High Impact Practices
Partners’ Meeting Report

November 30, 2018

PATH/RHSC Washington Office
455 Massachusetts Ave NW
Suite 1000
Washington, DC 20001
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HIP Meeting Notes

Welcome
Martha Brady, PATH, and Sarah Onyango, IPPF, IBP Chair, gave welcoming remarks and introduced the facilitator for the day, Jennie Greaney, UNFPA. Ms. Brady remarked on the ongoing support to HIPs by PATH and the Reproductive Health Supplies Coalition (housed at PATH), including their contribution to past and current work updating a number of HIPs, including the supply chain management brief, and the collaboration with a number of partners in the documentation of implementation of Drug Shops and Pharmacies. Ms. Onyango welcomed participants on behalf of IBP, a key partner in the dissemination and documentation of implementation of HIPs.

HIP, IBP, and FP2020 Updates and Discussion
HIP Updates
Shawn Malarcher, USAID, provided updates on behalf of the HIP TAG. The HIP TAG held its biannual meeting immediately preceding the HIPs Partners Meeting. Ms. Malarcher shared with participants a number of key updates on this work, including the publication of three briefs in 2018: Digital Health for Social and Behavior Change, Social Franchising and Domestic Public Financing. In addition, the Social and Behavior Change overview was completed and launched in 2018. Ms. Malarcher also reported on the work in progress the TAG is leading and some activities programmed to be completed in the upcoming months.

The TAG is currently working on arriving at a definition of equity and how equity is measured. This topic was led at the TAG meeting by Karen Hardee, Hardee and Associates, who recommended to the TAG the development of an equity planning guide. The TAG recommended the creation of a guidance paper to continue the discussion on this topic. The TAG also supports the continued efforts to enhance and improve the HIP website to include features in its architecture that facilitate transparency and ease of use. Ms. Malarcher also informed participants that the TAG continues to work on the Interpersonal Communication (IPC) brief and the authors will adapt the content according to the recommendations received by the TAG and the interim review group. The IPC brief will not go through an additional review period. Two existing briefs have been updated and will be launched in the next few months: Vouchers brief has been reclassified as a HIP enhancement and PAFP will be relaunched as a proven Service Delivery brief. During the TAG meeting, Ms. Malarcher presented on a number of key reflections on the HIP initiative and shared the same at the Partners’ meeting: The high quality of the briefs is a product of intensive engagement,
investment, and ownership of all involved. The credibility of the HIPs body of work rests on transparent and rigorous processes that include review of existing evidence, analysis, etc. These processes require ongoing management and resources. Ms. Malarcher also noted two factors that make a brief better utilized: a committed champion who facilitates dissemination and utilization, and when the practice is clearly defined. Ms. Malarcher closed her update reminding participants that the HIPs work is an evolving process and thanked all endorsing organizations for their contributions and support. Please see slides for more information.

HIP Production and Dissemination Team Update

Caitlin Thistle, USAID, provided a comprehensive update on the HIP P&D Team, which provides strategic leadership on the dissemination and utilization of HIPs at global, regional, and national levels. For more details, please see the presentation. Ms. Thistle presented on the team’s responsibilities, which include the production and dissemination of HIP products, the constant improvement and maintenance of the website, and the coordination of the translation of materials to the three other languages (FRE, POR, SPA) supported by the partnership. Ms. Thistle informed those present that website traffic increased significantly since last year (2017) with traffic from the US, India, and Nigeria leading the number of visits. Another trend is the percentage of visitors to the website via a mobile device, which is now at 30% of total visits. The team continues to lead efforts in producing and distributing printed and virtual materials to a diverse audience. Between October 2017 and September 2018, six webinars were conducted, reaching more than 2000 people, of which 40% are located in the Global South. Ms. Thistle was pleased to announce the website is now available in French, Spanish, and Portuguese.

