



# High Impact Practices Partners' Meeting Report

December 4, 2017

**University Research Co. LLC**

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# HIP Meeting Notes

## WELCOME

Jay Wechsler, URC President, gave welcoming remarks and introduced Tamar Chitashvili, the facilitator for the day.

## UPDATES

### **1. HIP Technical Advisory Group (TAG) meeting**

Karen Hardee provided an update on the recent TAG meeting in Washington, D.C., on November 29 and 30, 2017. Dr. Hardee reminded those present that the HIPs Initiative represents a collaborative effort across organizations, including IBP, UNFPA, IPPF, WHO, USAID, and FP2020. TAG members are selected based on professional credentials and not as representatives of their organizations. The TAG also discussed the terms of reference for membership with the goal of making them more inclusive and transparent. The HIP initiative has come a long way—the partnership continues to seek ways to increase the rigor and standardize the development of HIP materials. During the TAG meeting, participants also reviewed use of the modified gray scale to assist the TAG in reviewing HIP briefs. The TAG reviewed two briefs in detail: “Social Franchising” and “Digital Health for Clients.” Both briefs, to be published in early 2018, were determined to be promising practices with significant gaps in the evidence base.

### **2. 2018 HIP briefs**

#### **a. HIP materials to promote in early 2018:**

- i. Male engagement decision-making guide
- ii. Digital health for clients
- iii. Social franchising

HIP Partners are encouraged to identify events to promote these materials. For example, the social franchising brief will be promoted in advance of the SBCC Summit, to be held in Indonesia in April 2018.

#### **b. New and updated briefs for 2018**

In early 2018 the team will work on a document to capture overarching principles to programming social and behavior change and a decision-making guide on financing that will cover a broader range of financing arrangements. At the June TAG meeting, the TAG will review evidence on interpersonal communication (IPC), financing, and vouchers in order to update these briefs. Initial discussions have proposed that the updated finance brief will focus on a narrower aspect of financing, including domestic resource mobilization. In the fall of 2018, the TAG is expected to review new evidence on postabortion family planning

and social marketing. HIP partners should expect to receive early drafts of all these documents throughout 2018.

### **3. HIP communications**

Debbie Dickson provided an update on the newly redesigned HIPs website. The goal of the redesign was to better organize the site and elevate the content in the HIP briefs on the website, optimizing search engine index so that HIP content appears earlier in search results. There were two previous iterations of website. The new website is in WordPress and continues to be supported by K4Health. In the five months since the launch, there has been a 52% increase in visits, 53% increase in users, 75% increase in page views, and 51% increase in returning visitors compared to the previous five months. Trends are shifting in visits by region. For example, visits from users in Africa, Asia, and Latin America and the Caribbean are increasing. Briefs receiving the most views include those on adolescent-friendly contraceptive services and community health workers. The new site incorporates a scroll-tracking function to determine how much the user is scrolling down the webpage. Are users looking through the whole brief? So far, about 10% of the views of the briefs were whole-page scrolls. Downloads of all HIP briefs total 17,212 since the original website was launched in March 2012. Debbie also shared some numbers on HIPs tweets (#HIPs4FP): In last 6 months, top tweeters were located in India, Nigeria, Tanzania, & Kenya.

### **4. IBP updates**

#### **IBP HIPs Task Team**

Ados May updated participants on major activities of the task team. The team met in August and November 2017. In August, Laura Raney presented the first iteration of the FP2020 country analysis. In November, the team discussed the results of the IBP baseline survey, which included a section on HIPs use. The team also reviewed the first draft of a matrix intended to connect HIPs with WHO guidelines.

The task team sponsored the HIPs 2017 webinar series: 20+ organizations were involved, reaching a wide audience across membership and geography and creating opportunities for sharing and exchange. The next steps for the HIPs webinar series include organizing a new installment based on opportunity and need, not necessarily on HIP category; and initiating the French series in collaboration with the Ouagadougou Partnership and the Portuguese series in collaboration with PAHO.

#### **IBP Baseline Survey and HIPs**

Nandita Thatte shared results from the IBP survey on the use of HIPs. The overall objective of the survey was to assess how IBP member organizations are using IBP-supported tools, including HIP briefs. Member organizations completed online survey between July and August of 2017. Eighty-one percent of responding organizations reported using HIPs. The most commonly used HIP briefs were community health workers and mobile outreach. Financing was the least-used HIP. Barriers included issues related to scale up, the need to

contextualize for different settings, the difficulty of gauging impact, and a lack of time and resources. Eighty-three percent of member organizations are investing in scale-up efforts. The key message from the survey is that service delivery HIP briefs are the most-used, usually for advocacy and development of family planning strategies.

#### [IBP Track at the International Conference on Family Planning \(ICFP\) in 2018](#)

The IBP Track will include eight interactive sessions. In early 2018, the secretariat will identify IBP member organization as points of contact for each session. Sessions should include local/regional perspectives and presenters and address what does not work for implementation/scale-up, linkages to universal health coverage, and partnerships.

#### [Miscellaneous IBP updates](#)

Other updates include the plan to continue with implementation case studies to better document implementation challenges and gaps, inform IR agendas, and help measure impact. One idea is to focus on a single proven HIP and compare implementation across multiple countries, using the WHO documentation tool, World Bank tools, and other resources. The IBP Regional Partners Meeting will take place in New Delhi from February 13 to 15, 2018, and will build on existing regional workshops (FP2020, WHO/SEARO) and engage regional/country-based partners in IBP.

### **5. FP2020 Focus Country Analysis**

Laura Raney of FP2020 presented the results of the HIPs mapping analysis. The purpose of this analysis is twofold: To stimulate discussion and to inform the 2018-2019 FP2020 country action-planning process. The basis for the HIPs analysis: Represents a population groups' unmet need that could be reached through this intervention. The analysis is organized around service delivery and split into three topics: channels, integration, and youth programming. The results were recently shared at the FP2020 Focal Point meeting in Malawi, where each FP2020 commitment-making country created an action plan.

A mapping analysis of HIPs matrix was developed and strategies were color-coded by: investments with good potential for growth and consistency in planning, areas requiring further clarification and known to be challenging to implement and/or ineffective, and potential missed opportunities). Please see presentation in Appendix C for more information.

Meeting participants commented that it would be good to see if investments are aligned. There is a lot of potential for these country analyses to be made available, and FP2020 hopes to do that in early 2018. The analysis shows where there is consistency and clarity in terms of country priorities and how they link to data in terms of potential opportunities. Laura shared the impact of knowledge and analysis on country focal point discussions and country action plans:

- South Sudan – post-abortion FP

- Kenya, Liberia, Nigeria – adolescent and youth-friendly contraceptive services

- Mozambique – FP/immunization integration

- Sierra Leone—IPPPF

## 6. Update on Previous Brief Submission and New Concept Proposals for 2018/2019 Briefs

Shawn Malarcher provided an update on potential HIP briefs suggested by partners since 2016. The table below illustrates the status of these suggestions:

Forthcoming briefs	Considered for decision-making guides	Considered but did not move forward	Concept note not yet submitted
<ul style="list-style-type: none"><li>Digital Health for SBC, Client Side (finalized Jan 2018)</li><li>Interpersonal Communication (under development)</li></ul>	<ul style="list-style-type: none"><li>Engaging Men</li><li>Family Planning in Emergency Settings</li></ul>	<ul style="list-style-type: none"><li>Making Family Planning Services Free</li><li>Comprehensive Sex Education</li><li>Facility-based Private Sector Providers to Expand Access to LARCs and PMs</li></ul>	<ul style="list-style-type: none"><li>Provider Bias</li><li>Governance</li><li>Last Mile Solutions for Ensuring Contraceptive Security</li><li>Data for Decision Making</li><li>Managing Side Effects</li></ul>

## Next steps and Wrap Up

Tamar Chitashvili closed the meeting, highlighting that there is a great deal of interest in the ICFP IBP track. She noted that the partners and the HIPs Task Team need to further develop and agree upon the case study documentation. There is lot of interest in the FP2020 country analysis. If people have ideas, please get in touch with Laura Raney, who will explore whether it is possible to make them public.

