High Impact Practices Partners' Meeting Report

November 29, 2016

UN Foundation – FP2020
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HIP Meeting Notes

Welcome

Martyn Smith gave welcoming remarks on behalf of Beth Schlachter and introduced Heidi Quinn as the facilitator for the day.

Updates

Shawn Malarcher shared with the participants an update on the 2016 evidence reviews:

- **Community Group Engagement** – This was defined as group dialogue and was our very first social and behavior change (SBC) brief. Community Group Engagement (CGE) was classified as a promising practice, meaning that while it includes good quality evidence, more information is needed to fully document implementation experience and potential impact. The TAG recommends that these interventions be promoted widely, provided they are implemented within the context of research and are carefully evaluated in terms of impact and process.
- **Economic Empowerment** – The determination of the Technical Advisory Group (TAG) on the economic empowerment brief and improved contraceptive use was that the evidence was insufficient to meet the criteria of a HIP. The evidence summary will be made available on the website, and will include a research agenda that identifies key evidence gaps.

2017 Briefs

- **Health communication** – While this is an existing brief, it is too broad. The TAG recommended focusing the brief on a specific practice within SBC. After examining the evidence base for SBC in general, the authors, in collaboration with the HIP development team, decided to narrow the focus of the brief to mass media. The decision was based on the significant number of studies examining this approach as well as the level of investments in mass media by family planning programs.
- **mHealth** – This was defined as digital applications with an emphasis on mobile technologies. Again the TAG recommended focusing the brief more specifically on either systems applications or client-side approaches. After deliberations, the development team decided to focus on health systems as the evidence base seems stronger for these applications.

2017 New Briefs

- **Immediate Post-Partum Family Planning** – The focus of this brief is on family planning counseling and the provision of a contraception within the first 48 hours after childbirth.
- **Social Franchise** – The focus of this brief is on how to organize health clinics into quality assured networks to increase access to family planning.

As in the past, all briefs will be sent to points of contact (POCs) at endorsing partner organizations. This will begin in early 2017. Partners will be given two weeks to review these new briefs and provide comments. POCs are requested to disseminate the brief to relevant colleagues within their organization or other partners, as appropriate. Remember that useful comments come from individuals with and without specific expertise in these technical area. Please provide the names of reviewers so they may be acknowledged in the brief. After comments have been incorporated, the briefs will be sent for fact checking, followed by the TAG review.

Refining HIP TAG Decision-Making Process

Ellen Eiseman, the TAG meeting facilitator, shared the main points discussed at the TAG meeting:

- Guidance for writers was discussed.
- Standards of practice are to be refined.
- The Theory of Change was reviewed; participants agreed to include it in the briefs.
- The 2017 briefs review process was discussed.
- HIP classification was revisited.
- HIP list is to be revised.
- TAG meetings will continue twice a year, the next is planned for June at the World Health Organization in Geneva.

Review Guidance Notes on Principles

Victoria Jennings led a discussion about the principles statement. The objective of this statement is to explicitly outline the principles that underpin the HIP work and guide our deliberations and work planning. A number of principles were discussed: equity, choice, volunteerism, client-centered practices, quality, country ownership, rights-based approaches, and meeting reproductive intentions throughout a life cycle. There was a great deal of energy around this idea and the group agreed that to be most effective the principles should be integrated into the HIP work, rather than discussed in a stand-alone piece. The decision was made to draft something short that could be included on the landing page of the new HIP website. The text will be sent for review prior to launching the site.

IBP HIPs Task Team

Ados May provided an overview of activities supporting the dissemination and implementation of HIPs in 2016. The most salient activities included the dissemination of HIPs at global and regional meetings such as International Conference for Family Planning (ICFP) 2016, the Adolescent and Youth Sexual and Reproductive Health (AYSRH) consultation, Family Planning (FP)2020 regional focal point meetings, the regional WHO Regional Office for Africa (AFRO) meeting, and the West African Health Organization (WAHO) good practices forum. In addition, the HIPs Task Team coordinates and produces a webinar series on Service Delivery HIPs that, on average, convene 120 participants per event. The webinar series is now supported by FP2020.

Family Planning Goals and Their Potential Use in Countries

Michelle Weinberger shared the Family Planning Goals Model, highlighting that it draws on evidence on what is effective for programing within the specific country context. This includes demographic characteristics such as urbanization, population growth, and age structure. The model is also complementary to existing models, which start with determining a goal, in terms of modern contraceptive use, then determine what programs could help achieve that goal. The Model focuses on three levers of change:

- Policy – works mostly as a “break” (where policy/enabling environment is not strong, growth is slowed)
- Access – has a direct impact on the contraceptive prevalence rate (CPR), includes supply side/service provision
- Demand – direct impact on increasing CPR, but also playing an indirect goal (in countries where demand is low, access interventions will be less impactful and growth will be slowed)

The Family Planning Goals Model does not include other outcomes of interest, such as child marriage or delayed sexual debut. The majority of interventions included in the Model are aligned closely with the HIPs.

However, there are some important differences:

	HIPs	Family Planning Goals
Purpose	Build consensus based on literature and programmatic evidence	Use robust evidence on documented links between interventions and outcomes
Intended impact	mCPR and broader: e.g., birth spacing, breastfeeding, discontinuation	mCPR
Focus	Prioritization process and standards for what can qualify as a HIP	Wider selection of interventions

Interventions included in the Family Planning Goals Model that are not currently covered under the HIPs include:

- Social franchising and postpartum family planning (PPFP) – both are upcoming HIPs
- Method-specific revitalization/reintroduction – HIPs focus on ***how*** practices or changes in services are required to increase access to methods, they do not focus on a single method, rather, they emphasize the importance of providing the broadest method mix appropriate for each context and delivery channel
- Youth centers – impact appears quite low based on current evidence, but the intervention is included to show countries that investments in youth centers may not be most effective
- Comprehensive youth programming, with added impact for those who incorporate a youth-friendly services component – this remains too broadly defined to be considered as a HIP

Country Perspectives and Prioritization

The FP2020 Country Support Team presented the work of the initiative related to the HIPs. The FP2020 Secretariat has 38 country commitments within the nine Ouagadougou Partnership countries—Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Nigeria, Senegal, and Togo—and the 15 Global Financing Facility (GFF) countries—Bangladesh, Cameroon, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, **Guinea,** Mozambique**, Myanmar**, Nigeria, Senegal, **Sierra Leone**, Tanzania, Uganda, **Vietnam**). Please note that the countries in bold are part of the third wave of GFF Countries who are in the process of developing an investment case.

Using a focal point model, the FP2020 Secretariat works at the country level with colleagues from the United States Agency for International Development (USAID), the U.K. Department for International Development, and the United National Population Fund (UNFPA) to select an appointee from each country's Ministry of Health. In tandem with the partners, the Secretariat engages colleagues at the headquarter level of the organizations that make up FP2020's Core Conveners. These country-level focal points help to identify and address country challenges through the creation of a 12- to 18-month action plan, providing guidance for the implementation at all levels, and through the additional involvement of colleagues at international- and national-level NGOs. In terms of global priorities and the HIPS—and in collaboration with FP2020's country and donor partners—the Secretariat identified six global priorities

within the 38 commitment-making country action plans, which tie into the focus of the 17 different HIPs:

- ***Global Priority I:*** *Financing/Global Commodities Gap*
    i. Financing Commodities and Services
    ii. Vouchers
- ***Global Priority II:*** *Supply Chain/Delivery Systems Improvements*
    i. Supply Chain Management
    ii. Drug Shops and Pharmacies
- ***Global Priority III:*** *Demand Creation/Social Norms*
    i. Community Group Engagement
    ii. Community Health Workers
    iii. Health Communication
    iv. Social Marketing
- ***Global Priority IV:*** *Improving Youth Access*
    i. Educating Girls
    ii. Adolescent Friendly Contraceptive Services and Improving Sexual and Reproductive Health of Young People
- ***Global Priority V:*** *Expanding Method Mix*
    i. mHealth
    ii. Family Planning and Immunization Integration
    iii. Leaders and Managers
- ***Global Priority VI:*** *Effective Data Utilization*

The FP2020 team highlighted that in the 38 commitment-making countries in all three regions, many countries were working to improve data use and implementation of data a focus of their work plans; however, there is no specific HIP on this.

