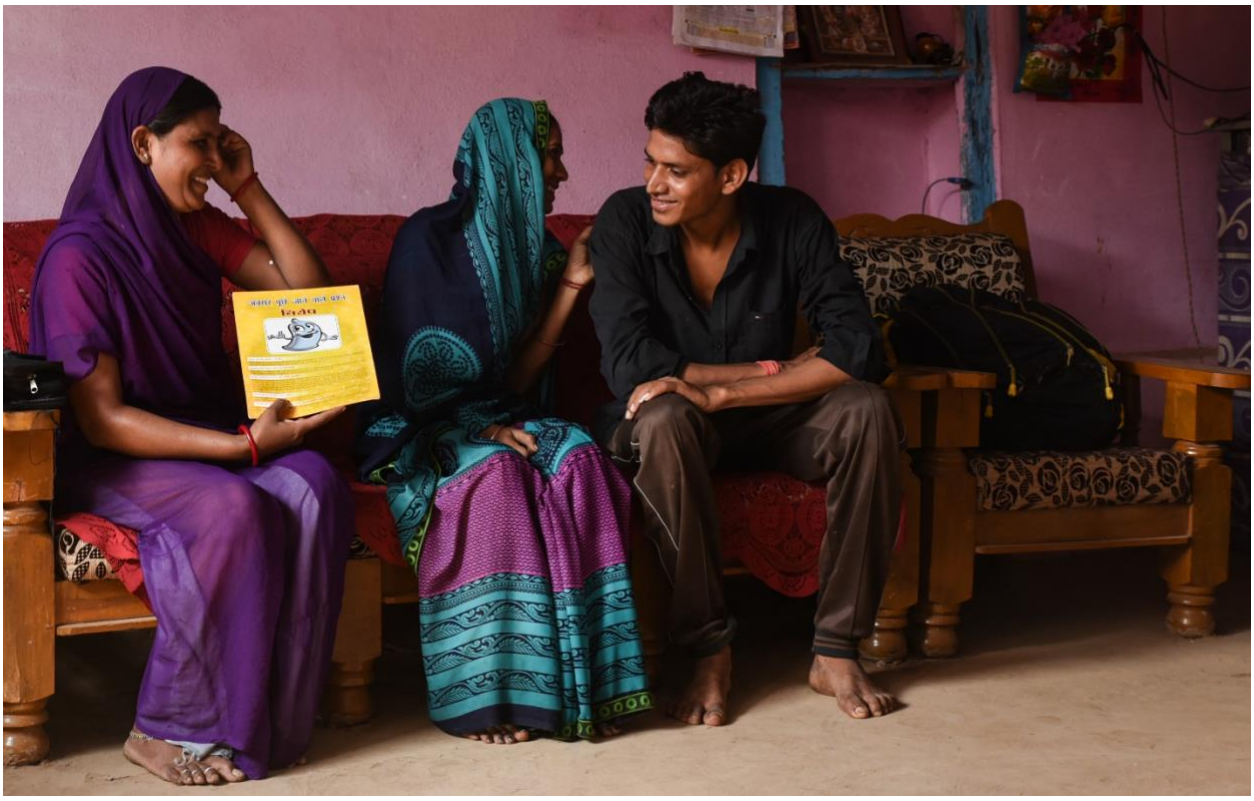
Guidance for Developing an Evidence Brief for High Impact Practices in Family Planning

January 24, 2018



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Purpose: High Impact Practice (HIP) Evidence Briefs are intended to facilitate the use of evidence to inform program investments in a developing country context. They provide an unbiased synthesis of the currently available evidence and experience on HIPs implementation. These documents also identify critical evidence gaps and tested tools related to the specific HIP of interest.

Audience: Individuals managing family planning (FP) programs or investments in a developing country. The Briefs are not intended to include the level of detail necessary for program implementation, but rather in support of advocacy, design, and oversight of FP funding.

Length: Total length should be no more than 8 pages, including pictures and graphics. If space does not allow for references to be included in the full document they will be made available separately.

- 1-inch margins all around
- 16-pt title
- 14-pt headings
- 11-pt body text, references in 9-pt
- Single spaced, with double spaces in between paragraphs
- Format citations using Uniform Requirements reference style to format the references: https://www.nlm.nih.gov/bsd/uniform_requirements.html; for further details refer to the National Library of Medicine's *Citing Medicine* guide.

