

HIP Partners Meeting:

How to Engage Now and in the New Phase

Wednesday June 26, 2019
9:00 - 10:30



Poll:

For how many years have you used HIPs in your work?

1-2 years

3-4 years

5+ years

Meeting Objectives:

- **Reviewing HIP structures and processes in response to feedback from the November 2018 HIP Partners' Meeting**
- **Identifying opportunities to strengthen and broaden engagement in the HIP work**
- **Exploring options for streamlining and reducing time required to update briefs**

Today's Agenda

9:00 – 9:10	Welcome and Introduction <i>Ellen Starbird, USAID</i> <i>Martyn Smith, FP2020</i>
9:10 – 9:55	How and Who to Engage with on the HIPs <i>Nandita Thatte, WHO/IBP</i> <ul style="list-style-type: none">- HIP Organizational Structure (Who's Who in the HIP Universe) <i>Karen Hardee, Hardee Associates</i>- TAG Membership- HIP brief development process <i>Elaine Charurat, Jhpiego</i>- HIP Products: What should be tacked to your cube wall? What is new/upcoming?- Effective Dissemination <i>Caitlin Thistle, USAID</i>
9:55-10:25	Define a new process for regularly updating the HIP briefs <i>Shawn Malarcher, USAID</i> <ul style="list-style-type: none">• Fabio Castano, Pathfinder International• Kristen Patterson, PRB• Brian McKenna, RHSC• Claire Cole, PSI
10:25 – 10:30	Next Steps and Closing <i>Sarah Onyango, IPPF</i>

Before we Begin



**Webinar will be
recorded**



**Please use the
Questions tab to
Submit your questions
anytime!**



Visit our website:
<http://www.fphighimpactpractices.org>

Welcome and Introduction



Ellen Starbird, USAID

Ellen Starbird is the Director of USAID's Office of Population and Reproductive Health. She provides high-level leadership to the Agency's family planning/reproductive health agenda and portfolio, valued at approximately \$600 million USD annually and directs the Office's \$100 million program. Ellen has over 25 years of experience designing, managing, monitoring, and evaluating international family planning and reproductive health programming. Ellen joined USAID in 1989 and has spent her career in the Office of Population and Reproductive Health. She has an M.A. in Development Economics from the Fletcher School of Law & Diplomacy. The daughter of a Foreign Service Officer, she spent 11 years of her childhood in Hong Kong and Thailand. She is married and has two children.

How and Who to Engage with on the HIPs



Nandita Thatte, WHO/IBP

Our Presenters



**Karen Hardee,
What Works Association**



**Elaine Charurat,
Jhpiego**



**Caitlin Thistle,
USAID**

HIP Organizational Structure: Who's Who in the HIP Universe

Karen Hardee, What Works Association

Who's Who in the HIP Universe



Co-Sponsors



Endorsing Partners



**Technical Advisory
Group**



**Production and
Dissemination (P&D)
Team**

Co-Sponsors



Endorsing Partners



Production & Dissemination (P&D) Team





Technical Advisory Group (TAG)

Membership Selection and Representation



Who is currently on the TAG?

Organizations

UNFPA (3)

USAID (4)

WHO (4)

IPPF (2)

FP2020 (1)

Implementing partners (13)

Other donors – Gates, Packard (2)

Countries

Burkina Faso

India

Kenya

Senegal

Switzerland

Tanzania

UK

Uruguay

USA

TAG Decision -making



Poll Question

You can engage with these groups by:

- Requesting materials from the P&D team
- Nominating someone for TAG membership
- Sharing ideas with Co-Sponsors about how the HIP Partnership can be more effective
- All of the above