Concept Proposals for 2018 Briefs

Ten proposals for concept notes were discussed at the meeting. Partners putting forward the concepts are responsible for preparing a short one-page document to be submitted for TAG review. The concept notes will be evaluated and discussed, and up to two will be selected for 2018 development. The following topics were proposed:

- Making Family Planning Services Free (Tom Van Boven, FP2020)
- Managing Side Effects (Winnie Mwebesa, Save the Children; Martha Brady, PATH; and Victoria Jennings, Institute for Reproductive Health [IRH])
- Digital Health for SBC, Client-Side (Trinity Zan, FHI 360; and Victoria Jennings, IRH)
- Engaging Men (Tim Shand, IRH)
- Provider Bias (Lisa Nichols, Abt Associates)
- Family Planning in Emergency Settings (Lisa Nichols, Abt Associates; and Janet Meyers, Save the Children)
- Comprehensive Sex Education (Liz Leahy Madsen, Population Reference Bureau)
- Governance (Nandita Thatte, USAID)
- Last Mile Solution for Ensuring Contraceptive Security (Yet Asfaw, EngenderHealth)
- Data for Decision Making (Sarah Fox, Options)

HIP Website Redesign

Caitlin Thistle and Sara Mazursky updated the participants on the HIPs website redesign. The main objective of this effort is to modernize the website and make more visually engaging. New features will include: presenting the evidence base, current and emerging; showing more ways for users to access HIP content, links to FP2020 country pages, and Implementing Best Practices (IBP) pages; better articulating the HIP process; and highlighting collaborative efforts. The timeline for this process includes onboarding the vendor in December, releasing an alpha version in March, followed by a beta version by the end of May 2017. A team, coordinated by Knowledge for Health (K4Health) is working with the website developer to provide input on the new website.

Monitoring and Evaluation of HIPs Implementation

Reshma Trasi, Karen Hardee, and Nandita Thatte updated those present on the ongoing discussion to better monitor the implementation of HIPs. The HIPs Task Team convened meeting about what has been done regarding monitoring and evaluation (M&E) and what type of framework could be used moving forward. Reshma shared a framework that was developed during the HIPs Task Team meeting, pointing to specific elements:

- Create initial framework for members to react to
- Examine the five diverse presentations that preceded this process
- Pull together main themes from these presentations into the framework, if needed
- Bring clarity to why is this important and who the intended audience(s) is/are
- Reconcile the deviation from fidelity and the adaptation in order to guide M&E efforts
- Track the dissemination of the briefs or the outcomes of the implementation
- Track the effectiveness or adaptation, if needed
- Determine what is important to move the HIPs conversation forward?

Two options were presented:

GO WIDE approach – This method answers questions that should be monitored/tracked: Who knows about the HIPs? How are they being used?

- Desk review of mission health implementation, most downloaded
- This could be explored in several countries, maybe even regionally.

GO DEEP approach – This method addresses questions about effectiveness and the process agenda: Are these HIPs effective? Being adapted? Which elements can be changed? Need to stay the same?

- We want to focus on fewer countries where we know multiple HIPs are being applied.

The group discussed various options for this work and, by consensus, decided to reconsider the need for M&E given the new context and framework. This work was begun when the HIPs were nascent and the group need to establish the acceptability, need, and usefulness of the work. The HIPs are now more established and accepted by the community, and new set of questions may need to be posed: What are the key questions to better inform this work? How and who will the monitoring information be used?

Reviewing Non-Brief HIP Work

Shawn Malarcher shared with the group that we have started to expand into developing other types of materials, such as white papers and decision-making tools. There is no process for reviewing, agreeing on, and finalizing the content. She proposed that a small group pulls together a draft; once the draft

ready, it is circulated and reviewed by endorsing partners within a pre-set short comment period; comments are then incorporated; and draft is finalized. The group agreed, if an organization has a particular interest in a topic or a viewpoint that is relevant to one of these products, it is highly encouraged to get reach out to the authors early in the process if it wants to provide input.

Organizational Endorsement of Briefs

Shawn reviewed the existing process for endorsement: Once a brief has been copy edited, it is sent to all of the partners listed as an endorsing organization on that brief. There are organizations that give blanket approval, and others that review each product. It has become a very labor-intensive process, and it is suggested that we do away with this process. This means that if you provide input, you will still be listed in the acknowledgements, etc., but they will not have a listing on each individual brief. It was suggested that moving forward, Shawn will send a message to the POCs who do not have a blanket endorsement, asking if they would want to do a blanket endorsement; if they do not, those organizations will explore how to streamline the endorsement process.

Identify Other Areas of Collaboration and Direction

- Develop a communications package, including an overview presentation of the HIPs.
- There has been expressed interest in combining IBP annual meeting with HIPs partners meeting:
    - IBP's new strategy is heavily linked to HIPs and might benefit from piggybacking the meetings.
    - IBP meeting is usually 1.5 days (plus additional 0.5 day for steering committee).
    - IBP has larger membership than HIPs partnership, if we join, it might mean a larger group.
    - Would we also piggyback HIP TAG? We are unsure, but at most would ask for a two-day meeting.
- Briefs are not implementation guides but from today's discussion there seems to be a gap between the two types of documents. Can we more strategically link the briefs to the implementation tools that already exist?
    - Only some tools are included in the briefs. Earlier feedback indicated that the inclusion of all tools was too overwhelming.
- World Bank has not been engaged in HIPs but are leading on GFF. How can we engage them on HIPs?
    - GFF secretariat is staffing up, including a soon-to-be-hired family planning advisor; FP2020 will propose that person joins the HIPS partners group.
- When costing costed implementation plans (CIPs), the process takes into account MOH cost estimates but not implementing partners' costs. The Bill and Melinda Gates Foundation (BMGF) will send out anonymous survey to implementing partners to get their cost estimates.
    - The Gates Institute and IntraHealth International are working on The Challenge Initiative (TCI) and will be launching the TCI academy, which will use HIPs.

Next Steps and Wrap Up

Heidi Quinn closed the meeting highlighting that a lot of information was shared today, including technical updates from partners. We had an opportunity to suggest topics for new briefs and receive input on additional collaboration areas. We reflected that it is a great time for the HIPs, as brand recognition is strong and there is an additional opportunity to grow with the upcoming hire of a HIPs advisor based at FP2020. Finally, Heidi highlighted the opportunity to integrate HIPs into CIPs, either

in countries that have CIPs coming up for review and/or in countries or states that do not currently have CIPs.

Key Action Items and Recommendations

- Principle paper
    - Include all rights and draw on existing documents, such as ICPD and SDGs when possible
    - Focus on meeting reproductive intensions throughout the life cycle
    - Incorporate principles on the HIP list and on the website
    - Text should short and not as a stand-alone, but reflected in existing documents
- Country support for HIP Implementation
    - Consider ways to strengthen prioritization at the country level
    - Use the Family Planning Goals Model and other tools to better assess if countries have prioritized practices that will lead to the greatest impact and opportunities for further strengthening these investments
- New concepts for evidence summaries and potential HIPs
    - Making Family Planning Services Free (Tom Van Boven FP 2020)
    - Managing Side Effects (Winnie Mwebesa, Save the Children; Martha Brady, PATH; and Victoria Jennings, IRH)
    - Digital Health for SBC, Client-Side (Trinity Zan, FHI 360; and Victoria Jennings, IRH)
    - Engaging Men (Tim Shand, IRH)
    - Provider Bias (Lisa Nichols, Abt Associates)
    - Family Planning in Emergency Settings (Lisa Nichols, Abt Associates; and Janet Meyers, Save the Children)
    - Comprehensive Sex Education (Liz Leahy Madsen, PRB; and Victoria Jennings, IRH)
    - Governance (Nandita Thatte, USAID)
    - Last Mile Solution for Ensuring Contraceptive Security (Yeti Asfaw, EngenderHealth; and Leslie Patykewich, JSI)
    - Data for Decision Making (Sarah Fox, Options)
- Website redesign
    - Include more accessible links to citations/studies
    - Include a brief overview of the HIPs
- Monitoring and Evaluation
    - Reconsider the audience for the M&E and how the information will be used
- AOB
    - Review materials developed as part of the HIP partnership that are not evidence briefs
        - The materials will be sent for review to all endorsing partners for review and comment.
        - Comments will be considered and the materials finalized and disseminated under the HIP brand at the discretion of the organizers, USAID, UNFPA, WHO, IPPF, and FP2020.
    - Continue to include names of organizations that agree to “endorse” each brief
        - However, the timeline will be strictly two weeks. Please consider if your organization would be willing to provide a blanket endorsement.
    - Consider combining HIP Partner’s and IBP meetings
        - Clarify if this means having one right after the other (back to back)—the duration of both of these meetings combined should not be more than two full days—or if it is

one meeting that incorporates both subjects.