The proposed concepts for briefs include the following:

- Counseling on contraceptive side effects, myths, and misconceptions (Martha Brady, Leah Elliot, and Arzum Ciloglu)
- Task sharing (John Stanback and task-sharing working group)
- Expanding access to contraception in the public sector (Shawn Malarcher, Erin Mielke, possibly Jhpiego and PATH)
- Appropriate tools to rule out pregnancy (John Stanback and Martha Brady)

## Appendix A: Meeting Agenda



### HIP Partners' Meeting

December 4<sup>th</sup>, 2017

9:00 – 12:30

## AGENDA

University Research Co. LLC  
5404 Wisconsin Avenue,  
Suite 800  
Chevy Chase, Maryland 20815

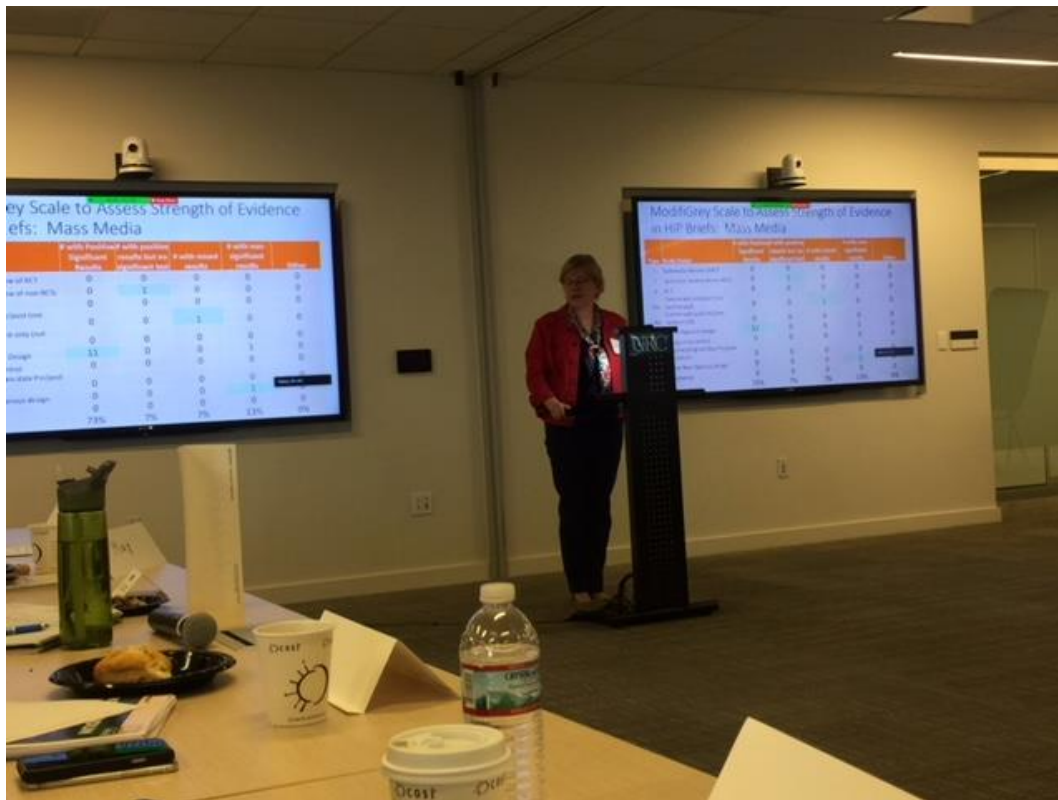
**Objective:** Share updates on HIP work to date and identify priority work for 2018

<b>08:30 – 09:00</b>	<b>Breakfast</b>
<b>09:00 – 09:10</b>	<b>Welcome</b> Jay Wechsler, URC Tamar Chitashvili, URC (Chair)
<b>9:10 – 11:00</b>	<b>Updates</b>  <b><i>TAG meeting</i></b> Karen Hardee, Population Council  <b><i>2018 briefs</i></b> Shawn Malarcher, USAID  <b><i>HIP communications</i></b> Debbie Dickson, JHU CCP  <b><i>IBP updates</i></b> Nandita Thatte, WHO/IBP and Ados May, IBP <ul style="list-style-type: none"><li>• HIPs Task Team</li><li>• IBP baseline survey and HIPs</li><li>• ICFP IBP track</li></ul> <b><i>Other matters from partners</i></b>
<b>11:00 – 11:15</b>	<b>Break</b>
<b>11:15 – 11:45</b>	<b>FP2020 Focus Country Analysis</b> Laura Raney, FP2020
<b>11:45 – 12:15</b>	<b>Update on previous brief submissions &amp; new concept proposals for 2018/2019 Briefs</b> Shawn Malarcher, USAID
<b>12:15 – 12:30</b>	<b>Next steps and wrap-up</b> Tamar Chitashvili, (Chair)

## Appendix B: Meeting Participants

Ados May	IBP
Angelina Gordon	PHI
Arzum Ciloglu	JHU
Bethany Holt	PHI
Caitlin Thistle	USAID
Carmela Cordero	EngenderHealth
Debra Dickson	JHU
Emma Clark	Chemonics
Erika Houghtaling	USAID
Erika Martin	USAID
Erin Mielke	USAID
John Stanback	FHI 360
Karen Hardee	Population Council
Laura Raney	FP2020
Leah Elliott	Jhpiego
Luis Ortiz	MSH
Mario Festin	WHO
Martha Brady	PATH
May Post	Abt. Associates
Melanie Joiner	IntraHealth
Nandita Thatte	WHO
Rachel Templeton	CARE
Rita Badiani	Pathfinder International
Shawn Malarcher	USAID
Susanna Moore	PHI
Tamar Chitashvili	URC

## Appendix C: Presentations



# Update from the November 2017 HIP TAG Meeting

Karen Hardee

HIP Partner Meeting

Washington, DC, November 28, 2017

\*Sub-group members: Mario Festin, Gael O'Sullivan, Martyn Smith, Maggwa Baker, Michelle Weinberger; with Shawn Malarcher

# Composition and TOR of the TAG

- Up to 30 members
- Organizing partners: USAID, UNFPA, WHO, FP2020, and IPPF
- At least 5 from regions/countries
- Other members come as individuals rather than representing institutions
- Clarifying terms of reference – more transparency

## Advisory Board

The Technical Advisory Group (TAG) is made up of experts in family planning research, program implementation, policy makers and representatives from donor agencies. The TAG meets twice a year to review evidence and make recommendations on updating and implementing HIPs.

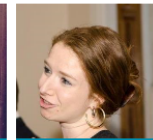
TAG members are selected based on the following criteria: recognized expertise in international family planning, good understanding of research methods and methodologies, good understanding of program implementation, ability to consider and review evidence from a wide range of subjects, ability to prioritize, and ability to provide an unbiased viewpoint.