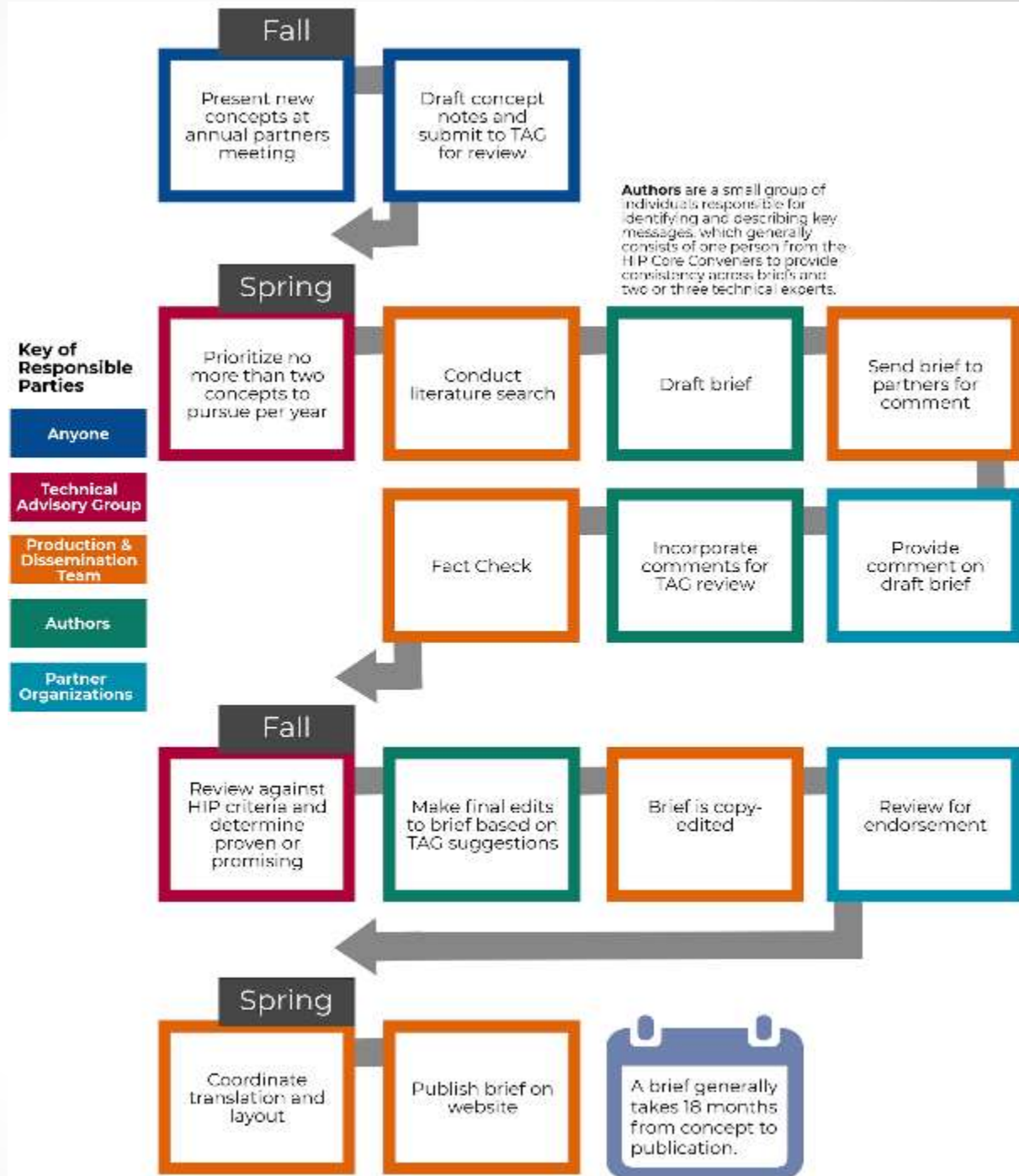
Poll Question - How have you engaged in the past? Check all that apply.

- Requested printed materials.
- Distributed printed materials at a conference or meeting.
- Submitted comments on a brief.
- Given endorsement to a brief.
- Used the website for resources for personal use or to share.
- Tweeted about a HIP(s).

Brief Development Process

Access it here:

<https://www.fphighimpactpractices.org/wp-content/uploads/2019/04/Guidance-for-Developing-a-HIP-Evidence-Brief.pdf>



HIP Products - HIP List

- This seminal brief provides a list of all the HIPs identified by the Technical Advisory Group (TAG).

<https://www.fphighimpactpractices.org/high-impact-practices-in-family-planning-list/>

- Tack this one to your cube wall as an easy and quick reference!

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Family Planning High Impact Practices List

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.

Endorsed by more than **30 organizations**, HIPs reflect consensus around our current understanding of what works in family planning.

HIPs are identified based on demonstrated magnitude of impact on contraceptive use and potential application in a wide range of settings. Consideration is also given to other relevant outcome measures including unintended pregnancy, fertility, or one of the primary proximate determinants of fertility (delay of marriage, birth spacing, or breast feeding). Evidence of replicability, scalability, sustainability, and cost-effectiveness are also considered.



© 2019 Billerica Area/FPHSA, Inc. Courtesy of Picturix

The eight-page HIP briefs can be used for advocacy, strategic planning, program design, exploration of research gaps, to inform policies and guidelines, and to support implementation.

HIPs are categorized as:

Enabling Environment	Service Delivery	Social and Behavior Change
Enabling Environment HIPs address systemic barriers that affect an individual's ability to access family planning information and services.	Service Delivery HIPs improve the availability, accessibility, acceptability, and quality of family planning services.	Social and Behavior Change HIPs influence knowledge, beliefs, behaviors, and social norms associated with family planning.

A **HIP Enhancement** is a tool or approach that is not a standalone practice, but it is often used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach and access for specific audiences. The intended purpose and impact of enhancements are focused and, therefore the evidence-based and impact of an enhancement is subjected to different standards than a HIP. HIP Enhancements include:

- Incorporate **adolescent-friendly service delivery** elements into existing contraceptive and health services.
- Use of **digital technologies** to support systems and service delivery for family planning.
- Use **vouchers** to facilitate equitable access to and choice of voluntary contraceptive services.