- Continue to support production of HIP folders (with hard copies of the briefs and any other materials developed) as they are useful, particularly in developing countries
- Support a meeting to examine further integration of Family Planning Goals Model and CIP development.

Appendix A: Meeting Agenda

HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

HIPs Partners' Meeting

November 29th, 2016
9:00 – 17:30

AGENDA

United Nations Foundation
FP2020
1750 Pennsylvania Avenue
Suite 300
Washington, DC 20006

Objectives

- Clarify roles and responsibilities of HIPs as part of larger FP context
- Discuss new HIP briefs and finalize process for developing new HIP briefs
- Update on HIP work to date and identify priority work for 2017

08:30 – 09:00	**Breakfast**
09:00 – 09:15	**Welcome** Beth Schlachter, FP2020 Heidi Quinn, IPPF (Chair)
09:15 – 10:45	**Updates** ***2017 briefs*** Shawn Malarcher, USAID ***Refining HIP TAG decision-making processes*** Ellen Eiseman, Chemonics ***Review guidance notes on Principles*** Victoria Jennings, IRH and Jay Gribble, Palladium ***IBP HIP Task Team*** Ados May, IBP Secretariat
10:45 – 11:00	**Break**
11:00 – 11:45	**FP Goals and its Potential use in Countries** Michelle Weinberger, Track20
11:45 – 12:30	**Country Perspectives and Prioritization** FP2020 Country Support Team
12:30 – 13:30	**Lunch**
13:30 – 14:00	**Concept Proposals for 2018 Briefs**
14:00 – 14:45	**HIP Website Redesign** Caitlin Thistle, USAID and Sara Mazursky, JHU-CCP
14:45 – 15:30	**Monitoring and Evaluation of HIPs Implementation** Nandita Thatte, USAID, Reshma Trasi, Pathfinder and Karen Hardee, Population Council
15:30 – 15:50	**Break**
15:50 – 17:20	**Reviewing Non-Brief HIP work** **Organizational Endorsement of Briefs** **Identify Other Areas of Collaboration and Direction**
17:20 – 17:30	**Next Steps and Wrap Up,** Heidi Quinn, IPPF (Chair)

Appendix B: Meeting Participants

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Appendix C: Guidance for Developing and Evidence Brief

Purpose

HIP briefs are intended to facilitate the use of evidence to inform program investments in developing country contexts. They provide an unbiased synthesis of the evidence and experience on implementing HIPs to date; identify priority research gaps or limitations to the evidence base; and test tools related to the specific HIP of interest.

Audience

The primary audience for the briefs are individuals managing family planning programs or investments in developing countries. The briefs are not intended to include the level of detail needed for implementing programs; however, they are a valuable overview for those tasked with advocating, designing, and overseeing family planning funding.

Length and Layout

Total length of a brief should be no more than eight pages, including graphics.

- 1 inch margins all around
- 16 pt titles
- 14 pt headings
- 11 pt body text, with 9 pt references
- Single spaced text, with double spaces between paragraphs

Evidence

The briefs are intended to translate a wide variety of evidence and experiential learning. 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 can be incorporated into the brief in the implementation section. Statements of effect of relationships should be supported by documentation of any type.

When presenting evidence, use citations when possible. Standardize results across settings. Original analysis can also be used. Include systematic reviews when possible.

Language

Briefs should be written in plain language. Avoid using jargon whenever possible, as even words like “integration,” “quality,” and “engagement” can be 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 referenced in the text, however they should be cited. Use countries or locations to refer to studies or specific interventions. 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, or social and behavior change) and the level of evidence (proven, promising, or emerging). However, all briefs should follow the following structure:

Title

The focus of the practice (e.g., community health workers, postabortion care), what the practice is intended to accomplish (e.g., bringing family planning services to where people live and work, strengthening the family planning component of postabortion care)

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

Simple statement referencing the intervention

Background

This section orients the reader to the content, and is similar across briefs (one page max.)

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 family planning more generally. Use quantitative data when possible to demonstrate the magnitude of the problem. Consider using graphics.

This section includes a theoretical framework that describes the mechanism of action and key expected outcome of the practice.

What is the impact?

This section focuses on the HIP criteria:

- Breadth and quality of evidence
    - The TAG recognizes that the HIP briefs do not allow for discussion of study design or details on quality of evidence. However, the writing team should consider these aspects when summarizing the evidence base.
- Demonstration and magnitude of impact on contraceptive use and continuation, and potential public health impact
- Potential application in a wide range of settings
- Consistency of result
- Replicability
- Scalability
- Cost-effectiveness

For practices with a limited evidence base, authors should propose the priority research agenda and/or gaps in knowledge specific to the HIP criteria. Consider using graphics.

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 did not work? Do not make the same mistake.
- What gender issues should be addressed?
- Should adaptations be made for special populations, such as youth, rural, and poor?
- How sustainable is the intervention, e.g., provider motivation, task sharing?
- Do supply chain issues exist and how should they be addressed?

Tools

Link to a small number of tools. 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 for Identifying Topics for New Evidence Briefs

Anyone is welcome to undertake the development of an evidence brief. Each year at the HIP Partners meeting participants are invited to propose new topics. Those proposing new topics should be willing to support the complete development of the evidence brief, which generally takes 15 months from approval to printing.

All members wishing to write about a topic are invited to submit a short concept note to the HIP TAG for consideration. Concept notes should include: the HIP statement (what is the practice?), a brief description of the evidence base, and the author responsible for brief development. The TAG can approve no more than two topics each year for development. ***Approval by the TAG to develop an evidence brief does not mean the practice is a HIP. That determination is made once the brief is fully developed and reviewed by the TAG.***

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 and are at the discretion of the Co-Sponsors (USAID, UNFPA, WHO, IPPF, and FP2020).

HIP Brief Development

Step 1: Identify a group to facilitate the development of the brief. This usually includes one or more of the following: a technical expert or champion, an implementation partner, and a HIP coordinator to facilitate the review process and ensure consistency across materials being developed.

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 four or five individuals. The author should understand the research and present information in a clear unbiased manner. Avoid research that disregards information or presents a biased point of view. The author should be well respected in the field. The organizing group should identify any additional individuals or organizations that will participate in early stages of the brief development.

Step 3: Once a first draft is developed, it is distributed to HIP partner organizations. This group should include representatives from outside family planning, if appropriate, and technical experts in the field.

Step 4: Once the larger group has incorporated comments, the brief is sent for third-party fact checking and any lingering issues are addressed.

Step 5: The brief is ready for review by the TAG. This usually takes place in the context of a TAG 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 the research agenda proposed in the brief.

Step 6: After comments from the TAG are incorporated, K4Health provides copy editing and layout for the briefs. Final versions are available in hard copy and through the K4Health website.

Appendix D: Guidance for HIP Brief Discussants

Two TAG members serve as the discussant for each HIP brief. All TAG members are expected to have read and reviewed each brief prior to the meeting. The role of the discussants is to open discussion and to help identify any critical issues for the group to discuss.

