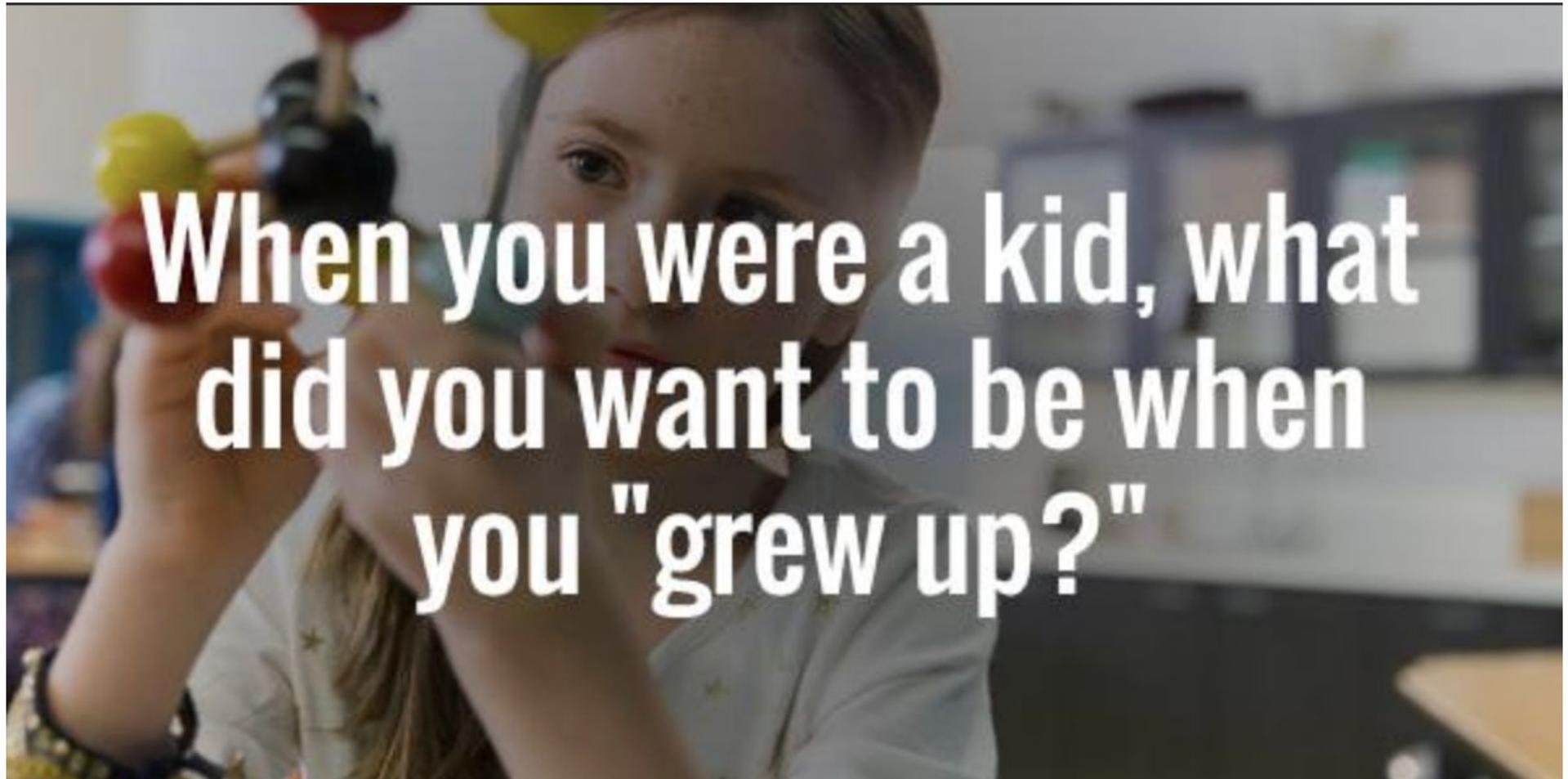
Tools and resources

- This is an appropriately selective set of tools
 - Public comments suggested Voice, agency... tool
 - Curious if TAG members think there any key resources missing
-

Coffee break - 10 minutes



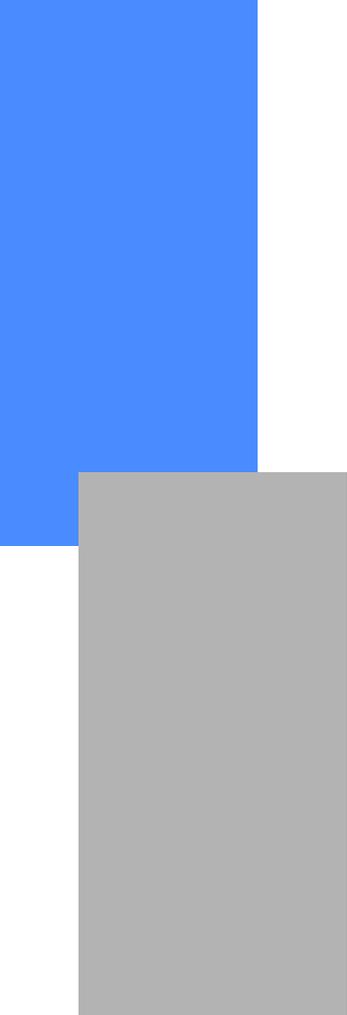
Icebreaker



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Thank You!