IBP Updates

Nandita Thatte, IBP, provided updates on behalf of the IBP Secretariat. Dr. Thatte reminded participants about the three strategic objectives of IBP, which include increased access to HIP and WHO tools, support to scale up, and partnerships. Dr. Thatte shared preliminary results of the IBP midterm evaluation. Related to HIPs, a couple of findings were shared: (1) A majority of survey respondents indicated that they use HIPs for expanding personal knowledge; (2) Similar to the 2017 results, a third of respondents identified limited time and resources as the main barriers to utilizing HIPs. Final results of the survey will be published soon. All IBP activities and technical meetings in 2017-18 provided opportunities for the dissemination of HIPs and the engagement of partners (current and new) in the work. Main activities included the partner meetings in India and UK, the WAHO Good Practices Forum in Accra, FIGO in Rio de Janeiro, and the ICFP IBP track in Kigali. IBP leads the work on the HIP webinar.
series in English, with plans to expand the series to other languages, including Portuguese and French. In closing, Dr. Thatte invited those present to participate in two upcoming IBP meetings: the IBP Knowledge Share Fair at the PMNCH Partners Forum in New Delhi, December 2018, and the IBP Regional Meeting in Istanbul focusing on FP in humanitarian settings in April, 2019. Please see slides for additional information and details.

**FP2020 Update**

Martyn Smith, FP2020, provided updates on the ongoing work of the FP2020 Secretariat. Please see slides for more details. Mr. Smith reflected on the tremendous growth of the partnership since the 2012 London summit that launched FP2020. As of July 2018, 317 million women and girls were using modern contraceptive methods in the 69 FP2020 focus countries, 46 million additional users compared to the 271 million users in the 2012 baseline. Mr. Smith also presented on the approach to engage the 44 commitment-making countries in the partnership, which include focal point groups, data consensus workshops, the development of CIPs, convening regional focal point workshops and identifying actions to accelerate progress. On this last point, the work with HIPs is particularly important: FP2020 led the HIPs analysis to map HIPs in country strategic documents to identify opportunities to accelerate mCPR growth, areas for further clarification, and potential missed opportunities. Ms. Smith added that this mapping exercise also provided an opportunity for country focal points to have a tool at their disposal to prioritize evidence-based interventions (HIPs). The country HIP analysis will be published in the FP2020 website in the coming months. Mr. Smith also provided a brief update on FP2020 beyond 2020: The Secretariat will engage stakeholders in a consultation process to identify priorities and map out where the movement is going as well as individual countries and how to get there. Mr. Smith noted that this is a unique opportunity for the FP community to set an ambitious, specific, and achievable vision.

**New Concepts for Consideration**

At each Partners’ Meeting participants have an opportunity to suggest new concepts for the HIP Initiative. Concepts could be considered for development into an evidence brief, an enhancement, or a strategic planning guide. Those suggesting new concepts will be asked to write a short concept note which is reviewed at the next HIP TAG meeting. No more than two new concepts would be developed in a given year. The following were suggested by participants:

- Working with faith leaders (Susan Otchere, World Vision)
• New product introduction (Martha Brady, PATH)
• Scaling-up (Laura Ghiron, ExpandNet and Mario Festin, WHO)
• Integration of HIV, cervical cancer, and FP (Charlotte Warren, Population Council and Liz Creel, JSI)
• Financial planning and youth (Claire Cole, PSI)
• Youth engagement and adaptive management (Claire Cole, PSI)
• Social insurance, universal health coverage (Fabio Castaño, Pathfinder International)
• Nudge approaches (Mariela Rodriguez, CARE International)
• Strategic purchasing (Susan Mitchelle, Abt Assoc)
• Provider retention (Jennie Greaney, UNFPA and Chris Galavotti, BMGF)
• Social accountability (Mariela Rodriguez, CARE International)

• Other concepts mentioned:
  o Myths and misconceptions – already reviewed by the TAG
  o FP in humanitarian settings - Jennie Greaney working on a Strategic Planning Guide