Each discussant will have three minutes to reflect on the HIP brief. Comments should be concise to allow for group discussion. In reviewing the HIP brief, the TAG is asked to consider the following:

- Breadth and quality of evidence
    - Study design is not discussed in detail within the briefs. All references are available in DropBox for more detailed review.
- Demonstration and magnitude of impact on contraceptive use and continuation, and potential public health impact
- Potential application in a wide range of settings
- Consistency of result
- Replicability
- Scalability
- Cost-effectiveness

The discussant may reflect on any relevant issues or observations from their review. At the end of this period, the TAG is asked to make recommendations on the following:

1. **Does the evidence as reflected in the brief meet the HIP criteria?**

   *The **enabling environment** HIPs are identified based on expert opinion and demonstrate correlation with improved health behaviors and/or outcomes. These outcomes include improvements in unintended pregnancy, fertility, or one of the primary proximate determinants of fertility—increased modern contraceptive use, delay of marriage, birth spacing, and breastfeeding.*

   *HIPs in **service delivery** are identified based on demonstration and magnitude of **impact** on service utilization, including contraceptive use and continuation; and potential application in a wide range of settings. Consideration is also given to the evidence on **replicability, scalability, sustainability, and cost-effectiveness.***

   *Briefs can also be classified as an **"enhancement".** An example of this is the mHealth brief, which is not a stand-alone practice, but rather a technology that could be added to a practice for additional impact or cost-effectiveness.*

2. **Categorize service delivery practices based on the strength and consistency of the evidence base (*Proven*, *Promising, Emerging*).**

   Proven: Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality and cost, and operations research to help understand how to improve implementation.

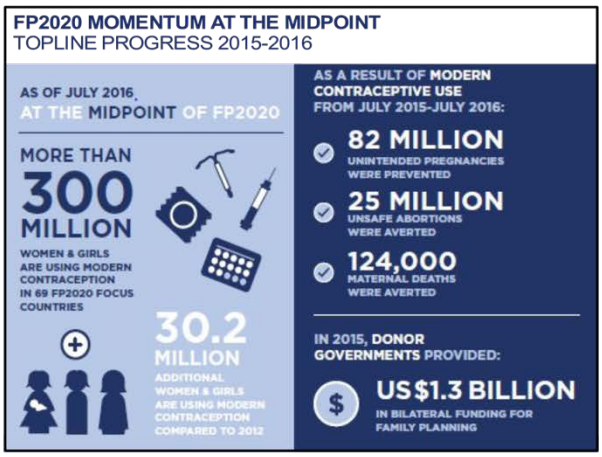
   Promising: Good evidence exists that these interventions can lead to impact; more information is needed to fully document implementation experience and impact. These interventions should be promoted widely, provided that they are being carefully evaluated both in terms of impact and process.

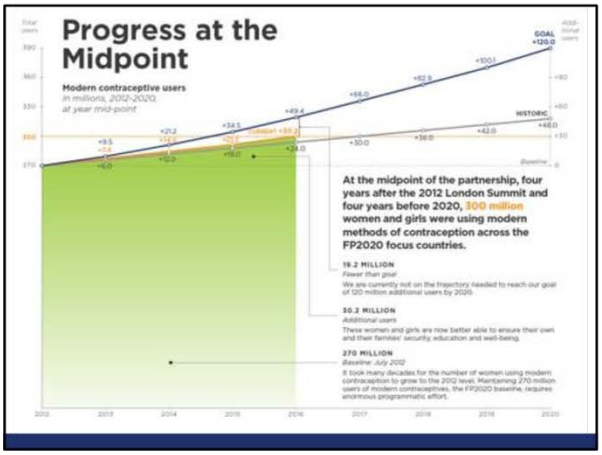
Emerging: Some initial experiences with developing interventions exist, but there is a need for more intense intervention development and research.

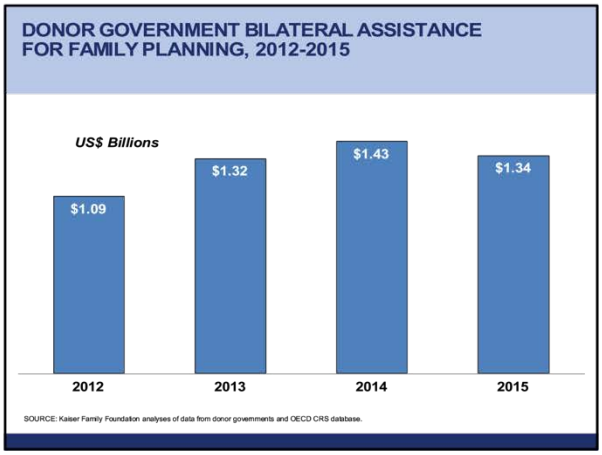
3. What additional evidence, if any is needed?

When developing the brief, contributors are asked to reflect on this question and develop a research agenda, if appropriate. This is included toward the end of each brief. The agenda should focus on evidence that addresses key gaps related to the HIP criteria. The research questions should be clear as to what type of evidence is needed, and the TAG is asked to give specific guidance on appropriate counterfactuals where possible.

Appendix E: Presentation Slides







FOUR CROSS-CUTTING INITIATIVES

- DRIVING COUNTRY-LEVEL SUPPORT
- PROMOTING DATA USE & PERFORMANCE MANAGEMENT
- SHARPENING THE FOCUS ON GLOBAL ADVOCACY, RIGHTS & YOUTH
- FACILITATING DISSEMINATION OF KNOWLEDGE & EVIDENCE

CONVENING DONOR AND COUNTRY FOCAL POINTS

Common priorities have surfaced across countries and regions:

- Building high-level political support for family planning in-country
- Expanding data use
- Mapping resource mobilization
- Scaling up LARCs
- Improving supply chain and delivery systems
- Investing in demand-side efforts and social and behavior change communications
- Increasing private sector involvement

NEW FAMILY PLANNING
HIGH IMPACT PRACTICES ADVISOR

New position underscores growing collaboration with HIPs/USAID:

- Developing overarching strategy to promote and disseminate HIPs (integrated with FP2020 country action plans)
- Identify new areas of collaboration around HIPs
- Coordinating with WHO/IBP a comms and dissemination strategy to inform and engage the broader family planning community
- Identify and engage new stakeholders

FP 2020

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www.familyplanning2020.org/progress

CONTACT US
info@familyplanning2020.org

Core Partners

HIP Brief update 2016

- Community Group Engagement – "*Engage and mobilize communities in group dialogue and action to promote healthy sexual relationships.*"
  - First Social and Behavior Change HIP Brief, promising practice
- Economic Empowerment – "*Invest in activities that contribute to economic empowerment of women and girls in support of reproductive health.*"
  - Evidence on the relationship between economic empowerment interventions and improved contraceptive use or fertility behaviors is insufficient to meet the standards of a high impact practice in family planning

HIP Brief Update 2017

Updates

- Health Communication – Use one or more ***mass media*** channels (radio, TV, print) to increase knowledge, improve attitudes and self-efficacy, and encourage social change to support family planning.
  - Joan Kraft
- mHealth - Digital applications (including mHealth, eHealth, and Information Communication Technology) ***which support the delivery of family planning commodities, services, systems-level information, and counselling.***
  - Trinity Zan

New

- Immediate Post-partum FP - Counseling and provision of a contraception within the first 48 hours after childbirth.
  - Laura Raney
- Social Franchise - Organize health clinics into quality assured networks to increase access to FP
  - Sarah Thurston

HIP TAG Meeting Highlights
November 28, 2016

For the HIPs Partners' Meeting

November 29, 2016

HIP TAG Meeting
November 28, 2016

The Technical Advisory Group

- Experts in family planning research, program implementation, policy makers and representatives from donor agencies. Meets at least once a year to review evidence and make recommendations on updating and implementing HIPs.
- Members 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.

The TAG is responsible for:

- Reviewing all finalized HIP briefs to ensure the "practice" meets the criteria for HIP as set out by the HIP Partnership (see HIP list);
- Reviewing HIP concept notes in order to prioritize no more than 2 per year for development into briefs;
- Reviewing updated HIP briefs to ensure they continue to meet HIP criteria and standards of evidence; and
- Refining and improving standards of evidence relevant to family planning programming.