Review of Policy Brief
**Implementing policies: Enabling
family planning programs to meet
their goals and users needs**

Medha Sharma & Heidi Quinn

Title

**Implementing policies:
enabling family planning
programs to meet their goals
and needs**

- Should we include comprehensive policy implementation cycle (CIPC) instead of “Implementing Policies” in the title?
- FP policies instead of programs?
- Is CIPC a definable approach and measurable?
- Not clear if the CIPC includes the implementation of the services?

Background

- Policies are often developed, however, without proper implementation and monitoring. **Include lack of consultation and inclusivity in policy formulation.**
- Policy development - **Mention inclusion along with consensus building**
- Policy implementation – **Include regulation, guidelines, etc.**

Theory of Change

Add under barriers:

- Agreed upon can be elaborated as inclusive and consulted
 - Weak health system and service quality – how directly related to policy
 - Capacity to formulate policies (especially at sub national level)
 - Inadequate policy dissemination
 - Policy evaporation
 - Policy integration into other national and international strategies and plans
 - Lack of funds
- Should the practice be applying CIPC to national FP policy or to FP programs?
 - Should the practice include all 8 components?
 - Are civil society and users input/feedback adequately included in outputs?

Why is the practice important

- Add: Lack of implementation framework delayed implementation of services
- Eg: Nepal – Constitution in 2015- Law in 2017 – Implementation guideline in 2018 only. NAHDS does not have implementation plan yet.
- Use practical examples

What is the evidence?

Linkage between policy change and outcome not clear. There might be many confounders for policy level.

- Kicks off saying CPIC is not easy to evaluate?
- Better description of how CPIC was used in Ethiopia and Bangladesh?
- Needs stronger evidence and/or illustration of the evidence?

Tips for implementation

How to tips are fairly bland, could use more specific examples ?

- Examples of a successful CPIC? E.g. national level and programmatic ?
- Change management during policy environment phase. Eg: COVID-19
- Disseminate policies – Local language?
- Strengthen monitoring – LMIS and annual review meetings

Implementation Measures

- Why not similar measurement for policy development and review steps as well?
- Are there more examples?
- More specific?

Research Questions

- Good research questions

Conclusion

Is the brief improving on policy brief, galvanizing commitment and domestic financing ?

Is CPIC a definable practice ?

Is the linkage between impact and policy change clear?

Other points

Diagram p1 source?

Boxes p2 & 6 – what is source ?

Do they add value ?



Thank you

Summary of Evidence

Social Norms brief and Knowledge, Attitudes, Beliefs, and Self-Efficacy brief

HIP TAG Meeting November 30, 2021

Michelle Weinberger & Annie Preaux

Assessing HIP Criteria

Criteria	How defined for HIP Review purpose	Source
Impact	Sufficient evidence of impact as per the HIP Evidence Scale	Based on Summary of Evidence
Applicability, Replicability, Generalizability	Broad evidence of impact from multiple contexts or settings	Based on Summary of Evidence
Scalability	Evidence of impact being implemented at scale (not only from pilots)	Based on Summary of Evidence
Affordability	Qualitative rating based on what we know about cost and affordability. This is not the same as cost-effectiveness.	Experience/expert opinion
Sustainability	Based on sustainability paper	Experience/expert opinion

Summary of Evidence

- Draws from what brief authors included in Table 1 as well as studies from the appendix that included relevant results
- This is *not* a systematic review; we did not look to see what was *not* included
- Some studies are used in both briefs (Jah 2014, Hutchinson 2012, Ghanotakis 2017, Krenn 2014, McCarthy 2019, Shattuck 2011, Wegs 2011)
- Some studies focus on specific sub-groups (e.g. HIV positive women, newly married adolescents) and some focus on specific FP methods
- In some cases additional or more recent studies may be available (for example authors included a NURI study based on the mid-term, but endline results are also published)

Considerations in Measuring Impact

- Some studies focus on *population* level changes (comparing control vs intervention)
- Some studies focus on changes among those *exposed* to different types of interventions
 - This impact is 'diluted' at the population level if exposure is low in the intervention areas (especially when based on message recall)
- Results combine these two but may want to consider them separately?
Population level results speak to both impact on those who are exposed and ability to scale/reach with interventions.