Fireside Chat: Regional and Country Perspectives: Triumphs and Trials
Ados May, IBP, moderated a fireside chat session to share experiences on the development, dissemination, and implementation of HIPs. The session also sought to provide a space to share lessons learned and challenges. This was a unique opportunity to hear about the use of HIPs in three different regions and settings. The experiences shared included the use of HIPs in Latin America, a region with limited donor presence; West Africa, a region where an implementing partner designed a project utilizing HIPs; and Burundi, an FP2020 country that has lessons to share following the HIPs analysis exercise recently completed by the FP2020 Secretariat. The salient points shared by each presenter:

• **Regional Use in LAC (Rodolfo Gomez Ponce de Leon, PAHO):** Dr. Gomez shared an inspiring story of bringing HIPs to a regional midwife association meeting in Latin America, where the Zika outbreak reignited family planning programming. Dr. Gomez used an interactive web-based quiz to engage the audience and pique their interest in HIPs as an evidence-based tool that decision makers can utilize to make enhancements and corrections to their programs. He emphasized the importance of translation and highlighted dissemination of HIP products in Spanish and Portuguese to PAHO member countries. The relative maturity of FP programs across the LAC region makes it a fertile ground for the use of HIPs by a number of partners and actors operating in an environment where donors are largely absent.
• Regional Program Design in West Africa (Stephen Redding, Pathfinder International): Mr. Redding introduced a new project led by Pathfinder International, funded by USAID’s West Africa Regional Office. The project is focused on local adaptation and implementation of HIPs through an innovative health district-based model. Based in four countries, the project will document implementation experience mainly in the area of postabortion family planning.

• Country level use of HIPs: Example from Burundi (Kelly Schmit, FP2020): Ms. Schmit shared that FP2020 has completed a HIP country analysis of HIPs based on country-specific strategic documents (FP2020 commitment, national costed implementation plan, and FP2020 country action plan). The Burundi FP2020 Focal Points reported that the Burundi HIP analysis provided a mapping that helped the country team see who was doing what, what was realistic to do, and opportunities to coordinate among the focal points to support implementation. For example, pharmacies and drug shops is a HIP where they did not have an activity, and they added it to their action plan. The HIP analysis also was useful in determining priorities and for advocacy. For adolescents and youth, the analysis helped underscore the need to provide service delivery, including the private sector, to reach both married and unmarried youth. The HIP analysis also helped solidify the role of civil society organizations and the private sector (mobile outreach). It assisted as an advocacy and coordination tool and helped civil society advocate to government for funding to take pilot mobile outreach services to scale. The HIPs and the country analysis provided the evidence to prove that mobile outreach is an effective practice.

Group Break Out: Priorities for Future Coordination
Participants were asked to break into three groups to: 1) reflect on current and envision future roles and relationships between HIPs, IBP, and FP2020 in supporting evidence-based FP programming, and 2) brainstorm potential priorities for HIPs, IBP, and FP2020 in the next 12 to 18 months. One group focused on HIPs, one group focused on IBP, and one group focused on FP2020. Each group had a facilitator and a notetaker, and debriefed the plenary on their discussions. Many ideas were generated and shared. A complete list of discussion points were shared with the HIP Co-Sponsors – UNFPA, WHO, USAID, IPPF, and FP 2020. Below are a few main/prioritized themes the Partnership would like to address over the coming year:

1. **Improve our ability to measure, track, and analyze measures of implementation.** The need to better measure implementation of HIPs was discussed by each group. As a first step, the family planning community must come to consensus on indicators for tracking implementation of HIPs. The Partnership will look for platforms and mechanisms to
develop consensus, build capacity, and align measures at the global, regional, and country levels to address the needs of diverse audiences.