[View the roles and responsibilities of the TAG.](#)

[View details of prior TAG Meetings.](#)



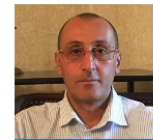
**Dr. Hashina Begum**  
Technical Specialist  
UNFPA



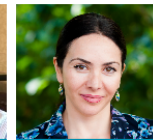
**Vicky Boydell**  
Accountability & Rights Advisor  
IPPF



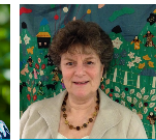
**Dr. Venkatraman Chandra-Mouli**  
Scientist  
WHO



**Paata Chikvaldze**  
Medical Officer  
WHO Afghanistan



**Tamar Chitashvili**  
Senior Quality Improvement  
Advisor  
URC



**Ellen Eiseman**  
Health Practice Director  
Chemiconics

# Reflections on the TAG and HIP Initiative

- Recognized progress in the HIP initiative
- More evidence-driven – HIP briefs more systematically developed
- Assessing the level of evidence in the briefs is emphasized - helping to have sharper definitions of proven vs. promising HIPs (no more “emerging” category)
- Kudos for the new website
- Wider participation and stronger links with WHO and FP2020



## Matrix Aligning WHO Guidelines and Programmatic HIPs - Draft

	WHO Tool/Guidelines					
Programmatic Service Delivery High Impact Practices (HIPs)	Medical Eligibility Criteria (MEC)/SPR	Training Resource Package	Program Strategies for PPFP	SRH for Women Living with HIV	Task Sharing/ Optimizing Health Workers	IPV* and Sexual Violence against Women
Community Health Workers	X	X		X	X	
Post Abortion Care	X			X		X
FP Immunization Integration	X	X	X	X		X
Mobile Outreach	X			X		
Drug Shops and Pharmacies	X				X	
Social Marketing						
Vouchers						
Immediate Post-Partum	X	X	X	X	X	

## Ensuring rigor

- Use of the Grey Scale to figure out what the evidence in the impact section of the briefs is – helps identify the strength of evidence in the briefs (types of studies, direction and significance of effect)
- The authors will fill out the matrix while they are developing briefs and HIP TAG members will review/confirm
- Will review search strategy for HIP brief development – consistency across them – again for ensuring rigor

## Modified “Gray Scale” – Hierarchy of Evidence from Sir Muir Gray (involved in developing the Cochrane collection), with level III split

Type	Strength of evidence (modified from Gray, 1997)
<b>I</b>	Strong evidence from at least <b>one systematic review</b> of multiple well designed, randomized controlled trials.
<b>II</b>	Strong evidence from at least <b>one properly designed, randomized controlled trial</b> of appropriate size.
<b>IIIa</b>	Evidence from well-designed <b>trials/studies without randomization that include a control group</b> (e.g. quasi-experimental, matched case-control studies, pre-post with control group)
<b>IIIb</b>	Evidence from well-designed <b>trials/studies without randomization that do not include a control group</b> (e.g. single group pre-post without, cohort, time series/interrupted time series)
<b>IV</b>	Evidence from well-designed, <b>non-experimental studies</b> from more than one center or research group.
<b>V</b>	<b>Opinions of respected authorities</b> , based on clinical evidence, descriptive studies or reports of expert committees.

Gray, J. 1997. Evidence Based Health Care: How to Make Health Policy and Management Decisions. London, UK: Churchill Livingstone.

Gray, J. 2009. Evidence-Based Health Care and Public Health: How to Make Decisions About Health Services and Public Health. 3rd Edition. Edinburgh, Scotland: Churchill Livingstone Elsevier.

For more information see [www.whatworksforwomen.org](http://www.whatworksforwomen.org).

## ModifiGrey Scale to Assess Strength of Evidence in HIP Briefs: Mass Media

Type	Study Design	# with Positive Significant Results	# with positive results but no significant test	# with mixed results	# with non-significant results	Other
I	Systematic Review of RCT	0	0	0	0	0
?	Systematic Review of non-RCTs	0	1	0	0	0
II	RCT	0	0	0	0	0
IIIa	Control with pre/post (not randomized)	0	0	1	0	0
IIIa	Control with post only (not randomized)	0	0	0	0	0
IIIa	Other Rigorous Design	11	0	0	1	0
IIIb	Pre/post no control	0	0	0	0	0
IIIb	Routine/program data Pre/post no control	0	0	0	0	0
IV	Other Non-Rigorous design	0	0	0	1	0
V	Qualitative	0	0	0	0	0
		73%	7%	7%	13%	0%

## Moving from Grey Scale to HIP Briefs: Immediate PPFP

Type	Study Design	# with Positive Significant Results	# with positive results but no significant test	# with mixed results	# with non-significant results	Other
I	Systematic Review of RCT	0	0	0	0	0
?	Systematic Review of non-RCTs	0	0	0	0	0
II	RCT	0	0	0	0	0
IIIa	Control with pre/post (not randomized)	0	0	0	0	0
IIIa	Control with post only (not randomized)	0	0	0	0	0
IIIa	Other Rigorous Design	0	0	0	0	0
IIIb	Pre/post no control	0	0	0	0	0
?	Routine/program data	1	4	0	0	0
IV	Other Non-Rigorous design	0	0	0	0	0
V	Qualitative	0	0	0	0	0
		20%	80%	0%	0%	0%

## Robust discussion about two briefs

- Social franchising – Service Delivery promising practice
  - Adding more detail on implementation
  - Adding some evidence from modeling
  - Is it social franchising or social franchising + vouchers that is effective?
- Digital health: SBC promising practice
  - Evidence mostly from SMS applications
  - Practice is rapidly evolving so updates will need to be more frequent
  - Need a sense of magnitude of the interventions
  - Implementation section important (e.g. privacy)

## HIP Materials promoted in early 2018

Male Engagement  
on Decision-  
making Guide –  
Launch Jan 2018

HIP Brief Digital  
Health for Clients -  
promoted in early  
2018

HIP Brief Social  
Franchising -  
promoted in early  
2018

## HIP Materials for comment in 2018

- New HIP Brief IPC – comments late Jan/ Feb
- *Updated* HIP Brief Financing – comments late Jan/ Feb
- *Updated* HIP Brief Vouchers – comments late Jan/ Feb
- Chapeau on SBC category – early 2018
- Decision-making guide on Financing – Spring 2018
- *Updated* Post abortion FP – Summer 2018
- *Updated* Social Marketing – Summer 2018

## Concept Suggestions from 2016

### Upcoming HIP Briefs

- Digital Health for SBC, Client-Side – finalized Jan 2018
- Interpersonal Communication – underdevelopment

### Considered for Decision-making guide

- Engaging Men
- Family Planning in Emergency Settings

### Considered and did not go forward

- Making Family Planning Services Free
- Comprehensive Sex Education
- Facility-based Private Sector Providers to Expand Access to LARCs and Permanent Methods (PMs)

### Concept Note Not Submitted

- Provider Bias
- Governance
- Last Mile Solution for Ensuring Contraceptive Security
- Data for Decision Making
- Managing Side Effects


# High Impact Practices for Family Planning (HIPs) Website-Twitter-Webinars

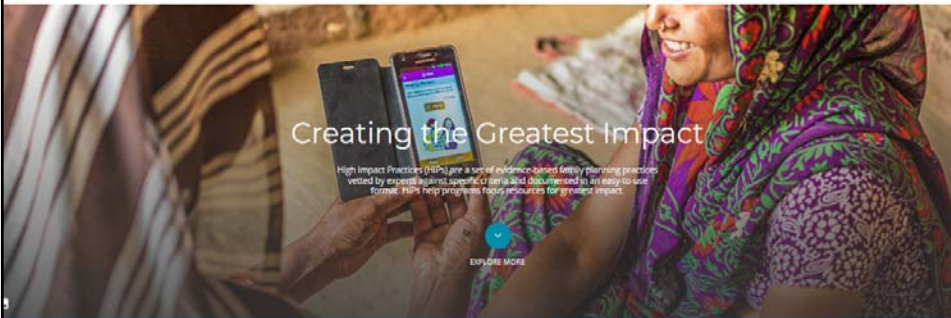
Debra Dickson  
K4Health Project  
December 4, 2017



## Website Redesign

- Early 2016 talks began about revamping the website
- Modernize and make more visually engaging
- Brief content more easily accessible and expose visitors to all HIPs information
- **AND** we wanted to optimize the brief content for search engines like Google
- Redesign team: USAID HIPs team (Shawn Malarcher, Caitlin Thistle, Erika Houghtailing), Peggy D'Adamo, Ados Velez May, Rati Bisnoi, and a team from K4Health
- Sent out an RFP to 7 companies and got 5 proposals
- Committee selected ForumOne to redesign the website


[BRIEFS](#)
[PLANNING GUIDES](#)
[PARTNERS](#)
[ADVISORY BOARD](#)
[OVERVIEW](#)




## Creating the Greatest Impact


High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and delivered in an easy-to-use format. HIPs help programs focus resources for greater impact.