Social Norms Impact Summary: Impact on Contraceptive Use

Grade	Type of study	# with positive significant results	# with positive results but no significant test	# with mixed results	# with non-significant results	# with negative results	Other	Total # studies
I	Systematic Review of RCT	0	0	0	0	0	0	0
II	RCT	1	0	1	1	0	0	3
IIIa	Control with pre/post (non randomized/quasi-experimental)	6	0	2	0	0	0	8
	Control with post only (not randomized)	0	0	0	0	0	0	0
	Other Rigorous Design (e.g. propensity score matching)	2	0	2	0	0	0	4
	Systematic Review of non-RCTs (quantitative)	0	0	0	0	0	0	0
IIIb	Pre/post no control	0	0	2	1	0	0	3
IV	Routine/program data	0	0	0	0	0	0	0
	Other non-rigorous design	2	0	0	0	0	0	2
V	Qualitative	0	0	0	0	0	1	1
	Systematic Review of non-RCTs (qualitative)	0	0	0	0	0	0	0
n/a	Other/unsure	0	0	0	0	0	0	0
Total Studies		11	0	7	2	0	1	21
<i>Distribution of studies by result</i>		52%	0%	33%	10%	0%	5%	

A few “mixed” studies found significant positive results for either men or women, but not both. For studies that include both men and women, should we focus only on the results for women? This would move some mixed studies to positive, and others to negative or no significant results.

Social Norms Replicability and/or Generalizability Summary

Focus of the evidence: # studies by focus area		
	Specific	General
Sub-populations (specific (e.g. sex workers) vs general)	2	20
Contexts (specific (e.g. refugee camps) vs general)	0	22
Geographic coverage of the evidence		
	#	
# different countries represented in the evidence	16	
# studies by region:		
Africa	19	
Asia	3	
LAC	0	
Multiple	0	

Besides women and men of reproductive age, some studies focus on specific groups, such as married adolescents and HIV-positive women and men.

Social Norms Scalability Summary

Context of evidence base: # studies by scale		
		#
Pilot		1
Implemented at small scale (e.g. single clinic)		2
Implemented at reasonable scale		19

The scale of the studies was fairly subjective. A couple studies were labeled as pilots, but we classified them as implemented at a reasonable scale because they were implemented at a very large scale. The studies implemented at a reasonable scale vary from interventions implemented at 2 or more clinics to interventions that were implemented nationally, such as mass media campaigns.

KAB & Self-Efficacy Impact Summary: Impact on Contraceptive Use

Grade	Type of study	# with positive significant results	# with positive results but no significant test	# with mixed results	# with non-significant results	# with negative results	Other	Total # studies
I	Systematic Review of RCT	0	0	0	0	0	0	0
II	RCT	6	0	2	7	0	0	15
IIIa	Control with pre/post (non randomized/quasi-experimenta	8	0	5	2	0	0	15
	Control with post only (not randomized)	1	0	0	0	0	0	1
	Other Rigorous Design (e.g. propensity score matching)	2	0	2	1	0	0	5
	Systematic Review of non-RCTs (quantitative)	0	0	0	0	0	0	0
IIIb	Pre/post no control	0	1	2	2	0	0	5
IV	Routine/program data	0	0	0	0	0	0	0
	Other non-rigorous deisgn	0	0	1	0	0	0	1
V	Qualitative	0	0	0	0	0	0	0
	Systematic Review of non-RCTs (qualitative)	0	0	0	0	0	0	0
n/a	Other/unsure	0	0	0	0	0	0	0
Total Studies		17	1	12	12	0	0	42
<i>Distribution of studies by result</i>		40%	2%	29%	29%	0%	0%	
		43%						

KAB & Self-Efficacy Replicability and/or Generalizability Summary

Focus of the evidence: # studies by focus area		
	Specific	General
Sub-populations (specific (e.g. sex workers) vs general)	3	39
Contexts (specific (e.g. refugee camps) vs general)	2	40
Geographic coverage of the evidence		
	#	
# different countries represented in the evidence	25	
# studies by region:		
Africa	27	
Asia	12	
LAC	3	
Multiple	0	

Besides women and men of reproductive age, some studies focus on specific groups, such as HIV positive women and migrant women, and specific contexts, such as worksites and military barracks.

KAB & Self-Efficacy Scalability Summary

Context of evidence base: # studies by scale		
		#
Pilot		0
Implemented at small scale (e.g. single clinic)		9
Implemented at reasonable scale		33

The scale of the studies was fairly subjective. The studies implemented at a reasonable scale vary from interventions implemented at 2 or more clinics to interventions that were implemented nationally, such as mass media campaigns.