2. **There is widespread confusion about HIP processes (e.g., how decisions are made and by whom), materials available and where to find relevant documents to address high priority issues (e.g., working with adolescents and men), and the structure and processes, particularly in relation to the HIP TAG.** In response, the HIP Co-Sponsors will seek ways to increase transparency and opportunities for Partner engagement. As a first step, we will explore the possibility to host a virtual HIP Partners Meeting during Summer 2019. In addition, we will ensure that updates on HIPs, FP2020, and WHO/IBP are shared between all three platforms at the various partnership meetings. For example, including HIP updates at key meetings such as the IBP partners’ meeting planned in Washington, DC during September 2019 or the FP2020 Regional Focal Point Workshops. In the meantime, partners are encouraged to explore the [overview page of the HIP website](#), the [IBP overview page](#), and the [FP2020 overview page](#) for information regarding the Who, What, and How of each partnership.

3. **Concern was raised that HIPs may not reflect country priorities.** It is critically important that the work of the HIP Partnership respond to issues, challenges, and priorities of country programs. The Partnership will continue to seek opportunities to hear directly from target audiences including but not limited to: getting feedback from key meetings such as the FP 2020 Focal Point Workshops, the Ouagadougou Partnership Meetings, etc., and further analysis of country strategies and Cost Implementation Plans. Partners are encouraged to propose additional opportunities to sharpen our understanding of country priorities.

4. **There is a need for additional implementation support.** Participants recognize that HIP briefs and related materials are insufficient to support actual implementation of high impact practices. We recognize the value and need of such support and will continue conversations with IBP and other groups well positioned to provide such support. The Co-Sponsors also recognize that while this is an important gap it is beyond the current scope of the HIP Partnership and must link with other organizations to meet this need.

**Next Steps and Closing**

Ms. Greaney thanked everyone for attending and participating in the meeting. The HIP collaborating committee will review the feedback from the breakout session and decide how to best to address key points in order to set priorities for the next 12 to 18 months. Ms. Greaney closed the day remarking on the participation and contribution of endorsing organizations to help the dissemination and utilization of HIPs not only in policy development but also in implementation of interventions.
# Appendix A: Meeting Agenda

**HIP/IBP Partners Meeting**  
*Supporting an evidence revolution*

**Friday November 30, 2018**  
9:00 – 16:30

**Objectives:**
- Share updates on HIPs, IBP, and FP2020 work
- Reflect on current and envision future roles and relationships between the HIPs, IBP, and FP2020 in supporting evidence-based FP programming
- Identify priorities for HIPs, IBP, and FP2020 in the next 12 to 18 months