[EXPLORE MORE](#)


### Explore the Evidence



**What works in Family Planning?**  
View the HIP List.



**Which HIPs are right for me?**  
View the Strategic Planning Guides.




**What are the HIPs all about?**  
View the Common Vision.

[SOCIAL AND BEHAVIOR CHANGE](#)
[PROVEN](#)

## Mass Media: Reaching audiences far and wide with messages to support healthy reproductive behaviors

**HIGH IMPACT PRACTICE:** Use mass media channels to support healthy reproductive behaviors.



Radio anchor Oche discusses issues with a family planning expert, Mariam Momoh, during a live programme about family planning on Wazobia FM in Abuja, Nigeria. © 2012 Akintunde Akinleye/NURHI. Courtesy of Photoshare

[References](#)
[Download: EN](#)

### High Impact Practice

#### Background

Which challenges can mass media help countries address?

What is the evidence that mass media programming is high impact?

How to do it: Tips from implementation experience



Tools and Resources

References

Suggested Citation

Acknowledgements

CONTACT

### Background

Mass media programming in reproductive health can influence individual behaviors by providing

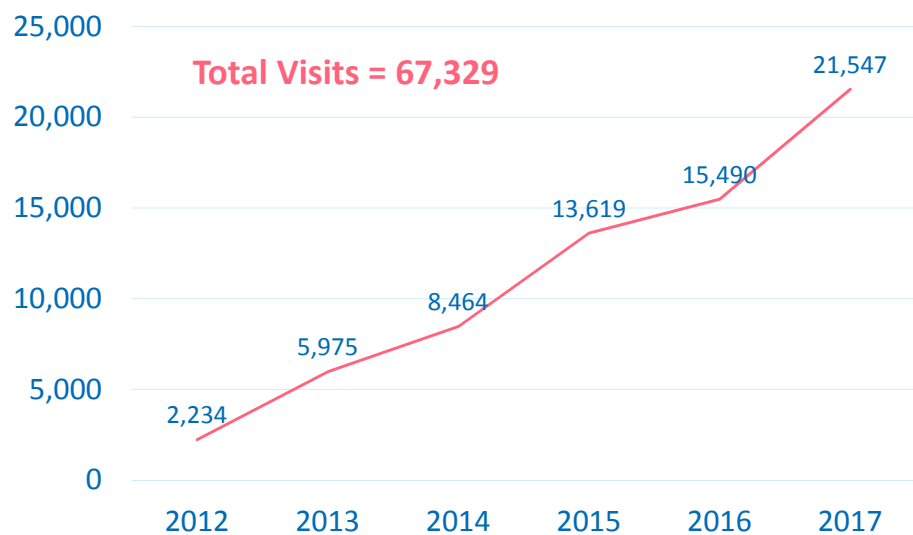
## In the five months after launch ...

(Jun 18, 2017 – Nov 2017)

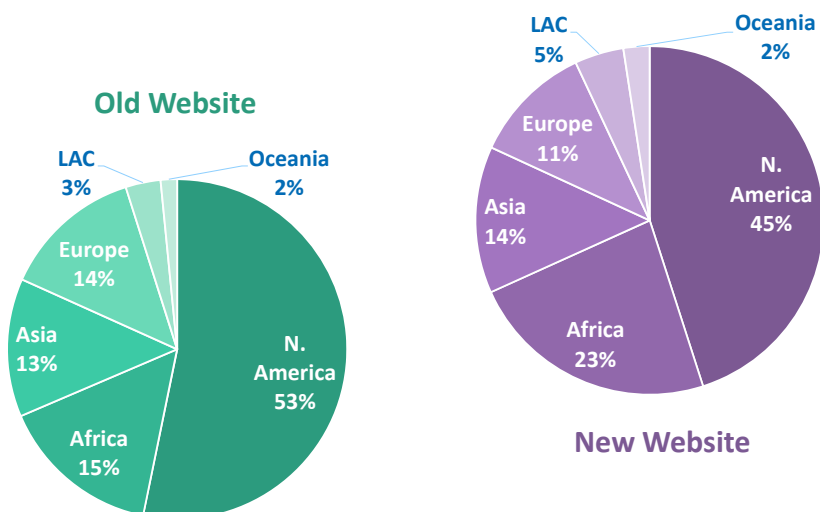
- **52%** increase in visits (8,540 to 13,021)
- **53%** increase in users (5,414 to 8,278)
- **75%** increase in pageviews (to 17,248 to 30,104)
- **51%** increase in returning visitors (3,303 to 4,981)

... compared to the five months prior to launch

## HIP Website Visits



## Visits by Continent



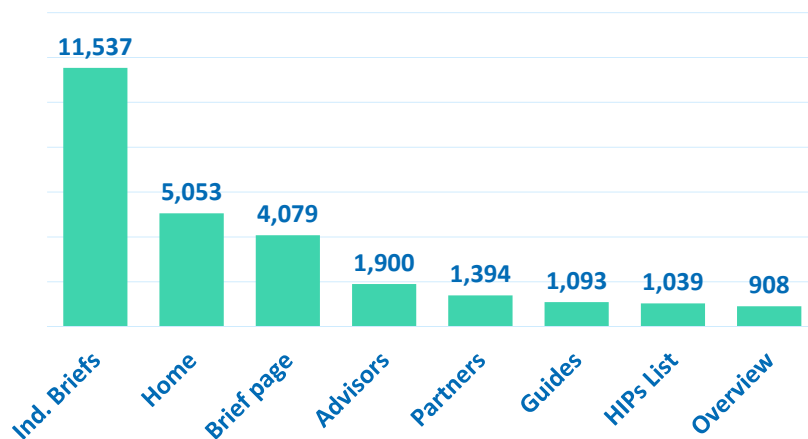
## Top AFR / ASI Visits by Country

Africa	2017	2016
Nigeria	738	362
Kenya	689	504
Uganda	483	175
Tanzania	339	242
Ghana	324	145
Ethiopia	310	198
South Africa	253	155
Malawi	153	43
Zambia	139	61
Zimbabwe	86	33
<b>All Africa</b>	<b>4,540</b>	<b>2,713</b>

Asia	2017	2016
India	843	509
Philippines	411	451
Pakistan	339	237
Nepal	271	213
Bangladesh	192	89
Indonesia	106	165
Turkey	72	42
Myanmar	71	27
Thailand	58	41
Afghanistan	55	27
<b>All Asia</b>	<b>2,945</b>	<b>2,251</b>

## New Website Page Views by Tab

Jun 18, 2017 – Nov 29, 2017



## New Website Pageviews - HIP Briefs

Brief	Pageviews
1. Adolescent-friendly Contraceptive Services	1,560
2. Community Health Workers	1,137
3. Digital Health for Systems	822
4. Mass Media	720
5. Mobile Outreach Services	658
6. Drugs Shops and Pharmacies	627
7. Community Group Engagement	623
8. Postabortion Family Planning	593
9. Social Marketing	571
10. FP/Imz Integration	517

## New Website Pageviews - HIP Briefs

Brief	Pageviews
11. Galvanizing Commitment	444
12. Educating Girls	396
13. Vouchers	391
14. Health Communication	373
15. Supply Chain Management	283
16. Economic Empowerment	251
17. Policy	235
18. Leaders and Managers	176
19. Financing Commodities and Services	154
20. IPPFP	49