***Leading and Managing:
Driving Results in Family Planning Programs***
Highlights from the draft updated HIP brief

Kate Henderson and Madison Mellish,
on behalf of the Leading and Managing Technical Expert Task Team

HIP TAG
December 1, 2021

Reminder: High Impact Practice covered by this brief

Strengthen capacity for leading and managing for excellence in family planning programs

New or updated elements

- More recent literature and examples of impact
- More emphasis on gender, youth, equity, and inclusion
- More emphasis on investing in leadership and management at all levels
- Recognition of the interconnectedness between leading, managing, and governing practices and their influence on FP/health program performance
- Recognition of the increasing relevance of these capacities for adaptation, scale up, sustainability and resilience, particularly in the face of complexity and crisis
- New indicator examples
- Updated tools and resources

Closer look: updated conceptual model

People and teams equipped to lead, manage, and govern

Improved, locally-led health system performance and effectively stewarded FP programs

Results

Leading



- Scan
- Focus
- Align & Mobilize
- Inspire & Include

Managing



- Plan
- Organize
- Implement
- Monitor & Evaluate

Governing



- Cultivate Accountability
- Engage Stakeholders
- Set Shared Direction
- Steward Resources

Culture of Excellence

Enhanced work environment and health workers with agency

Accountable management systems

Responsive & resilient systems raising and allocating resources

Improved Health Systems

- Equitable access
- Better quality services
- Cost-effective use of resources

Impact on Health

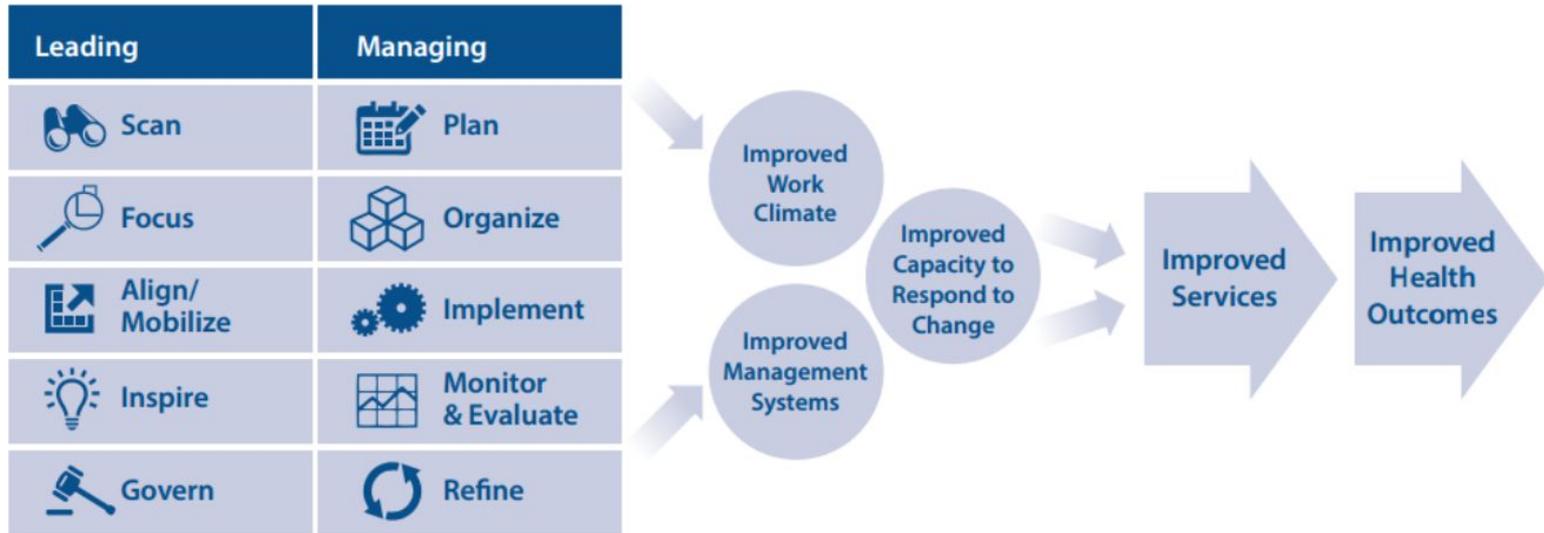
Sustainable outcomes aligned with family planning commitments and SDGs

Continuous collaborative monitoring, learning & adapting

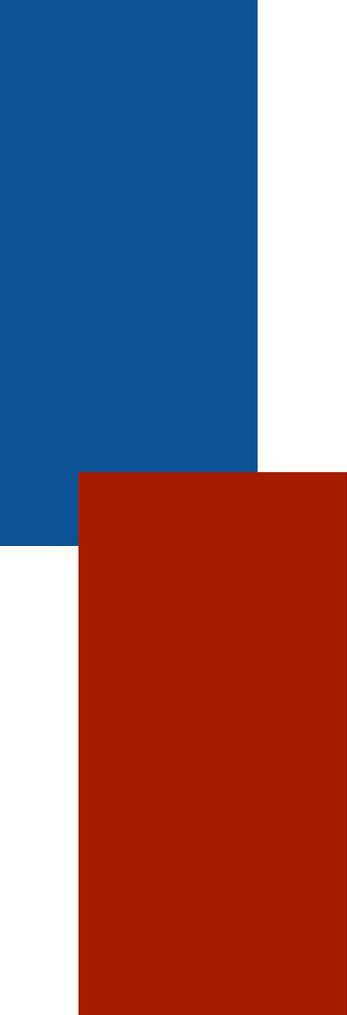
Q&A

For reference: conceptual model from original brief

Leading and Managing for Results Model



Source: Adapted from Management Sciences for Health's Leading & Managing for Results Model.