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Breakfast</td>
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| 9:00 – 9:15 | Welcome  
Martha Brady, PATH  
Sarah Onyango, IPPF, IBP Chair |
| 9:15 – 9:30 | Review of Objectives                                                    |
| 9:30 – 10:30| HIP, IBP and FP2020 Updates and Discussion  
Shawn Malarcher  
Nandita Thatte  
Martyn Smith |
| 10:30 – 11:00 | New concepts for HIP brief development |
| 11:00 – 11:15 | Break |
| 11:15 – 12:30 | Fireside Chat  
Regional and Country Perspectives: Triumphs and Trials  
Regional Use in LAC (Rodolfo Gomez Ponce de Leon)  
Regional Program Design in West Africa (Stephen Redding)  
Country level use of HIPs: Example from Burundi (Kelly Schmit) |
| 12:30 – 13:30 | Lunch |
| 13:30 – 15:00 | Group Breakout  
Priorities for Future Coordination |
<p>| 15:00 – 15:15 | Break |
| 15:15 – 15:30 | Report Back and Prioritization |</p>
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<th>Time</th>
<th>Session Title</th>
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<tr>
<td>15:30 – 16:00</td>
<td>Open Discussion and Input from Partners</td>
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<td>Use and engagement with HIPs, IBP, FP2020</td>
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<tr>
<td>16:00 – 16:30</td>
<td>Next Steps and Closing</td>
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## Appendix B: Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Ados May</td>
<td>IBP</td>
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<tr>
<td>Anand Sinha</td>
<td>Packard</td>
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<td>Angela Nash-Mercado</td>
<td>Jhpiego</td>
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<td>Arzum Ciloglu</td>
<td>JHUCCP</td>
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<tr>
<td>Charlotte Warren</td>
<td>PopCouncil</td>
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<td>Claire Cole</td>
<td>PSI</td>
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<tr>
<td>Courtney McLarnon-Silk</td>
<td>Georgetown University</td>
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<tr>
<td>Debbie Dickson</td>
<td>JHUCCP</td>
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<td>Elizabeth Creel</td>
<td>JSI</td>
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<tr>
<td>Elizabeth Tully</td>
<td>JHUCCP</td>
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<tr>
<td>Erika Martin</td>
<td>USAID</td>
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<td>Erika Houghtaling</td>
<td>USAID</td>
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<tr>
<td>Erin Mielke</td>
<td>USAID</td>
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<tr>
<td>Fabio Castano</td>
<td>Pathfinder</td>
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<tr>
<td>Jennie Greaney</td>
<td>UNFPA</td>
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<tr>
<td>Kaitlin Christenson</td>
<td>PATH</td>
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<tr>
<td>Kimberly Whipkey</td>
<td>White Ribbon Alliance</td>
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<td>Kristen Devlin</td>
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<td>Kristen P. Patterson</td>
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<td>Kristy Kade</td>
<td>White Ribbon Alliance</td>
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<td>Laura Ghiron</td>
<td>University of Michigan</td>
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<td>Lindsay Breithaupt</td>
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<td>Luis Ortiz-Echevarria</td>
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<td>Mariela Rodriguez</td>
<td>CARE</td>
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<td>Mario Festin</td>
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<td>Marissa Yeakey</td>
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<td>Martha Brady</td>
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<tr>
<td>Martyn Smith</td>
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<td>Megan Nelson</td>
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<td>Nandita Thatte</td>
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<td>Peter Cardellichio</td>
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<td>Rachel Marcus</td>
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<td>Robert Walker</td>
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<td>Sara Mazursky</td>
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<td>Shannon Pryor</td>
<td>Save the Children</td>
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<td>Shawn Malarcher</td>
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<td>Stephen Redding</td>
<td>Pathfinder</td>
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<td>Susan Mitchell</td>
<td>Abt Associates</td>
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Appendix C: Presentations

HIP Updates
IBP/HIP Partners’ Meeting
Shawn Malarcher
November 30, 2018

HIP Materials Launched in 2018
• Digital Health for Social and Behavior Change: New technologies, new ways to reach people
• Social Franchising: Improving quality and expanding contraceptive choice in the private sector
• Domestic Public Financing: Building a sustainable future for family planning programs
• Social and Behavior Change Overview

HIP Material Gantt Chart

HIP Reflections: What have we learned so far
• Greater engagement, investment, ownership of partners makes for a better product
  Substantive engagement takes time and resources
• Transparent, rigorous processes builds credibility
  Processes require management and resources

Con’t
• packaging and dissemination make a difference for how HIPs are understood and used by target audiences
  Requires flexibility and attention to continual improvement
• Briefs are easier to write, the development process is more efficient, and better utilized when the scope is focused, practice clearly defined (e.g. free of jargon).
• Briefs do better when they have committed champions to facilitate dissemination and utilization.
The P&D team

- Provides strategic leadership on the dissemination and utilization of HIPs at global, regional, and national levels
- Extends the global reach of HIPs by producing and publishing HIP products; maintaining the HIP website; coordinating translation of HIP products into French, Portuguese, and Spanish; and disseminating HIP products via multiple channels
- Strategically plans for HIP representation at global and regional conferences and meetings
  - Sometimes that looks like suitcases full of HIP postcards, briefs, or complete folders
  - Other times it involves looking for a place for the HIPs on the agenda

The P&D team

- We developed the short HIP videos so a person can understand the HIPs in just four and a half minutes
- We developed postcards in English and French that highlight upcoming HIP briefs for ICFP
- We re-designed the HIP website which attracts many more people than before, as it is mobile-friendly and the new format was designed for search engine optimization
- We distribute monthly HIP tweets to endorsing organizations