Objectives of the November 28 meeting

- Refine HIP TAG decision-making processes
- Provide interim feedback on 2017 briefs

Highlights

- Discussed guidance for writers; updates to be made
- Standards of evidence/practice to be refined
- Theory of Change reviewed; agreed to include in Briefs
- Review of 2017 Briefs: PPFP, Social Franchising, mHealth, Health Communication

Highlights

- Revisited HIP Classification – discussion around "Emerging"; Standards of evidence/practice work group will develop a proposition
- HIP List (Fact Sheet) to be revised
- Agreed to continue with 2 TAG meetings/year. Next meeting planned for June at WHO

If you have any questions see Shawn Malarcher or members of the TAG

IBP HIPs Task Team

HIPs Partners' Meeting
November 29, 2016

IBP Initiative
Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

Background

- Purpose is to support dissemination and implementation of HIPs
- IBP is neutral and has access to over 45+ Implementing partner organizations and 8000 individual members
- Current representation from: UNFPA, USAID, WHO, Save the Children, PSI, MSI, MSH, Pathfinder, FHI 360, EngenderHealth, USAID, JHU-CCP, others

IBP Initiative
Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

HIPs and IBP

- HIPs dissemination and implementation are central to the 2016-2020 IBP Strategic Plan
- Most active Task Team in the consortium
- Task Team and Secretariat lead activities:
  - Dissemination
  - Implementation
  - Scale up
  - Monitoring and Evaluation of the HIPs

IBP Initiative
Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

Illustrative Activities 2016

- Dissemination of HIPs to global and regional meetings
  - International Conference on Family Planning, Nusa Dua (January)
  - AYSRH Consultation, Geneva (April)
  - FP2020 Focal Point Meeting, Kampala (April)
  - FP2020 Focal Point Meeting, Abidjan (May)
  - IBP LAC Regional Meeting, Lima (June)
  - WHO AFRO Regional Meeting, Harare (July)
  - LAC Conference, Cartagena, (September)
  - WAHO Good Practices Forum, Grand Bassam, (October)

IBP Initiative
Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

2016 HIPs Webinar Series

- **CHWs:** 85 participants and 26 views
- **PAFP:** 55 participants and 71 views
- **Mobile Outreach:** 127 participants and 25 views

IBP Initiative — Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

Illustrative Activities — Country Level

- Follow up and dissemination to IBP partners in Ethiopia (February 2016)
  - Member of HIP Task Team met with a number of partners in Addis to follow up on HIPs and present in more detail the map, new briefs and learn about current use
- Dissemination to WAHO countries as part of IBP Follow up to Good Practice Forum
  - Cabo Verde (Portuguese HIPs) May, 2016
  - WAHO HIP briefs as part of the packet of information provided to countries on current TA visits (mostly Francophone members)
- Dissemination of HIPs at country level in LAC
  - Colombia, July 2016
  - Mexico, October 2016
- Case Studies
  - Mozambique, to be published in December 2016

IBP Initiative — Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

Moving Forward…

- Continue to support dissemination
- Facilitate use of HIPs
- Link HIP Partners meeting and IBP annual meeting
- Continue to strengthen link between IBP, HIPs, FP2020
- More documentation of HIPs at country level
- Support update of the HIPs website
- Plan and deliver next webinar in the series (Social Marketing)
- Strengthen M&E around dissemination and implementation

IBP Initiative — Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

THANK YOU

IBP Initiative — Scaling up what works in family planning/reproductive health

HIP HIGH IMPACT PRACTICES IN FAMILY PLANNING

FP Goals: Potential use in Countries

Overview for HIP Partners Meeting

November 2016

Outline

- Overview: what is FP Goals?
- HIPs and FP Goals
- Experience from countries
- Lessons learned and next steps

What is FP Goals?

3

Using evidence to drive our decisions

- What is already happening in the country?
- How is the population changing? – urbanization, growth, age
- What interventions are effective in increasing use?
- Who can these interventions reach?

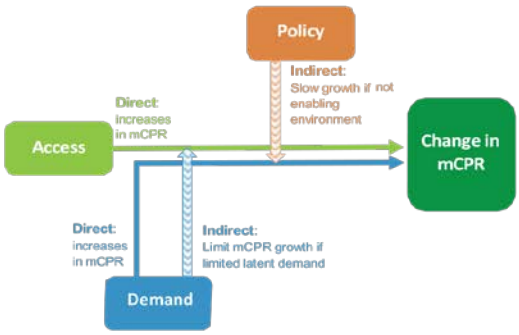
FP Goals takes all of this into consideration

Using FP Goals with existing models

Can use FP Goals with existing models as first step.

	FP Goals	FamPlan	Impact 2	RealityCheck	ImpactNow
Estimate mCPR in future based on scale up of specific FP interventions	✓				
Calculate relative contribution of each intervention to mCPR growth	✓				
Enter CPR goal (or goal to reduce unmet need)		✓	✓	✓	✓
Calculate commodities needed to reach goal		✓	✓	✓	✓
Calculate near-term impact of reaching goal (e.g. maternal deaths averted)		✓	✓	✓	✓

How it works



What FP Goals does not do

- Does not account for other important investments beyond mCPR growth– but these are still important! For example:
  - Quality of services
  - Equity
  - Changing norms related to sexual debut, marriage, future contraceptive use
- Not an optimization tool– must enter different scale up plans and compare results
- Does not adjust for unrealistic scale up– must sense check plans (e.g. is it feasible to train XXX new CHWs?)

HIPs and FP Goals

8

FP Goals Interventions

Note: model includes more details for each intervention– summary list only

Public sector
- Post-partum and post-abortion family planning
- Improve public sector provision
- Community Health Workers

Private sector
- Mobile clinical outreach
- Social franchising
- Pharmacies and drug shops

System
- Reduce stock outs
- Introduce a new method/revitalize an underused method

Demand generation
- Mass media
- Community-centered SBCC
- Individual-based SBCC
- Adolescent-focused interventions

Where possible interventions are aligned to High Impact Practices

HIPs and FP Goals: meeting different needs

High Impact Practices	FP Goals
• Build consensus on what the evidence-base and *experiential learning* tells us about program effectiveness	• Use global evidence-base to look at documented links between interventions and outcomes
• Outcomes of interest are broad - mCPR, fertility, breast feeding, child marriage	• Outcomes focused on on mCPR growth
• Global focus, generalizability	• Country/program focus- link evidence to country specific context

But: ensuring consistency of language between both, and, where possible, consistency of evidence used.

HIPs and FP Goals: areas of alignment

Where possible draw from same evidence base– but not all HIP references are used in FP Goals, and FP Goals uses references not included in HIPS.

HIPS	FP Goals
Integrate trained, equipped, and supported community health workers (CHWs) into the health system	✓ CHWs as intervention
Postabortion family planning: Provide family planning counseling and services at the same time and location where women receive services related to spontaneous or induced abortion.	✓ Post-abortion FP
Support mobile outreach service delivery to provide a wide range of contraceptives, including long acting reversible contraceptives and permanent methods.	✓ Mobile outreach included as intervention
Train and support drug shop and pharmacy staff to provide a wider variety of family planning methods and information.	✓ Pharmacies included as intervention
Integrate family planning and immunization: Offer family planning information and services proactively to women in the extended postpartum period during routine child	✓ Included under PPFP (also includes other PFFP interventions)
Vouchers: Addressing inequities in access to contraceptive services	✓ Included as stand alone and under PPFP
Adolescent- Friendly Contraceptive Services: Mainstreaming Adolescent Friendly Elements Into Existing Contraceptive Services	✓ Comprehensive youth programming, if includes YFS get additional impact
Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health	✓ Comprehensive Community Engagement
Health Communication: Enabling voluntary and informed decision-making	✓ Comprehensive Community Engagement, IPC and mass media
Supply Chain Management: Investing in contraceptive security and strengthening health systems.	✓ Stock out reductions

HIPs and FP Goals: areas with less alignment

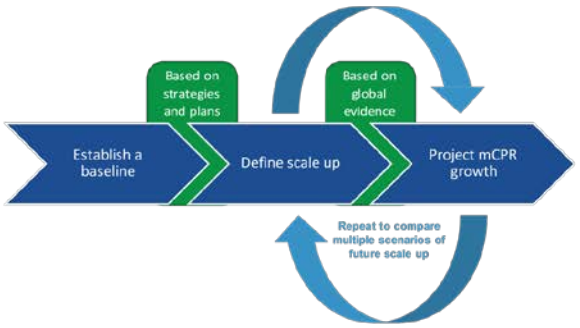
HIPS	FP Goals
Support distribution of a wide range of family planning methods and promotion of healthy contraceptive behaviors through social marketing.	*Social marketing not included as a stand-alone intervention- but include mass media, community engagement, and pharmacies.*
mHealth: Mobile technology to strengthen family planning programs	*Not included*
Educating Girls: Creating a foundation for positive sexual and reproductive health behaviors	*Not included- too indirect*
Financing Commodities and Services: Essential for meeting family planning needs	*Not included*
Galvanizing Commitment: Creating a supportive environment for family planning programs	*General 'policy environment' based on FPE*
Leaders and Managers: Making Family Planning Programs Work	*General 'policy environment' based on FPE*
Policy: Building the foundation for systems, services, and supplies	*General 'policy environment' based on FPE*