Evidence: The Briefs are intended to translate a wide variety of evidence and experiential learning into policy and program guidance. Where possible, quantitative data will provide support for the rationale and evidence of impact. Qualitative data can be used to support and strengthen these arguments. Experiential knowledge is incorporated into the Brief in the implementation section. However, it is preferable if arguments are supported by documentation of any type.

When presenting evidence, use data when possible. The source of definitive statements should be clear, e.g., "based on experiential studies," "based on expert opinion," etc. Measures of effect should be standardized across settings. Original research should be used when available. An exception is made when a systematic review has been conducted by a credible source.

Language: Briefs should be written in plain language. Avoid using jargon. Words like "integration," "quality," and "engagement" are interpreted in a variety of ways. It is preferable to focus on observable inputs and outcomes that can be measured and reported.

Do not reference branded models or tools. Instead describe the intervention in common terms. Organizations should not be specifically referenced in the text although they should be cited at the end. Specific branded tools can be referenced in the "Tools" section where appropriate.

Content: The structure and content of the Briefs will vary somewhat depending on the type of HIP (enabling environment, service delivery, social and behavior change) and the level of evidence (proven, promising). The outline of the Briefs should be structured as follows:

Title

The focus of the Practice (e.g., CHW, PAC, etc.), what the Practice is intended to accomplish (e.g., bringing FP services to where people live and work, strengthening the family planning component of postabortion care).

What is the proven (promising) high impact practice in family planning?

HIPs should be stated to clearly identify what will be different. These changes should be observable and measurable. They should be free of jargon to maximize clarity and consistency in interpretation.

Background

This section should define the practice.

Theory of Change

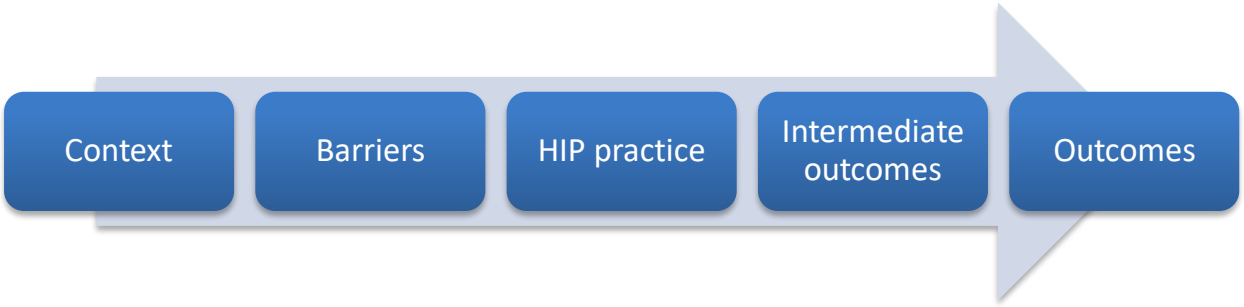
Each Service Delivery and Social and Behavior Change HIP Brief should contain a Theory of Change (ToC). The ToC provides a "snapshot" diagram with a clear and concise explanation of what the HIP intervention does, what impact it will have, and the process through which it will happen. Developing the ToC should help authors to clarify their thinking of how the intervention brings about change, challenge their assumptions, and tease out the strengths and weaknesses of the evidence. For the HIP Technical Advisory Group (TAG) members that review briefs, the ToC should help to understand what is being implemented, the intermediate changes directly affected by HIP implementation, and expected behavior change.

The logic model diagram is a visual representation of the sequence of ToC. Elements of the TOC should be stated succinctly and clearly as possible. The elements can be explained in greater detail in the body of the text. Elements of the TOC should be measurable and relate directly to issues addressed by the HIP, the essential components of the practice, and outcomes directly affected by the practice. Authors should specify the contextual conditions required to effectively bring about change. The logic model has five components:

- **Barriers** - Individuals face many barriers to accessing and using family planning, this box should clearly state the barriers to use that the HIP is attempting to address.
- **HIP/HIP+** - This box restates the HIP as articulated at the beginning of the brief under "What is the practice?"
- **Intermediate outcomes**: These are the intermediate changes that are necessary to lead to the key outcome – changes in contraceptive use, fertility, etc. These changes may occur at the individual, societal, or service delivery level. Given their complexity, some interventions may lead to more than one intermediate outcome, or intermediate outcomes may lead to more distal outcomes rather than directly linking with the key outcome. Authors can decide if the

mechanism of action is best reflected by one or two boxes for intermediate outcomes. Typically these reflect:
    - Changes at the service delivery level or social norms
    - Changes at the individual level.
- **Outcomes**: This should detail the impact on contraceptive use. Other relevant outcome measures can be included, such as: unintended pregnancy, fertility, or one of the primary proximate determinants of fertility (such as delay of marriage, birth spacing, or breastfeeding). The included outcome must be evidenced by the literature used.