Website traffic increased significantly since last year.
Between Nov 20, 2017 – Nov 20, 2018

26,527 users (89% increase from previous period)
39,670 sessions (75% increase from previous period)
74,523 pageviews (49% increase from previous period)

Top Countries
1. United States
2. India
3. Nigeria
4. Kenya
5. United Kingdom
6. Philippines
7. Ethiopia
8. Uganda
9. Pakistan
10. Tanzania

Website Trends by Region
Between Nov 20, 2017 – Nov 20, 2018

Of the 26,527 users:

<table>
<thead>
<tr>
<th>Region</th>
<th>Users</th>
</tr>
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<tbody>
<tr>
<td>Northern America</td>
<td>32%</td>
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<tr>
<td>Eastern Africa</td>
<td>14%</td>
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<tr>
<td>Southern Asia</td>
<td>11%</td>
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<td>Western Africa</td>
<td>10%</td>
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<tr>
<td>Europe</td>
<td>8%</td>
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<tr>
<td>Southeast Asia</td>
<td>5%</td>
</tr>
<tr>
<td>South America</td>
<td>4%</td>
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<tr>
<td>Western Asia</td>
<td>2%</td>
</tr>
<tr>
<td>Central America</td>
<td>2%</td>
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</tbody>
</table>
30% of visitors viewed the website on a mobile device or tablet.

77% of referrals come from a Google search or direct URL.

Visitors view the home page and briefs listing page the most.
1. Home page
2. Briefs listing page
3. Engaging Men & Boys
4. Immediate PFP
5. Adolescent Friendly Contraceptive Services
6. Digital Health for SBC
7. Strategic Planning Guides listing page
8. Drug Shops & Pharmacies
9. Social Franchising
10. Mobile Outreach

Website Trends by Language
Between Nov 20, 2017 – Nov 20, 2018
Of the 74,523 website page views
Of the 7,512 translated website page views
Translated websites launched in 2018:
March (French), August (Spanish), November (Portuguese)

Print Material Trends by Language
Between March 2017 - November 2018
Of the 4,050 postcards distributed
Of the 1,516 folders distributed

In the past 6 months, partners have sent
Between Oct 22 – Nov 20, 2018, the #HIPs4FP resulted in:
1,309 Tweets
80 Participants
1.878M Impressions
HIP/IBP Webinars
Between October 1, 2017 – September 30, 2018

6 webinars conducted

1,293 total views of which 743 were live

Of 743 live views:
20% from Africa
9% from Asia
9% from Latin America and the Caribbean

Website traffic did not increase around major meetings.

FIGO
ICFP

HIP Folders distributed increased significantly due to FIGO.

Pre-FIGO
(March 2017-September 2018)

Post-FIGO
(October-November 2018)

Thank you!
Questions?
The IBP Initiative

A partnership to support the exchange and use of evidence based practices

IBP Secretariat
Asa Cuzin Kihl
Ados Velez May
Nandita Thatte

Three Strategic Objectives

• Increase access to WHO resources and HIPs in FP/RH
• Support implementation, scale up and documentation
• Facilitate partnership and collaboration

IBP in the Global FP/RH Landscape

• WHO/IBP offers a neutral platform
• Catalytic connector to support implementation and scale up
• Wide network of on the ground partners

IBP by the Numbers in 2018

2 Partner Meetings
2 Tracks at Conferences
4 new Communities of Practice
20 webinars on HIPs, WHO resources
4750+ cumulative views
22+ new member organizations
15K+ FP/RH professionals on the IBP Knowledge Gateway

A Networking Approach

• Global, Regional, Country Focus
• Institutionalizing IBP
• Monitoring, evaluation and documentation

From France to India to Burkina Faso...

In Burkina they decided that they would duplicate this initiative. They were truly inspired by the experience and decided to do a social audit as part of one of their projects.

During the regional meeting in India I met with the YP Foundation, which runs SRHR programs for youth. I had the opportunity to hear about an audit initiative that they were developing, to research how services are being implemented in India.