Review of Enabling Environment Brief - update
Leading and Managing: Driving Results in
Family Planning Programs

Mario Festin & Jennie Greaney

Overall comments

- Strongly tied to health systems strengthening, including importantly equity/inclusion
- Good range of strong country examples.
- Focus is rather broad - beyond FP.
- Challenging to cover leadership & management but link also to governance.
- Challenging to cover all “levels” of the workforce given diversity of roles.
- Important content, but currently at 11 pages so will need to reduce length.
- The current brief has examples (in a table) of leadership and management practices at different levels of the health system that is helpful for understanding the different roles.

Title

Leading and Managing: Driving Results in Family Planning Programs

- Does “driving results” reflect a rights-based/equitable approach well? (Too ‘target’ focused language?)

Background

Points to consider:

- **Shorten detail on distinction between governance, leadership and management** - is figure 1 that helpful - can we tease out the health outcomes more clearly? Table 1 might be sufficient giving more practical examples.
- **“Improved management systems”** - potential link also to supply chain management/leadership: the brief’s focus is strongly on health-care provision management.

Linkage to governance is important, but can the text be shortened (e.g. link to overarching EE brief)?

Leadership qualities are general and are applicable to many other situations. Developing these can be a good investment for many situations.

Theory of Change

Points to consider adding:

Barriers:

- Attrition of health workforce
- Competing priorities/workload
- “Limited use of data” expand to “Lack of availability and limited use”)

Notes & Questions

Is this an “unusual” HIP TOC as it doesn’t include health outcomes/improved health behaviours?

Intermediate outcomes: Responsive and resilient systems *raising* and allocating resources - could this be confused with fundraising (e.g. a Governance function?)

Aside from strengthening capacity, we may need to also identify existing leaders who can also start working on FP programs.

Why is the practice important

- **Improved capacity for programs to respond to changing community needs and to effectively scale up.** “Strong leaders and managers can ensure accountability for family planning commitments, programming, and sustainability” - is this more of a governance function?
- Many of these issues can be addressed with adequate leadership and management practices to help motivate staff and improve the quality of services,
- **Improvements in processes and systems to organize the work and to monitor, learn, and adapt to change** – include also ‘to allocate resources’ (alignment with identified barriers and intermediate outcomes)

Good updates to available evidence included.

Aside from identifying the **barriers and gaps**, it is important that these leaders be able to **plan and do** the next steps to address these.

What is the impact?

Good updates to available evidence included but many are broader than FP.

Sometimes the problem is beyond something a leader can directly address, but recognizing this also important.

Did we do/do we need a grayscale review?

The breadth and quality of evidence	Good updates of available evidence.
Demonstration and magnitude of impact on fertility, contraceptive use and continuation, and other proximate determinants of fertility	Examples often much broader than FP
Potential application in a wide range of settings	Yes good strong and across different levels of the health system
Consistency of result	Multiple interventions approach is recommended - which will help overcome context specific challenges
Replicability	?
Scalability	?
Cost-effectiveness	Could be expanded if evidence is available

Tips for implementation

“New leadership and management skills are needed for changing times and to deal with future challenges.” - linkage to digital health here?

Strong examples but suggest reducing length.

Use mentoring and coaching approaches for ongoing support to leaders and managers. Mentorship and coaching are especially important to developing new leaders, and they enhance the learning that comes through other sources and provide ongoing support and inspiration

How far to add emerging evidence from COVID-19 response in the brief?

Mentoring is an important component in developing and building confidence in emerging leaders.

The method of identifying and choosing leaders varies on the need and situation.

Implementation Measures

- Do we need an indicator measuring inclusiveness?

Research Questions

- Good research questions
- Is there existing research/evidence on sufficient resources (financial) and cost-benefit analysis of investing in leadership and management in FP?

Tools & resources

- The first link (for Managers who lead....) does not work.

Other points

Any evidence or tips around securing sufficient resources for improving leadership and management? **And for identifying and choosing leaders?**