Additional interventions in FP Goals not covered in current HIPs:
- Social Franchising (note: HIP under development)
- Post-partum FP (note: HIP under development for immediate PPFP; model includes community and facility based interventions and not just immediate)
- Introduce new method/revitalize method
- Youth Centers (note: impact limited based on evidence)
- Comprehensive youth programming (beyond just services)

Using FP Goals in country

13

FP Goals: the process



How FP Goals can be used

- **Develop a new CIP or strategy**
  - Identify priority interventions to be included
  - Create tailored sub-national plans that account for differences in demographics and existing FP programming
- **Prioritize within an existing CIP or strategy**
  - Calculate impact expected from each intervention included
  - Use to focus on priority areas that will yield greatest impact- especially if not possible to implement full strategy
- **Used to answer targeted questions outside of strategy development**
  - Look from perspective of specific donors investments
  - Answer related questions about feasibility of goals

More about the **process** than the model itself: enables evidence-informed discussions to take place with key partners and provides 'sense check' to what is being planned and discussed.

Country work to date:
very different contexts and experiences (1)

- **Senegal**
  - Requested by Dr. Daff
  - Government has stated goal of 45% mCPR by 2020
  - National Family Planning Action ended in 2015, in the process of developing the new follow on plan
  - Happened *before* release of 2015 cDHS, results have not yet been updated
  - National application, follow up by regional application (14 regions)
- **Kenya**
  - Costed Implementation Plan ends in 2016- not yet developing revised plan
  - Country goal of mCPR (MW) of 56% in 2015, 58% in 2020, and 70% in 2030
  - Kenya has achieved its 2015 goal, discussions underway if a new (higher) goal is needed for 2020
  - Initial FP Goals application to contribute to discussions– not full application, results calculated for 5 illustrative counties

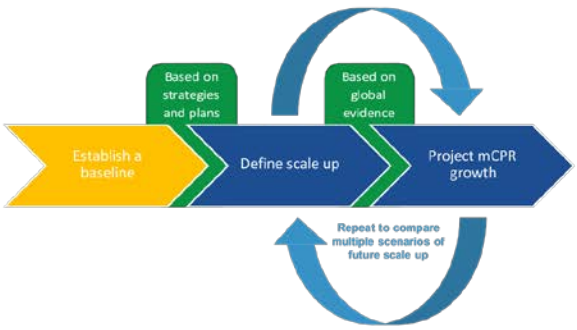
Country work to date:
very different contexts and experiences (2)

- **Laos**
  - Requested by Government as part of developing CIP
  - Wider RMNCH strategy exists that includes FP– but, very ambitious
  - Model used to create focused alternatives- using RMNCH interventions, but with different levels of scale up by Province
  - Each scenario then costed to allow discussions about what is feasible
  - Process still being finalized in country
- **Nigeria (Lagos, Kaduna)**
  - Process still underway– no results to share yet
  - State level CIPs already exist
  - Model being used to look at impact of existing CIP and help prioritize within CIP interventions

Sharing high level results– but lots of detailed discussions in country sit behind this

- Involvement of many partners:
  - Government– Ministry of Health, and other relevant departments
  - Donor partners
  - Implementing partners
  - Academics
- Detailed discussions of intervention components
- Links to wider discussions/other initiatives already happening in country (e.g. social health insurance, maternal health strategies)
- Process still ongoing in some countries, so in some cases only sharing illustrative results

FP Goals: the process



Baseline data sources

Type of information	Illustrative indicators	Sources
Demographic information	Population, # births, % married, % young (15-24)	Statistics Bureau, Census Data, UN Projections
Current use of FP	mCPR by method, PPFP uptake, mCPR for youth	DHS or other population based surveys, FPET modelled estimates
Current provision of FP	% facilities offering FP, % women using each method, youth friendly services, demand generation activities	DHIS2, partner reports, UNFPA facility survey, SPA
Health infrastructure	# health facilities by type, # pharmacies, # CBD	DHIS2, Statistics Bureau, Census Data, Food and Drug Department,

Data often collected by sub-national area (State, Region, Province)

Additional analysis: key contextual factors

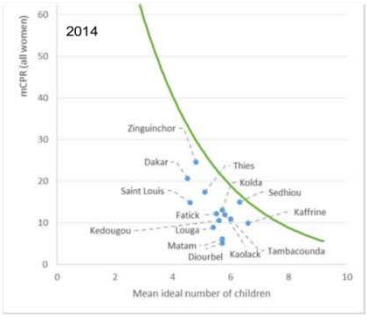
- Examining levels of demand
- Examining country placement on the s-curve (of mCPR growth)
- Time trends- where has progress be seen, and, where has there not been (expected) changes
- Identify barriers/challenges within existing FP program
- Quantifying population segments: generalized v focused programs?

Review of context and baseline data

Meeting with partners– allows discussion:

1. Are we missing any data? → Opportunity to contribute more information
2. What does the data tell us? → Start discussion on what might go into scenarios based on what learn from the baseline

Senegal example: assessing demand



Source: DHS 2010 and 2014

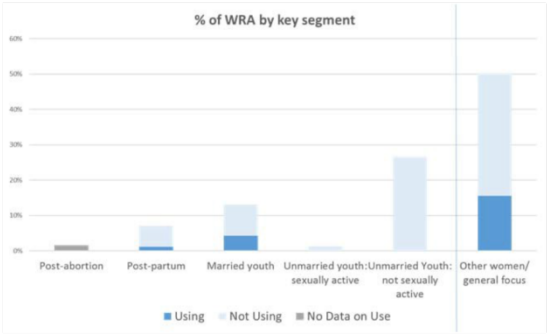
Looking at time trends (Senegal example)

What has not changed?

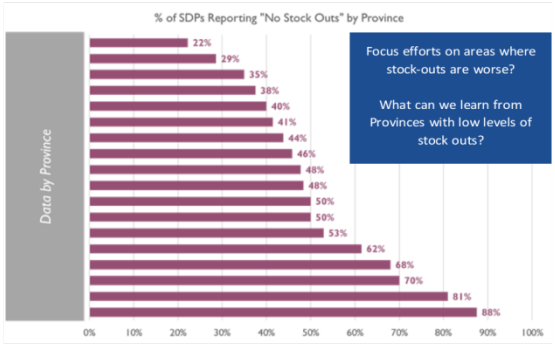
- Post-partum FP uptake (low, unchanged)
- Ideal number of children (no change)
- Level of FP information to non-users (low, unchanged)
- Low utilization of Case de santé for FP (1% of users)
- Very little increase in utilization of FP from private sector (15% to 18% of users)

Discussed implications for potential scale up of interventions

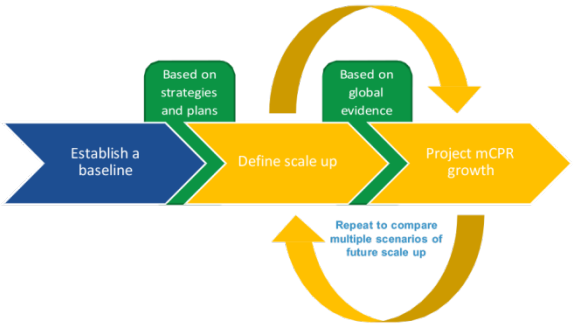
Considering population segments



Considering sub-national variation



FP Goals: the process



How it works (general process)