Example of HIP Theory of Change:



Why is this practice important?

This section provides the rationale or context for the Practice. What problems can this practice address? The rationale should be specific to the Practice rather than to FP more generally. This section will directly contribute to the Theory of Change (TOC) for the practice. Use quantitative data when possible to demonstrate the magnitude of the problem. Consider graphics.

What is the impact?

Authors should provide proof of concept here, including effect on:

- Contraceptive use (ideally this would be contrasted with a control group or demonstrate effect at the population level)
- Feasibility of implementation in a variety of settings
- Other proximate determinates of fertility
- Fertility
- Ability to reach large-scale implementation
- Cost-effectiveness

Consider graphics. For Practices with a limited evidence base, authors should propose the priority research agenda and/or knowledge gaps. Authors should synthesize/summarize evidence rather than attempt to include details from each study.

How to do it: Tips from the implementation experience

This section allows authors to synthesize experiential and tacit knowledge. What lessons have been learned from implementation? Consider the following:

- What didn't work? Don't make the same mistake(s).
- Gender issues
- Adaptations for special populations (e.g., youth, rural, poor)
- Sustainability (e.g., provider motivation, task sharing)
- Supply chain issues

Consider boxes to highlight critical details

Boxes are another way to display experiential knowledge from above. Each box should contain short, easy-to-understand bullets. Avoid duplication between boxes, such as "Elements of Successful Programs" and "Factors Contributing to Failure".

It is often difficult to distinguish between an individual opinion or bias and experiential knowledge that is shared among a larger group of implementers/experts. Inclusion of experiential knowledge should be carefully vetted to ensure that it reflects broad experience rather than conjecture.

Tools

Link to a small number of tools (no more than 4). This is not intended to be comprehensive, so the authors and contributors may need to review and prioritize the tools. A short description should be included with the link.

Process:

An Evidence Brief can originate in a number of ways:

1. To update a HIP currently included on the HIP List
2. To propose a new concept for consideration on the HIP List
3. A specific request from country programs

Anyone is welcome to undertake the development of an Evidence Brief. At the Fall HIP Partners' Meeting we request concept ideas. This helps the Partnership coordinate efforts, avoid duplication, and ensure timely consideration by the TAG. A developed Brief does not necessarily result in inclusion on the HIP List. Evidence Briefs that do not meet the evidence requirement for HIP will be made available on the HIP website. The TAG ultimately determines the categorization.

Once a HIP is identified for the development of an Evidence Brief, it should follow a process similar to the one described below. Adaptations of this process may be required.

Step 1: Identify a group to facilitate the development of the Brief. This usually includes one or more of the following: 1) one or two technical experts or champions, and 2) a representative from the HIP coordination group to facilitate the review process and ensure consistency across materials in development. We have found that small writing teams work best and they can draw on additional input as needed.

Step 2: Identify a primary author. It is helpful to have one person develop a first draft which is then reviewed by a larger group (usually 4 or 5 individuals). The author should understand research and present information in an unbiased, clear manner. The author should be well respected in the field.

Step 3: Once a first draft is developed, it is distributed to endorsing organizations. A short consultative meeting may be required if there are issues defining the content. The original organizing group should identify any additional individuals or organizations that will participate in the first review. This group should include representatives from outside the family planning field, if appropriate, and technical experts from within the field.

Step 4: Once the Brief is revised it is sent for a third-party fact check, after which it is ready for review by the TAG. This usually takes place in the context of a TAG meeting (either at the fall or summer meeting). The TAG makes recommendations regarding the inclusion of the HIP on the HIP List, reviews any substantial adjustments or changes to the wording of the HIP, and provides guidance on the strength of the evidence base. The TAG also reviews and revises the research agenda proposed in the Brief.

Step 5: After comments from the TAG are incorporated, the brief is copyedited and laid out. Copyedited versions of the Briefs are again sent to endorsing organizations for approval (no additional changes are made to the Brief).

Final versions are available through the website and in hard copy.