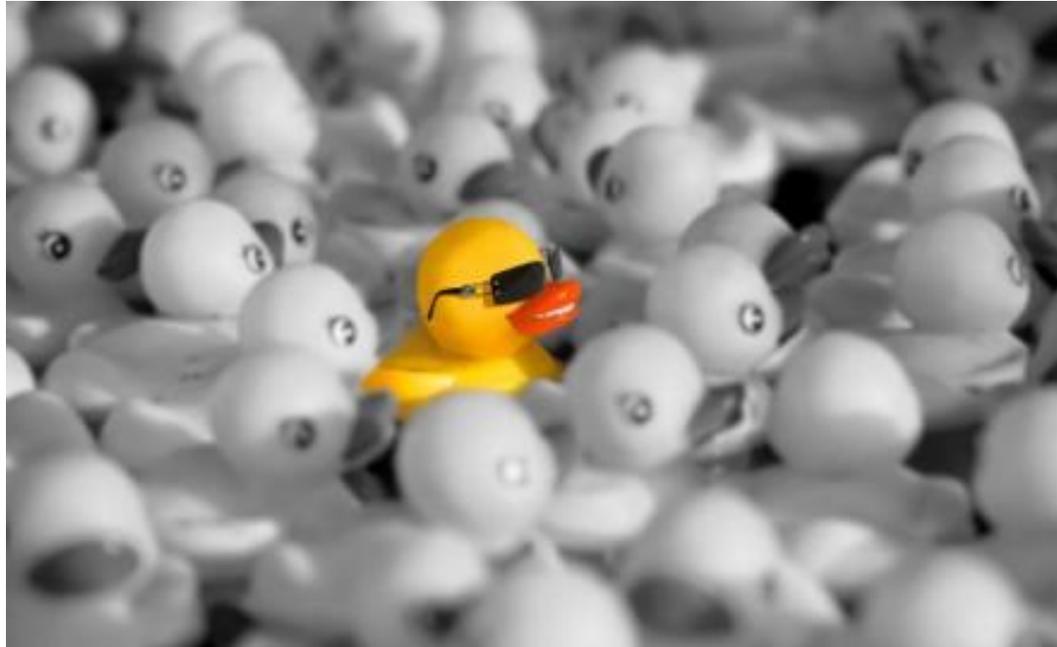
Linkage to Digital Health for Systems and updates of this brief?

Coffee Break & Icebreaker: 10 Minutes



Icebreaker - 10 minutes

Tell us something about yourself that we don't know.



Let's
get
Started





Thank you!

HIP | FAMILY
PLANNING
HIGH IMPACT
PRACTICES

1



2



3



4



5



6



Social Accountability to improve Family Planning Information and Services

HIP

Rationale

"Everyone was getting a chance. You know in that group we have health workers, we have village women, teachers ... so to say there is also a class of people that do government work and also a class of women who do their own work in the villages but we were in the meeting and everyone was being given a chance to talk." Community Member

"We had key tangible things we wanted, we had meetings, we had dialogues, there was increase in FP commodities, sub-counties were planning for FP, there was a budget line created, communities had started demanding for services from leaders and accountability." District Health Officer

Definition of Social Accountability

- 1) Primarily operate at the subnational level, where the community and health facility intersect;
- 2) Involve a high degree of community influence and control;
- 3) Are largely collaborative in nature rather than confrontational;
- 4) Facilitate community voice while also bolstering service provider/power holder responsiveness; and
- 5) Are structured, facilitated and transparent processes that create safe and inclusive space for effective dialogue and negotiation.

Theory of Change

Barriers

Services not aligned with need, preference and quality

Poorly distributed.

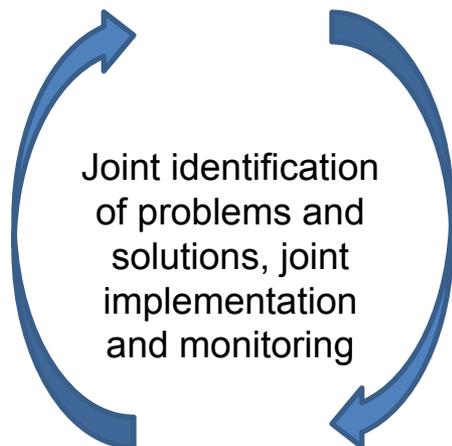
Inequities in access & service

Lack of trust and awareness of rights

Power imbalance

Social determinants

HIP



Core Components

- Structured and facilitated process
- Built on transparency, inclusion and equity for:
 - Increasing understanding of rights and gender and other social norms and practices
 - Promoting dialogue, negotiation and collective action
 - Focusing on joint problem identification, resolution and monitoring

Intermediate Outcomes

Increased ability to express need and engage in dialogue

Increased mutual understanding of rights, needs and constraints

Barriers and solutions prioritized and agreed upon

Solutions are implemented and collectively monitored with adaptations as needed

HIP Outcomes

Improved quality of care, respectful and responsive

Health resources equitably distributed

Improved access and use amongst marginalized populations

Capacity to deliver quality and equitable FP care strengthened

Improved trust in the system

More supportive gender and social norms around FP

Evidence

Several reviews of social accountability interventions in reproductive health have concluded that these approaches almost always lead to localized improvements in service delivery and client-provider relationships

The evidence-base on social accountability in reproductive health is growing.

- Social accountability interventions have made family planning services more responsive to client needs. Across social accountability interventions, both providers and clients have reported improvements in services.
- Community members have increased ability to express needs and participate in dialogue with health actors.

The evidence that social accountability can achieve increases in contraceptive use and continuation remains limited.