- Define **multiple scenarios** to be compared
  - Different levels of scale up of key interventions
  - Different combinations of demand v access interventions
  - Different levels of scale up in different sub-national areas
- Model estimates of mCPR growth + share of growth from each intervention
- Review, discuss, and refine
- Costing → discussions of cost-effectiveness
- Decide on final scenario to be basis of strategy

Defining scale up: Senegal example

		Access interventions	
		Aspirational	More Practical?
Comprehensive community engagement	Very high demand investments	1	3
	More moderate demand investments	2	4

Results: Senegal example

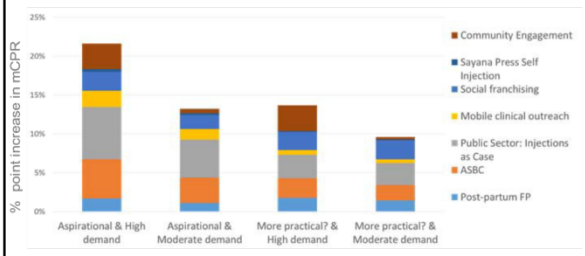
		Access interventions	
		Aspirational	More Practical?
Comprehensive community engagement	Very high demand investments	42% (3.6% pts/yr)	34% (2.3% pts/yr)
	More moderate demand investments	34% (2.2% pts/yr)	30% (1.6% pts/yr)

Low latent demand is limiting full growth from access interventions:

- 7.2% pts (aspirational)
- 1.4% pts (practical)

Potential wasted investments in access.

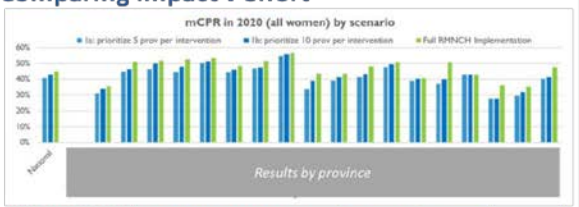
What interventions drive growth? Senegal example



Prioritization of efforts within RMNCH Strategy: Laos example

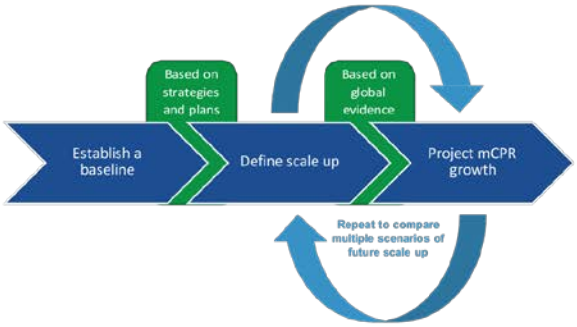
Key intervention	Scale up in priority provinces (A = top 5; B = top 10 provinces)	Scale up everywhere else
Increase access to LARCs via public sector	100% of health centers provide LARC	20% of health centers provide LARC
Increase provision of LARC in private sector	100% of private facilities provide LARC	20% of private facilities provide LARC
Demand generation activities	Roll out group discussions + community FP days (1 per village)	None
Reduce stock outs	Reduce stock outs by 98%	Reduce stock outs by 20%
Youth-focused interventions	30% reached by comprehensive youth programs inc. YFS + curriculum based in all secondary schools	10% reached by comprehensive youth programs inc. YFS + curriculum based in all secondary schools

Comparing impact v effort



With strategic targe... similar overall leve... (and funding).	...ting of efforts, can achieve ...s of impact with less effort	1a: prioritize 5 prov per intervention	1b: prioritize 10 prov per intervention	Full RMNCH Implemented
Stock out reductions	# facilities with stock outs to be eliminated	333	461	547
LARC via public sector	Min # midwives to be trained at Health Center	431	660	956
LARC via private sector	# private facilities to be trained on LARC provision	219	309	394
Integrated Outreach	# integrated visits to take place	0	0	28,434
CBD/VHW/VHV	# CBD/VHW/VHV trained to provide FP services	0	0	1,854
Youth-focused	# young people reached by interventions in 2020	150,749	189,957	183,417
Demand generation	# women reached by demand generation in 2020	35,885	141,380	135,259

FP Goals: the process



Lessons learned

- **Process** is important- allows discussions, brings together partners
- Creates opportunity to **reflect** on data
  - Background context and baseline data informative on their own, even before the model
  - Results from model create space for discussion- what mix of interventions could lead to high impact?
- High demand to do **sub-national** applications→ data requirements high
- Countries with recent DHS and SPA surveys make application easier- access to large amount of baseline data

Next steps: when to use FP Goals

- Developing a new strategic plan
- Mid-term review of an existing plan
- Prioritize funding and focus within a larger plan
- Developing GFF application

FP Goals is a strategic decision making tool. Applications must be linked to opportunities for strategic policy decisions in country.

High-Impact Practices Partners' Meeting

Washington, D.C.
Nov. 29, 2016

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FP2020 COUNTRY COMMITMENTS…38 AND COUNTING!

13 Francophone Africa countries

- Benin
- Burkina Faso
- Burundi
- **Cameroon**
- Côte d'Ivoire
- **DR Congo**
- **Guinea**
- Madagascar
- Mali
- Mauritania
- Niger
- **Senegal**
- Togo

14 Anglophone Africa countries

- **Ethiopia**
- Ghana
- **Liberia**
- **Kenya**
- Malawi
- **Mozambique**
- **Nigeria**
- Rwanda
- **Sierra Leone**
- Somalia
- **Tanzania**
- **Uganda**
- Zambia
- Zimbabwe

11 Asia countries

- Afghanistan
- **Bangladesh**
- India
- Indonesia
- Lao PDR
- **Myanmar**
- Nepal
- Pakistan
- Philippines
- Solomon Islands
- **Vietnam**

N.B. 9 Ouagadogou Partnership countries in blue, **15 Global Financing Facility (GFF) countries in bold**

2

CONVENING DONOR AND COUNTRY FOCAL POINTS

Common priorities have surfaced across countries and regions:

- Addressing global commodities gap
- Improving supply chain and delivery systems
- Investing in demand-side efforts and behavior change communications
- Improving access for youth
- Expanding method mix
- Effective data utilization

WHICH HIPS FOCUS ON THESE GLOBAL PRIORITIES?

Financing/Global Commodities Gap
- Financing Commodities and Services
- Vouchers

Supply Chain/Delivery System Improvements
- Supply Chain Management
- Drug Shops and Pharmacies

Demand Creation/Social Norms re: RH
- Community Group Engagement
- Community Health Workers
- Health communication
- Social Marketing

Improving Youth Access
- Educating Girls
- Ado-friendly Contraceptive Services
- Improving SR health of young people*

Expanding Method Mix
- mHealth
- Leaders and Managers
- FP & Immunization integration

Effective Data Utilization
- none

Other HIPs
- Policy
- Galvanizing Commitment

*This document is not a HIP and is a strategic planning guide

MAPPING HIPS IN FRANCOPHONE AFRICA ACTION PLANS

IMPROVING SRH FOR YOUNG 6	COMMUNITY GROUP ENGAGEMENT 4	COMMUNITY HEALTH WORKERS 1	DRUG SHOPS	EDUCATING GIRLS 0
FINANCING 10	FP & 1	GALVANIZING 5	LEADERS AND 5	0
HEALTH COMMUNICATION 3	MOBILE OUTREACH SERVICES 1	POLICY 7	POST ABORTION FP 0	SUPPLY CHAIN MANAGEMENT 5
	SOCIAL MARKETING	VOUCHERS 0		

*This includes Adolescent-friendly Contraceptive Services HIP and Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide, which is not a HIP

MAPPING HIPS IN ANGLOPHONE AFRICA ACTION PLANS

IMPROVING SRH FOR YOUNG PEOPLE 10*	COMMUNITY GROUP ENGAGEMENT 0	COMMUNITY HEALTH WORKERS 4	DRUG SHOPS 0	EDUCATING GIRLS 0
FP & 0	FINANCING 2	GALVANIZING 4	LEADERS AND 1	mHEALTH 1
HEALTH COMMUNICATION 2	MOBILE OUTREACH SERVICES 1	POLICY 9	POST ABORTION FP 0	SUPPLY CHAIN MANAGEMENT 5
	SOCIAL MARKETING	VOUCHERS 0		