## Scroll Tracking

- Adolescent-friendly Contraceptive Services
- Community Health Workers
- Drug Shops and Pharmacies
- Mobile Outreach Services
- Digital Health Systems
- Mass Media

## All HIP Briefs Downloads

Total 17,212

Brief	ENG	FRE	POR	SPA
HIP List	4332	292	73	199
Community Health Workers	1321	71	22	55
Adolescent-friendly Contraceptive Services	1032	13		29
Postabortion Family Planning	877	55	11	43
Educating Girls	797	49		53
Health Communication	757	42	15	80
FP/Imz Integration	671	45	14	32
Social Marketing	655	32	8	18
Drugs Shops and Pharmacies	625	43	19	25
Vouchers	582	27	10	19

## All HIP Briefs Downloads

Total 17,212

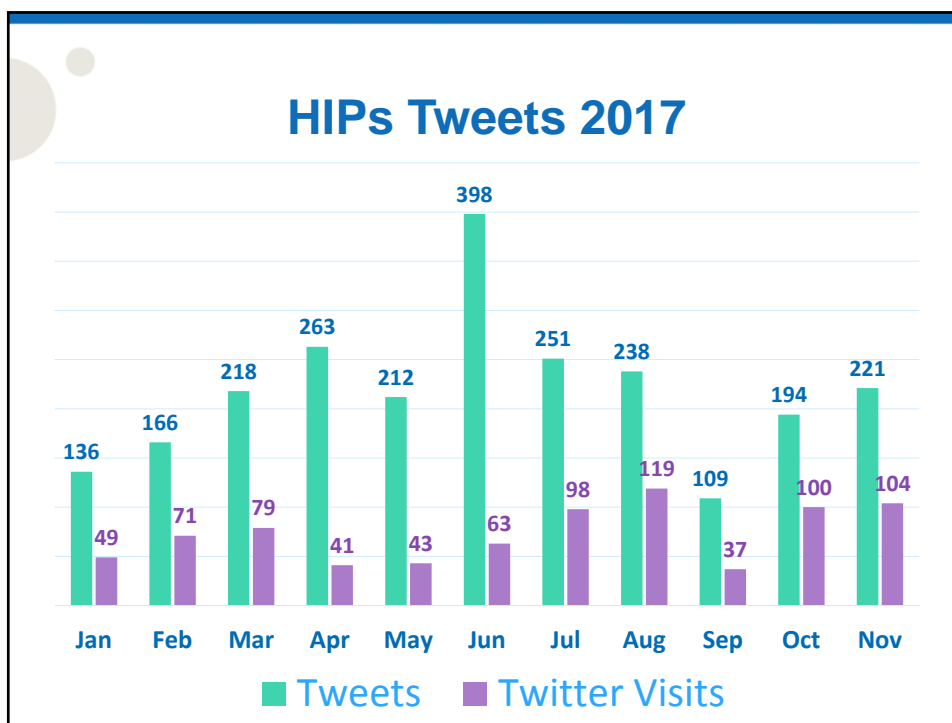
Brief	ENG	FRE	POR	SPA
Community Group Engagement	564			2
Supply Chain Management	564	32	9	70
Mobile Outreach Services	528	43		36
Leaders and Managers	484			23
Financing Commodities and Services	394	29		26
Policy	388	34	17	36
Galvanizing Commitment	387	26		37
Economic Empowerment	196			
Digital Health for Systems	132			
Mass Media	95			
IPFPF	17			

## Webinars

Webinar	Date	Views
High Impact Practices in Family Planning	May 2015	139
Community Health Workers	Apr 2016	160
Drug Shops and Pharmacies	Jul 2017	63
Family Planning and Immunization Integration	Oct 2017	28
Mobile Outreach Services	Aug 2016	103
Postabortion Family Planning	Apr 2016	58
Social Marketing	Apr 2017	58
Standards for Identifying Evidence-based Practices in RH	Jul 2015	114
Vouchers	Oct 2017	19

## HIPs Tweets - 2017

Month	Brief Topic	# Tweets
January	Economic Empowerment	136
February	Financing	166
March	Leaders and Managers	218
April	Adolescent-Friendly Contraceptive Services	263
May	CHW	212
June	Drug Shops	398
July	Galvanizing Commitment	251
August	Supportive Government Policy	238
September	Family Planning and Immunization Integration	109
October	Digital Health for Systems	194
November	Mass Media	221



### HIPs Tweets - 2017

Brief Topic	# Tweets	# Visits
Economic Empowerment	136	75
Financing	166	45
Leaders and Managers	218	37
Adolescent-Friendly Contraceptive Services	263	15
CHW	212	55
Drug Shops	398	17
Galvanizing Commitment	251	105
Supportive Government Policy	238	67
Family Planning and Immunization Integration	109	31
Digital Health	194	85
Mass Media	221	95

## IBP Updates

### HIPs Partners Meeting

4<sup>th</sup> December 2017

Nandita Thatte, WHO



## Outline

- IBP Survey of Tools including HIPs
- Documenting HIPs
- Regional Partners Meeting, New Delhi Feb 13-15 2018
- ICFP, Rwanda November 2018



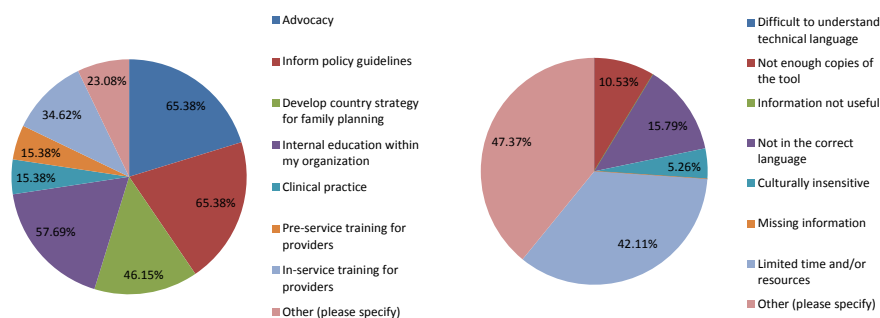
## IBP Survey of WHO Guidelines and HIPs

- Objective: To assess how IBP Member organizations are using IBP supported tools including HIPs
- Methods: 33/45 (73%) Member organizations completed online survey between July-August 2017
- 8 selected resources were assessed including HIPs
- Use of resources ranged from 45% (Consolidated Guide for SRH among WLHIV) to 84% (Medical Eligibility Criteria)
- **81% of organizations reported using the HIPs**



## Use and Barriers of HIPs

- CHWs and Mobile Outreach most commonly used HIPs (85%); Financing (58%) least used



- Other Barriers included: missing issues related to scale up; need to contextualize for different settings; difficult to gauge impact

## Scaling Up

- 83% of Member organizations are investing in scale up efforts
- WHO ExpandNet 9 Step Guide (68%) and Fostering Change (30%) were commonly reported methodologies
- Funding (71%), monitoring and evaluation (54%) documentation (54 %) and advocacy for scale up (54 %) were most commonly reported needs to support scale up efforts



## Key Messages

- Relatively high use of HIPs
- Service Delivery HIP briefs are most used
- Commonly used for advocacy, developing FP strategies
- Barriers include lack of time and resources, need to contextualize, measuring impact
- Explore case studies to further understand implementation
- Explore ways to illustrate linkage between WHO guidelines and programmatic HIPs



## Implementation Case Studies

- Purpose
  - To document implementation challenges and gaps; inform IR agendas, help measure impact
- Audience
  - Implementing partners
- Criteria
  - Focus on a single proven HIP (PAC-FP, Mobile Outreach?)
  - Multiple Countries to allow for comparisons
  - Methodology
    - WHO Documentation Tool, World Bank, Other