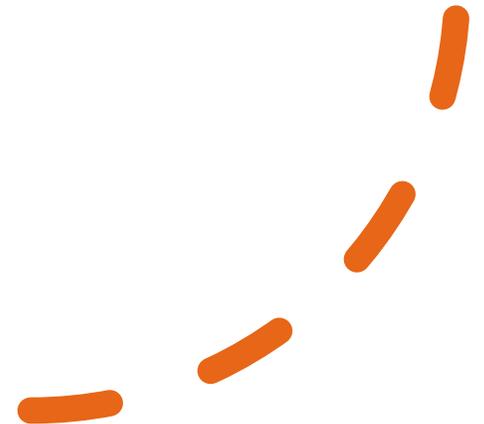
Q&A

**Social
accountability to
improve family
planning
information and
services**

Comments from:

*Sonja Caffè and
Rodolfo Gomez Ponce de Leon*

HIP TAG Meeting
December 2021



Overall comments

- ▶ Well-written and well-organized; easy to digest
- ▶ All cases/examples are from one region of the world; would be good to have more representation from other Regions of the evidence in the selected cases to demonstrate impact or good practice.
- ▶ There is an *inconsistency* between the information on Social accountability approaches that meet these criteria have the most family planning-related evidence at this time in the background ...but in the Evidence section it is stated that ...**The evidence that social accountability can achieve increases in contraceptive use and continuation remains limited.**



Section: Title and Definition



“Communities and health sector actors jointly identify problems, and implement and monitor solutions to improve the quality and responsiveness of family planning services”

The definition below the title “loses” the aspect/strength of “holding to account”, as it refers to joint implementation and monitoring

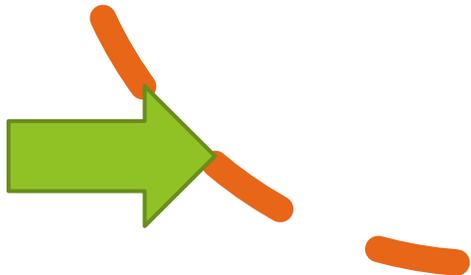
Section: Background

Social accountability approaches that meet the following criteria:

- 1) Primarily operate at the subnational level, where the community and health facility intersect;
- 2) Involve a high degree of community influence and control;
- 3) are largely collaborative in nature rather than confrontational;
- 4) Facilitate community voice while also bolstering service provider/power holder responsiveness; and
- 5) Are structured, facilitated and transparent processes that create safe and inclusive space for effective dialogue and negotiation.

Social accountability approaches that meet these criteria have the most family planning-related evidence at this time.

- Criteria are clear
- Inconsistency regarding family planning -related evidence



Section: Theory of Change

HIP

Communities and health sector actors jointly identify problems and implement and monitor solutions to improve quality and responsiveness of FP services

Barriers

- ▶ FP services not aligned with community needs and preferences nor of sufficiently high client-centered quality
- ▶ Health resources and services are poorly distributed, and often result in inequities and discrimination, as well as poor quality
- ▶ Lack of trust in the health system
- ▶ Lack of awareness of rights among community members and health sector actors
- ▶ Power imbalance between health sector actors/providers and the clients they serve
- ▶ Social determinants, including gender norms, create barriers to FP use

May be organizing them by area or reportability would make them more useful .. health sector, users, communities

Core components and characteristics

- ▶ Structured and facilitated processes built on transparency, inclusion, and equity for:
 - increasing understanding of rights and gender and other social norms and practices
 - promoting dialogue and negotiation, and collective action
 - focusing on joint problem identification, resolution, and monitoring

Roles and responsibilities are different, and leadership of the processes could help into the implementation face

HIP Outcomes

- ▶ Clients experience improved quality of care that is respectful and responsive to their needs
- ▶ Health resources and services are more equitably distributed
- ▶ Improved access and use among marginalized populations
- ▶ Health sector actors' capacity to deliver quality and equitable FP care is strengthened
- ▶ Improved trust in the health system among community, providers and health authorities
- ▶ More supportive gender and other social norms around FP

Without operationalization is very difficult to evaluate implementation, may be a little more in that direction would help.

Intermediate Outcomes/Benefits

- ▶ Community members have increased ability to express their needs and participate in dialogue with health sector actors and other power holders
- ▶ Community and health system actors have increased mutual understanding of their rights and respective needs and constraints
- ▶ Barriers/issues and their solutions are prioritized and jointly agreed upon.
- ▶ Solutions are implemented and collectively monitored, with adaptations as needed

the impact of the dialogue on access to FP must be addressed

Section: What Challenges Can Social Accountability Help Countries Address?

- FP services not aligned with community needs and preferences can impede service use.
- Weak health systems, including lack of policies and misallocation of resources to health facilities, lead to poor services, inequities and discrimination.
- Lack of trust in the health system discourages people from accessing services.
- When communities are unaware of their rights and entitlements, they are less likely to demand them from health sector actors
- Social determinants, including gender norms, create barriers to FP use.

The definition of weak health system is very vague , may be weak family planning programs would be more adequate, but need operationalization.
Low access is easier to monitor , than trust. This could be measured. Social determinant would be nice to highlight which ones are affecting FP

Section: What is the impact?