*This includes Adolescent-friendly Contraceptive Services HIP and Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide, which is not a HIP

MAPPING HIPS IN ASIA ACTION PLANS

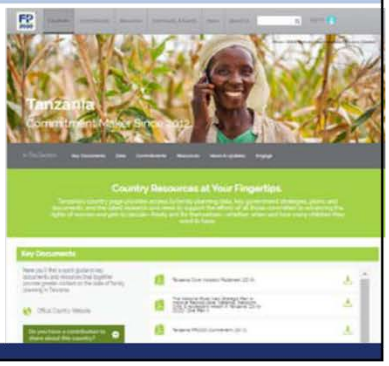
IMPROVING YOUNG PEOPLE 7*	COMUNITY ENGAGEMENT 2	COMMUNITY WORKERS 1	0	EDUCATING GIRLS 0
FINANCING 3	FP & 0	GALVANIZING 8	LEADERS AND 4	mHEALTH 0
HEALTH COMMUNICATION 3	MOBILE OUTREACH SERVICES 0	POLICY 9	POST ABORTION FP 0	SUPPLY CHAIN MANAGEMENT 5
	SOCIAL 3			

*This includes Adolescent-friendly Reproductive Health of Young People: A Strategic Planning Guide, which is not a HIP

FP2020 COUNTRY PAGES: RESOURCES AT YOUR FINGERTIPS

Features of redesigned pages include:

- Key documents, including government strategies and plans, GFF materials, and self-reported commitment updates
- 2016 Core Indicator data
- Country-specific research and news
- Enhanced shareability – easily share data and information by email or social media




FP
FAMILY PLANNING
2020
@FP2020Global
#FP2020PROGRESS
VIEW OUR FULL REPORT www.familyplanning2020.org/progress
CONTACT US
info@familyplanning2020.org
Core
Partners
UKaid
BILL & MELINDA GATES foundation
UNFPA
USAID
HOSTED BY
UNITED NATIONS FOUNDATION
EVERY WOMAN EVERY CHILD

The HIP Website: A New Face and New Features

Sara Mazursky, K4Health/JHU-CCP
Caitlin Thistle, USAID/PRH
November 29, 2016

We're Working on a New Website!

Why are we doing this?

- HIPs play a key role in advancing towards FP2020 goals
- Modernize the website and make more visually-engaging
- Highlight the consensus building that surrounds the HIPs

What Will Remain

- Overarching goal
- Audience
- Most Content

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

What Will Change

- Presentation of the evidence base -- current and emerging
- More ways for user to access HIP content
- Better articulation of HIP process
- Highlight collaborative effort

Timeline

- Vendor on-boarded in December
- Alpha version by end of March
- Beta version by end of May

www.FPHighImpactPractices.org

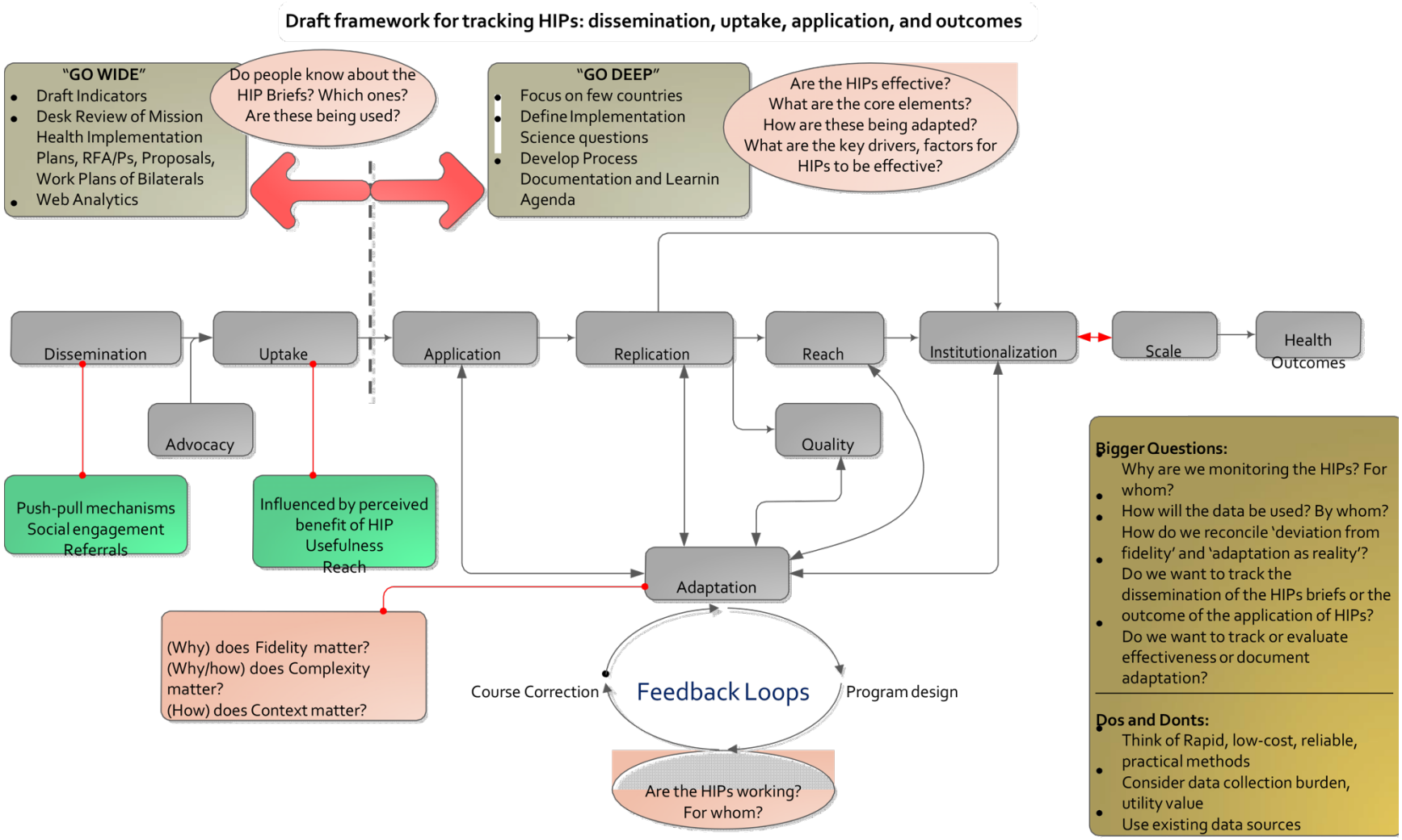
Questions?

We Need Your Help!
Icons for Each HIP

Elevating Stakeholder Use and Promotion of HIPs

- Let's brainstorm!
- Name three things you would need from us to better promote HIPs
- How can the new site be a way to promote your organization's involvement in HIPs

www.FPHighImpactPractices.org


Draft framework for tracking HIPs: dissemination, uptake, application, and outcomes
"GO WIDE"
Draft Indicators
Desk Review of Mission Health Implementation Plans, RFA/Ps, Proposals, Work Plans of Bilaterals
Web Analytics
Do people know about the HIP Briefs? Which ones? Are these being used?
"GO DEEP"
Focus on few countries
Define Implementation Science questions
Develop Process Documentation and Learnin Agenda
Are the HIPs effective? What are the core elements? How are these being adapted? What are the key drivers, factors for HIPs to be effective?
Dissemination
Uptake
Application
Replication
Reach
Institutionalization
Scale
Health Outcomes
Advocacy
Quality
Push-pull mechanisms
Social engagement
Referrals
Influenced by perceived benefit of HIP
Usefulness
Reach
Adaptation
(Why) does Fidelity matter?
(Why/how) does Complexity matter?
(How) does Context matter?
Course Correction
Feedback Loops
Program design
Are the HIPs working? For whom?
Bigger Questions:
Why are we monitoring the HIPs? For whom?
How will the data be used? By whom?
How do we reconcile 'deviation from fidelity' and 'adaptation as reality'?
Do we want to track the dissemination of the HIPs briefs or the outcome of the application of HIPs?
Do we want to track or evaluate effectiveness or document adaptation?
Dos and Donts:
Think of Rapid, low-cost, reliable, practical methods
Consider data collection burden, utility value
Use existing data sources