## IBP Regional Partners Meeting February 13<sup>th</sup>-15<sup>th</sup>, New Delhi

- Build on existing regional workshops (FP2020, WHO/SEARO)
- Engage regional/country based partners in IBP
- Task Team helping to develop agenda
- Expanding Access, Youth
- Integrating HIPs through Knowledge Café's
- FP Handbook Mini-Launch

Register:

<https://www.eventbrite.com/e/2018-ibp-regional-meeting-new-delhi-india-tickets-39716216272?ref=estw>



## IBP at ICFP 2018



INTERNATIONAL CONFERENCE ON  
**FAMILY PLANNING**  
KIGALI, RWANDA • 12-16 NOVEMBER 2018

- IBP Track will include 8 interactive sessions
- Early 2018 to identify IBP Member Organization as PoC for each session
  - Sessions should include local/regional perspectives/presenters
  - What *does not work* for implementation/scale up
  - Linkages to Universal Health Coverage
  - Partnerships



## **IBP HIPs Task Team Update**

**Ados May, IBP Secretariat**

December 4<sup>th</sup>, 2017



## **Outline**

- Task Team Meetings
- Webinars
- Dissemination of folders and materials
- Next steps



## Task Team Meetings - 2017

August

- Update on HIP dissemination activities
- FP2020 Country Action Plan analysis
- Discuss HIPs and a comprehensive FP strategy
- Review and revise task team TOR



## Task Team Meetings - 2017

November

IBP Survey and HIPs – assess how IBP members are using WHO Guidelines and HIPs

- High use of HIPs
- Barriers to use
- Explore ways to better link WHO Guidelines and programmatic HIPs to help facilitate use



## Matrix Aligning WHO Guidelines and Programmatic HIPs - Draft

	WHO Tool/Guidelines					
Programmatic Service Delivery High Impact Practices (HIPs)	Medical Eligibility Criteria (MEC)/SPR	Training Resource Package	Program Strategies for PFPF	SRH for Women Living with HIV	Task Sharing/ Optimizing Health Workers	IPV* and Sexual Violence against Women
Community Health Workers	X	X		X	X	
Post Abortion Care	X			X		X
FP Immunization Integration	X	X	X	X		X
Mobile Outreach	X			X		
Drug Shops and Pharmacies	X				X	
Social Marketing						
Vouchers						
Immediate Post-Partum	X	X	X	X	X	

## Task Team Meetings - 2017

### November

Implementation Case Studies - to better measure impact and implementation challenges

- Initially country-focus; now a practice
- Not evaluation but how. Potential questions
- Next steps: identify practice, learn how implemented & challenges, define 1-2 questions
- Focus on proven practices and scale up
- Seeking feedback from TAG on value add, criteria, and methodology ideas

## HIP Webinar Series

Date	English Series (Service Delivery)	Participants	Countries
Apr. 13, 2017	Social Marketing	155	52
July 12, 2017	Drug shops and Pharmacies	95	37
Oct. 3, 2017	FP and Immunization Integration	163	29
Oct. 18, 2017	Vouchers	96	19
Spanish Series (Enabling Environment)			
Mar. 21, 2017	Introduction to HIPs	54	18
July 6, 2017	Galvanizing Commitment	35	19
Aug. 23, 2017	Policy	45	19
Nov. 9, 2017	Financing Commodities and Services	46	15



## HIPs Webinar 2017 by the numbers

- 20+ organizations presented/moderated
- 52 countries participated (all regions)
- 649 participants
- 865 views



## Organizations (Moderators and presenters)

- RHSC – ForoLAC
- WHO
- USAID
- Pathfinder International
- Population Council
- MSH
- IntraHealth
- Ghana Health Service
- EngenderHealth
- JHU-CCP
- MSI
- OSAR Guatemala
- IPPF
- PSI
- DKT
- PHI
- FHI 360
- Abt Associates
- PAI
- Government of Mexico (Congress)
- PromSex Peru
- JSI
- UNFPA LACRO
- Ministry of Finance - Guatemala



## HIPs Webinar Accomplishments

- Reaching a wide audience across membership and geography
- Creating opportunities for sharing & exchange
- Global, regional and country participation
- Partnerships with FP2020, RHSC, others
- Content for HIPs website
- Positive feedback from global audience



## HIPs Webinar Next Steps

- Organize new installment based on opportunity and need, not necessarily on HIP category
- Initiate French series
- Portuguese series in collaboration with PAHO
- Survey participants on utilization/adaptation



## Dissemination of Folders and Materials

- Over 2500 in English, French, Spanish, Portuguese
- HIPs List, postcards, folders, individual briefs
- FP2020 (Asia and Anglophone Africa Focal Point Meetings – Philippines and Malawi), MSI (Vouchers Meeting - DC), PHI (Strategic Meeting - Belize), Pathfinder (Adolescent Meeting – West Africa), CORE Group (Conference – DC and Baltimore), RHSC, WHO (West Africa), WHO – PAHO, IBP (Washington, Bogota, San Salvador)
- OP Guinea Conakry
- Contact Erika Houghtaling ([ehoughtaling@usaid.gov](mailto:ehoughtaling@usaid.gov))



## Task Team Next Steps

- Share FP2020 Country Action Plan analysis
- Publish IBP survey results (HIPs)
- Finalize WHO tools-HIPs Matrix
- Deliver new webinar series in 2018
- Begin case studies documenting HIP Implementation



# MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES IN FAMILY PLANNING (HIPS)

Laura Raney

29 November, 2017  
HIP TAG Meeting, Washington, DC



[www.familyplanning2020.org](http://www.familyplanning2020.org)

## HIPS AND OTHER SIGNIFICANT AREAS OF PROGRAM INVESTMENT

<b>Service Delivery</b>	<b>Channels</b>	<b>Public sector</b>
		<b>Social franchising</b>
		<b>Mobile outreach</b>
		<b>CHW</b>
		<b>Drug shops and pharmacies</b>
	<b>Integration</b>	<b>FP/child birth @ facility</b>
		<b>FP/child birth @ home</b>
		<b>FP/IMZ</b>
		<b>PAC</b>
	<b>Youth Programming</b>	<b>Married</b>
		<b>Unmarried</b>

MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES

# COUNTRY DATA



Participating  
Countries

Our Work

Data &  
Analyses

Resources

About Us

Data & Analysis > In-Depth Analysis > Overview: Opportunities for Growth

## Overview: Opportunities for Growth

### Overview: Opportunities for Growth

Track20 serves as a resource to the global family planning community, providing data and analysis for a wide range of stakeholders on progress and opportunities in family planning. In this section, we highlight some of the key analyses we have been doing to help donors, countries, and other partners think about potential opportunities in and across countries.

Demand for  
contraception

Availability of methods

Access: PPFP

Access: Youth

Quality

Data Sources

When assessing potential opportunities for family planning, it is important to consider a wide range of areas related to demand for contraception, availability and access to services, quality and equity, and the enabling environment. The "Track20 Country Opportunity Briefs" bring together a wide range of data sources to allow for exploration of these key areas. Each brief looks in-depth at a single country, while, using the tabs to the left, you can explore each key area across countries.

Download Opportunity Brief

Select a country ▼

# FP OPPORTUNITY BRIEF

## Exploring Opportunities for mCPR Growth in Ethiopia

When assessing potential opportunities for family planning, it is important to consider a wide range of areas related to demand for contraception, availability and access to services, quality and equity, and the enabling environment. This opportunity brief brings together a range of data sources to allow for exploration of these key areas. This brief is meant to provide an overview of key data and population projections to spark conversations about priorities and potential impact. Further analysis, including additional segmentation by residence or region may reveal additional nuances.