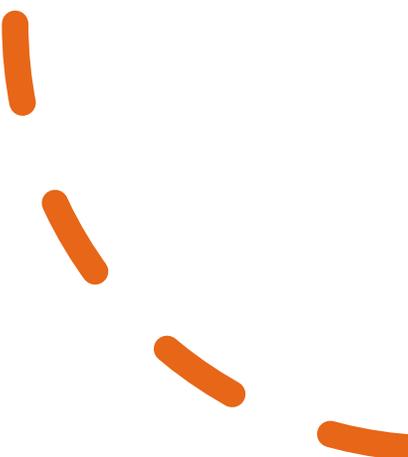
The evidence that social accountability can achieve increases in contraceptive use and continuation **remains limited.**

Comments:

- Requires better explanation why this should be considered a HIP
- There is mention of some forthcoming studies and evidence
- Table 1: statistical results are not included - some later in the text
- Figure 1 not easy to read
-



Section: How to Do it: Tips from Implementation Experience

- ▶ **The hierarchy of the items in this section is not clear; clarify with proper use of bold, underlining, bullets, etc.**
- 

Section: Implementation measurement

- ▶ % community/health facility catchment areas that have functional mechanisms for engaging communities (especially women and marginalized groups) in the design, implementation and monitoring of family planning service delivery
- ▶ % women and/or marginalized groups who participate in functional accountability mechanisms
- ▶ Evidence (e.g. from community score cards) that clients in the catchment area with social accountability mechanisms experience improved quality of care that is respectful and responsive to their family planning needs

No comments/suggestions
Q: how measurable are these?

Section: Priority Research Questions

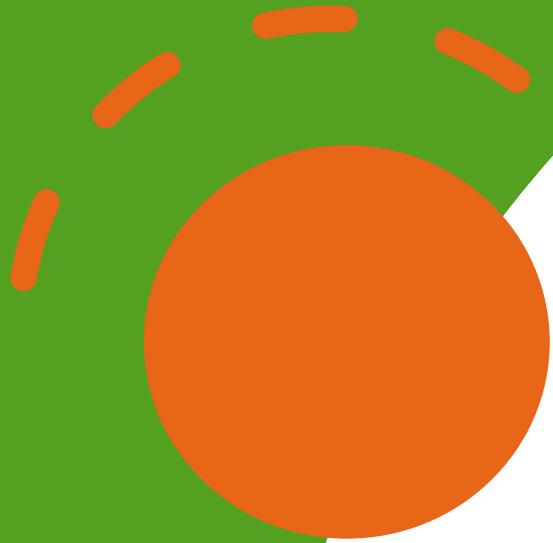
No comments

Key research priorities include:

- ▶ what factors promote the integration, scalability and sustainability of functional social accountability processes aimed at improving the quality and utilization of services? (Blake et al., 2016; Global Health Visions, 2020; Schaff et al., 2017).
- ▶ How, if at all, can accountability at global, regional, and national levels be aligned with local social accountability initiatives (e.g., community score cards) for system-wide change (Global Health Visions, 2020; Fox, 2019).
- ▶ How can social accountability approaches work in settings, where there is less community cohesion and less spare time to participate in community activities, e.g. urban areas, countries in responding to shocks, including conflict, climate and pandemic-related conflict, pastoralist communities, areas with internally displaced person

Tools and Resources: No comments

- **Social Accountability Resources and Tools.** Intended to assist CSOs, non-governmental organizations, and government health program planners, managers and staff to identify and adapt existing guides and tools for effective social accountability strategies.
<https://coregroup.org/resource-library/social-accountability-resources-and-tools/>
- **Social Accountability: A Primer for Civil Society Organizations Working in Family Planning and Reproductive Health.** Focuses on country level accountability mechanisms, ranging from citizen feedback on service delivery to the participation of civil society organizations in budget planning and monitoring processes. <https://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=449>
- **CARE's Community Score Card© (CSC)** is a citizen-driven accountability approach for the assessment, planning, monitoring, and evaluation of public services. It enables community members, health providers, and government officials to work together to identify and overcome health coverage quality and equity obstacles.
https://www.care.org/wp-content/uploads/2020/05/FP-2013-CARE_CommunityScoreCardToolkit.pdf
- **Citizen Voice & Action Field Guide.** A guide to a local level advocacy methodology that transforms the dialogue between communities and government in order to improve services that affect the lives of children and their families. https://www.wvi.org/sites/default/files/CVA_Field_Guide_0.pdf
- **Accountability Measurement Framework Tool.** Helps explore how accountability initiatives can contribute to outcomes and impact. Has been used across the Women's Integrated Sexual Health programme to help explore if and how accountability initiatives are functioning effectively and contributing to improving family planning outcomes in their contexts (Martin-Hilber, et al., 2020).
<https://doi.org/10.1093/heapol/czz170>



Thank you