The organization in India asked them if they would agree to develop a short video for us to describe their audit initiative, so they made a very nice and personalized five minute video.
IBP’s network of implementers and its connection to WHO gives credibility and is viewed as a unique feature of this consortium.

“Sheer size of the network is a feature that sets IBP apart from other similar organizations. The network has a presence in many countries and is well-organized.”

“The connection to WHO has an immediate name recognition. And because WHO develops normative guidance, conducts research and evaluates and disseminates recommendations, it has wide endorsement. That connection to WHO helps people feel confident in what is being done through IBP is credible.”

“The fact that the secretariat is hosted at WHO gives IBP a unique position. It really gives neutrality and brings organizations to this network; gives access to organizations that you would not expect to have access to.”

“IBP’s network of implementers and its connection to WHO gives credibility and is viewed as a unique feature of this consortium.”

New IBP Member Organizations (since last IBP/HIP Joint Meeting, June 2017)

1. Association of Reproductive Health Professionals
2. Centre for Girls Interaction Malawi
3. Children for Health
4. Choice for Health and Sexuality
5. The Conrad Foundation
6. Bizimpa
7. Forensic Health Company
8. Global Health Media
9. Health Rights International
10. HealthIndia (HAI)
11. Hindustan Latex
12. Humanity and Inclusion
13. International Rescue Committee (IRC)
14. International Medical Corps (IMC)
15. IPPF
16. Love Matters
17. Population Foundation India
18. Parijat Population Fund
19. Reproductive Health Supplies Coalition
20. RFSU
21. Safe Hands for Mothers
22. Soldevinda Theological Institute
23. South Africa International
24. WITS RHI
25. YF Foundation
FP2020: A country-led approach to developing rights-based family planning programs that are sustainable, accountable, and supported by data and evidence.
44 FP2020 COUNTRY COMMITMENTS

15 Francophone countries
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Chad
- Côte d’Ivoire
- DR Congo
- Guinea
- Haiti
- Madagascar
- Mali
- Mauritania
- Niger
- Senegal
- Togo
- Egypt
- Egypt
- Ethiopia
- Ghana
- Kenya
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Somalia
- South Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

16 Anglophone African countries
- Afghanistan
- Bangladesh
- Benin
- Cameroon
- Chad
- Côte d’Ivoire
- DR Congo
- Ethiopia
- Ghana
- Kenya
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Somalia
- South Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

13 Asian countries
- Afghanistan
- Bangladesh
- Benin
- Cameroon
- Chad
- Côte d’Ivoire
- DR Congo
- Ethiopia
- Ghana
- Kenya
- Liberia
- Malawi
- Mozambique
- Nigeria
- Rwanda
- Sierra Leone
- Somalia
- South Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

FP2020 SUPPORTS EVIDENCE-BASED PROGRAMMING

Stakeholder engagement and decision-making anchored in evidence and data:

- Learning from other countries including HIPs & best practices
- Partner with Track20
- HIPs Analysis maps FP2020 country strategic documents to HIPs and country-specific data & shows
  - opportunities for accelerating mCPR growth
  - areas for further clarification, and
  - potential missed opportunities
- Goal to assist FP2020 countries to use evidence to prioritize their investments and make them more impactful

HIPs ANALYSIS FRAMEWORK

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<th>Service Delivery</th>
<th>Social &amp; Behavior Change</th>
<th>Enabling Environment</th>
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<tr>
<td>FP2020 Commitment</td>
<td>FP2020 Costed Implementation Plan (CIP)</td>
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<tr>
<td>FP2020 Action Plan</td>
<td>Track20 data</td>
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Goal: Assist help FP2020 countries to use evidence to prioritize their investments and make them more impactful.

LOOKING BEYOND 2020

What happens after 2020?

We have an opportunity to set a new vision: one that is ambitious, specific, and achievable.

Our north star is universal access to family planning.

Our post-2020 vision will need to map out exactly where we’re going collectively and as individual countries—and how to get there.