### Putting Growth in Context: the S-Curve

Historical data shows us that contraceptive use grows in an S-shaped pattern. This is characterized by slow growth and little annual change when mCPR is low (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2), and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary. Understanding this concept provides countries with a template that can assist in:

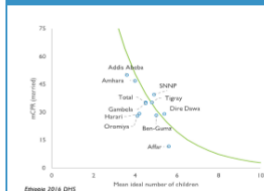
- Identifying program priorities
- Setting realistic targets for growth and contraceptive prevalence goals
- Maximizing the potential of obtaining the demographic dividend

Nationally, Ethiopia is in Stage 2. During this stage it is important to make sure there are no barriers to services by ensuring contraceptive availability, high-quality services, and continued demand generation. At this stage realistic, but ambitious mCPR goals should be established.

Stage 2: Growth  
Length of period and speed of growth affect, but there is potential for rapid acceleration.

Stages may vary sub-nationally. This should be examined when thinking about sub-national goal setting and planning.

### Assessing Demand



The 'demand curve' (green line) represents the likely maximum mCPR that could be reached given the existing level of demand. The curve is based on the mean ideal number of children, which represents a wide set of social constructs that may be influencing the motivation to use, or not use, contraception. The gap between where a country or region sits and the curve is the 'potential use gap' - an estimate of the maximum mCPR growth that could be expected within current levels of demand.

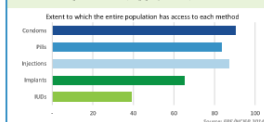
At the time of the 2015 DHS the mean ideal number of children in Ethiopia was 4.5. Based on this, at the national level, there was no or a small potential use gap, meaning there may be limited growth in mCPR without changes in demand.

Each blue dot in the graph represents a data point from the DHS; the solid dot shows the National value. The green 'demand curve' is based on global data. Within any country, there is some range on the true maximum based on contextual factors, and therefore, some areas may sit above the curve. In these areas additional mCPR growth may be limited without further changes in demand.

### Availability of Contraceptive Methods

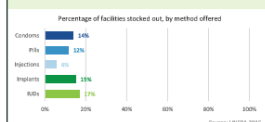
#### Is there a need for expanded access?

The graph below shows data from the Family Planning Effectiveness and Coverage (FPEVC) survey in Ethiopia. It displays the extent to which the entire population has access to each method. For methods that some low, efforts may be needed to expand access to ensure women have access to full range of methods. This could be achieved through policy changes such as task-shifting, training in additional training of health care workers, engaging the private sector, or other interventions.



#### Are stock-outs a barrier?

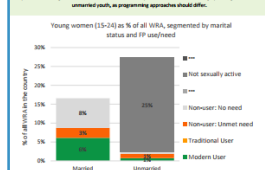
The graph below shows data on stock-outs by method. Stock-outs can have an impact on contraceptive prevalence and method choice. By limiting availability of FP, countries with high levels of stock-outs may be restricting the supply that is most needed to ensure women have access to a range of methods. In countries where stock-out levels are low, additional stock-outs may be needed to ensure adequate stock continues to reach facilities.



## Expanding Access to Key Populations

### Reaching Youth

The graph below shows the proportion of all women of reproductive age (15-49) who are young (15-24) segmented by marital status and FP use/need. These segments are important to take into consideration when thinking about youth interventions. When a large proportion of women of reproductive age are young women with an unmet need for modern contraception (orange segments in graph), there is the largest opportunity for increasing mCPR growth in youth to lead to growth in mCPR. Interventions should be put in place to ensure rapid and legally informed married or unmarried youth, as programming opportunities should differ.

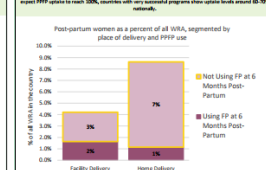


In Ethiopia around 4% of all women are youth with an unmet need for modern methods (sum of orange segments). Of these young women with an unmet need for modern contraception, 68% are married, and 57% are aged 20-24.

Source: ICF 2015 and secondary analysis from 2015 DHS

### Reaching Post-Partum Women

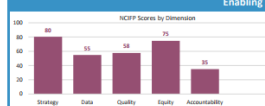
The graph below shows the proportion of all women of reproductive age (15-49) who are post-partum, segmented by post-partum FP use (PPFP). These women are important to take into consideration when thinking about post-partum interventions. When a large proportion of women of reproductive age are post-partum women with an unmet need for modern contraception (orange segments in graph), there is the largest opportunity for increasing mCPR growth in post-partum women to lead to growth in mCPR. Interventions should be put in place to ensure rapid and legally informed married or unmarried post-partum women, as programming opportunities should differ.



Overall, modern PPFP uptake at 6 months in Ethiopia is 23%. Combining this with demographic data, it is estimated that 13% of women of reproductive age in Ethiopia are post-partum in a given year and 38% are post-partum and not using a modern method of contraception. This last group represents the potential contribution of PPFP to mCPR growth.

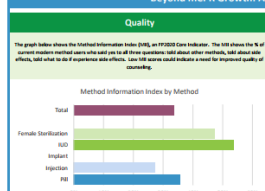
Source: ICF 2015 and secondary analysis from 2015 DHS of PPFP uptake at 6 months

## Enabling Environment

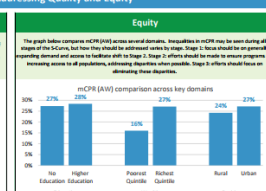


The strength of the existing environment can impact the potential for growth in mCPR. The National Composite Index on Family Planning (NCFP) is a new tool developed to support FP2020 efforts to better understand the enabling and policy environment for family planning. The NCFP measures both the existence of policies and program implementation, using 15 individual scores organized under five dimensions: strategy, data, quality, equity, and accountability. Summary results are shown in the graph to the left; dimensions with low scores may signal the need for efforts to improve elements of the policy environment.

## Beyond mCPR Growth: Addressing Quality and Equity



Source: 2015 PHASED BP



Source: 2015 DHS

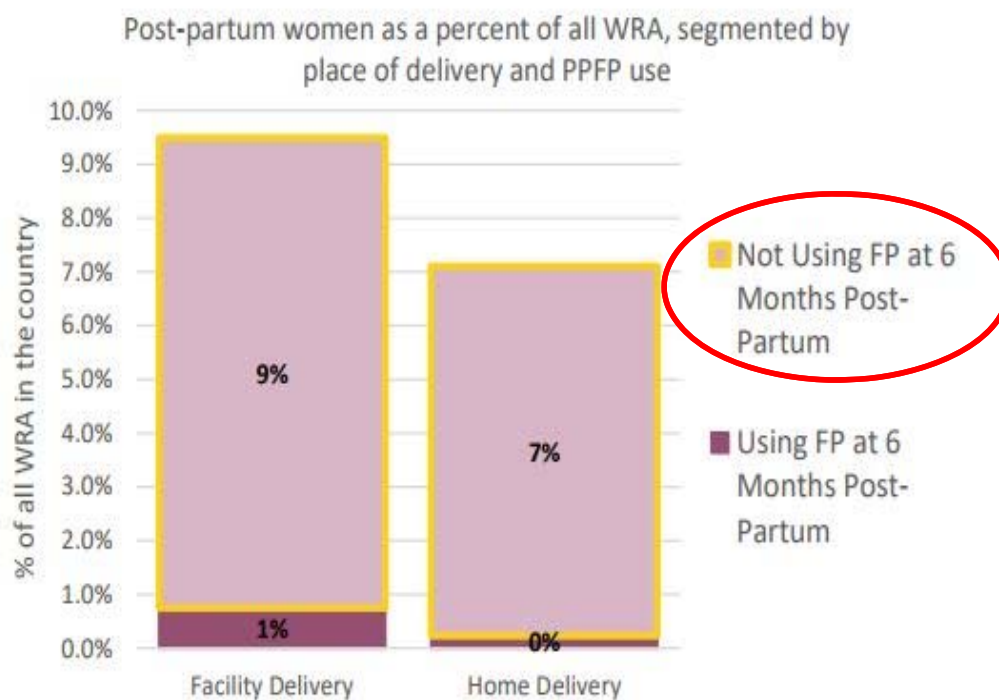
Analysis developed by Track20, learn more at Track20.org

## HIPS AND OTHER SIGNIFICANT AREAS OF PROGRAM INVESTMENT

<b>Service Delivery</b>	<b>Channels</b>	Public sector
		Social franchising
		Mobile outreach
		CHW
		Drug shops and pharmacies
	<b>Integration</b>	FP/child birth @ facility
		FP/child birth @ home
		FP/IMZ
		PAFP
	<b>Youth Programming</b>	Married
		Unmarried

MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES

## Potential opportunities for accelerating mCPR growth - PPFP

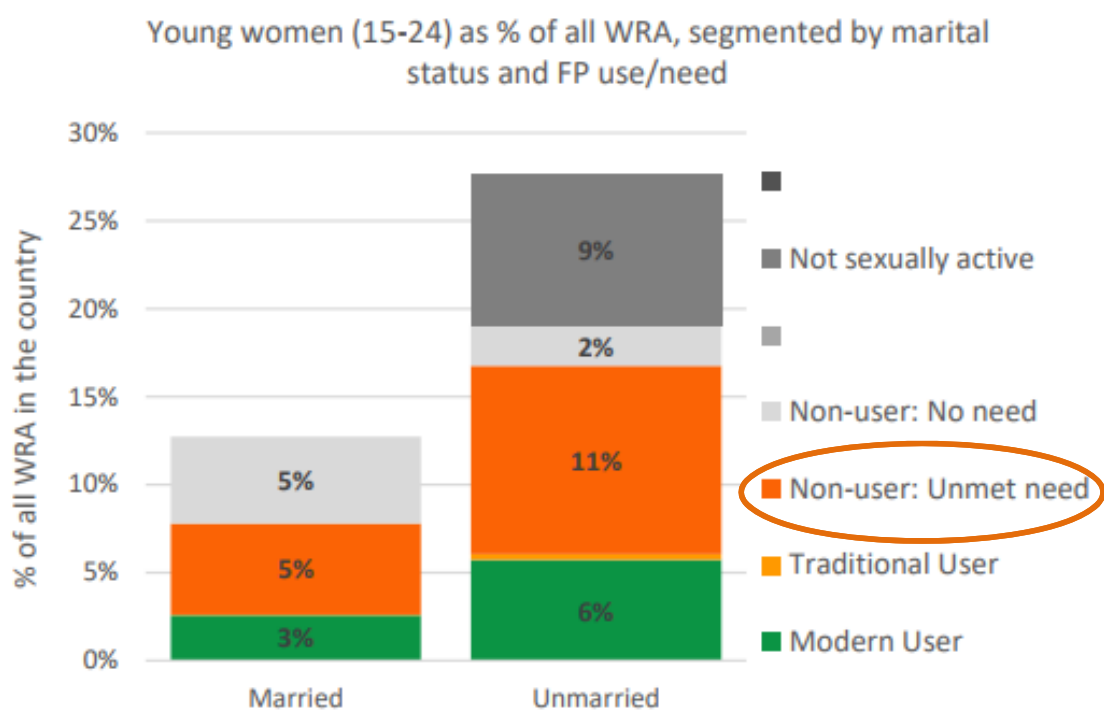


MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES

## USING YOUR DATA- SAMPLE COUNTRY

Integration	High Impact Practices (HIPs) and other significant areas of program investment	Potential opportunities for accelerating mCPR growth
	FP/child birth @ facility	max impact - <b>9pp</b> mCPR
	FP/child birth @ home	max impact - <b>7pp</b> mCPR
	FP/IMZ	max impact - 16pp mCPR

## Potential opportunities for accelerating mCPR growth – Adolescents and Youth



## USING YOUR DATA- SAMPLE COUNTRY

	High Impact Practices (HIPs) and other significant areas of program investment	Potential opportunities for accelerating mCPR growth
Youth Programming	married	max impact - 5pp mCPR
	unmarried	max impact -11pp mCPR

## KEY DOCUMENTS REVIEWED

Country Example	High Impact Practices (HIPs) and other significant areas of program investment	FP 2020 Commitment	Costed Implementation Plan/Strategy	FP 2020 Action Plan 2016-2017	Potential opportunities for accelerating mCPR growth
-----------------	--	--------------------	-------------------------------------	-------------------------------	--

	Investments with good potential for growth and consistency in planning
	Areas requiring further clarification and known to be challenging to implement and/or ineffective
	Potential missed opportunities

MAPPING ANALYSIS OF HIPS							
Country Example		High Impact Practices (HIPs) and other significant areas of program investment*	FP 2020 Commitment	Costed Implementation Plan/Strategy	FP 2020 Action Plan 2016-2017	Potential opportunities for accelerating mCPR growth	
Service Delivery	Integration	FP/child birth @ facility		No CIP		max impact - 8pp mCPR (2)	
		FP/child birth @ home				max impact - 6pp mCPR (2)	
		FP/IMZ				max impact - 14pp mCPR (2)	
		PAC					
	Youth Programming	married	YFCS		YFCS	max impact - 5pp mCPR (3)	
		unmarried	CSE, peer educators			max impact - 11pp mCPR (3)	
	other						
		Investments with good potential for growth and consistency in planning					
		Areas requiring further clarification and known to be challenging to implement and/or ineffective					
		Potential missed opportunities					
MAPPING ANALYSIS OF THE HIGH IMPACT PRACTICES							

## MAPPING ANALYSIS OF THE HIPS

	High Impact Practices (HIPs) and other significant areas of program investment	FP 2020 Commitment	Costed Implementation Plan/Strategy	FP 2020 Action Plan 2016-2017	Potential opportunities for accelerating mCPR growth
Social and Behavior Change	SBC strategy		develop		Regional variations in demand may be limiting use among key populations (4)
	Mass media		target audience youth, men & train journalists	Good Life campaign	
	CGE		male engagement, durbars		
	Social marketing	Initiating for selected methods	test cost recovery scheme	Establish SMO	
	other		MOH capacity building		

	Investments with good potential for growth and consistency in planning
	Areas requiring further clarification and known to be challenging to implement and/or ineffective
	Potential missed opportunities

CONFERENCE OR PRESENTATION TITLE, CONFERENCE LOCATION

## MAPPING ANALYSIS OF THE HIPS

		High Impact Practices (HIPS) and other significant areas of program investment*	FP 2020 Commitment	Costed Implementation Plan/Strategy	FP 2020 Action Plan 2016-2017	Potential opportunities for accelerating mCPR growth
Enabling Environment	Broad support for FP	Policy			private sector analysis and guideline	
		Advocacy		religious leaders, Men's Day, FP champions		
	Financing	commodities	continued allocation from MOH pooled fund		GFF	
		domestic resource mobilization	earmark funds from SDG pool fund	Increased domestic funding		
		diversify funding				
		Supply Chain	Build capacity of PFSA (6)	improve forecasting, human resources, etc		Stock outs for all methods <10% (5)
		Management and leadership		improved data use		
		Other				

	Investments with good potential for growth and consistency in planning
	Areas requiring further clarification and known to be challenging to implement and/or ineffective
	Potential missed opportunities

CONFERENCE OR PRESENTATION TITLE, CONFERENCE LOCATION

## COUNTRY ANALYSIS OF THE HIPS

Impact of knowledge and analysis on country focal point discussions and country action plans:

- South Sudan - Postabortion FP
- Kenya, Liberia, Nigeria – Adolescent and Youth-Friendly Contraceptive Services
- Mozambique – FP/Immunization Integration
- Sierra Leone - IPPFP