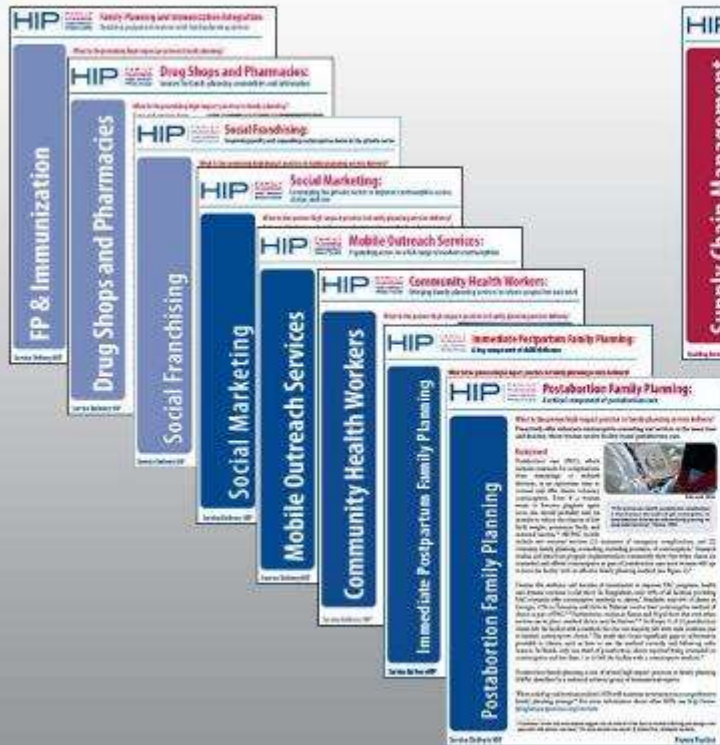
Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven or promising. The darker the color used in the HIP brief, the stronger the evidence base for the practice.

Proven	Promising
Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.	Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.

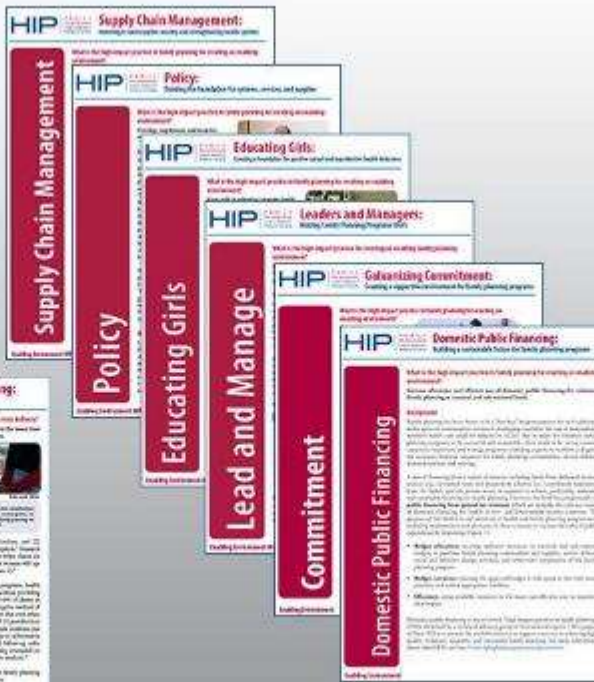
Updated April 2019

HIP Products - Briefs

Service Delivery



Enabling Environment



Social and Behavior Change



HIP Enhancements



HIP Products - Strategic Planning Guides



Engaging Men and Boys in Family Planning: A Strategic Planning Guide

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify effective investments for engaging men in efforts to improve sexual and reproductive health. In this guide, male engagement refers to the involvement of men and boys in family planning programs across life stages, including addressing gender norms and gender equality.

This guide builds on reviews of male engagement strategies for family planning¹ and is informed by recognized experts in the field. Throughout the steps below, programs should address the specific contexts and diverse needs of program beneficiaries. Examples within each step illustrate how to identify relevant gaps and issues and offer programming approaches to consider. The first priority of any family planning program when considering partner engagement is to respect the client's preference of whether to engage her partner and to do so in equitable ways that protect and encourage women's autonomy.

Step 1: Define the behavioral aim of your initiative.

Men's sexual and reproductive health needs differ across life stages depending on whether they are adolescents, beginning to explore sexual relationships, sexually active, newly married, first-time parents, growing or spacing their families, or have completed family size. Throughout their life stages, men strive to fulfill roles and expectations while exhibiting behaviors that can facilitate or inhibit healthy sexual relationships. Program designers should specify behavior outcomes they hope to affect, and use appropriate indicators to track changes in these behaviors over time. Keep in mind that social norms around sexuality and relationship are formed in early adolescence (See the Global Early Adolescent Study). For programs that address needs of adolescent boys, the Strategic Planning Guide for Adolescents offers additional information and suggestions.



An illustrated scene from the 'Isha' (2010) film depicts the various family planning methods to a couple, in the young bride's life story. © 2010 United Nations Women. Courtesy of Population

Common behavioral aims of male engagement programming include increased male participation in:

- Contraceptive users (e.g., condoms and vasectomy) or in partners using methods requiring active cooperation (e.g., Standard Days Method)
- Partners engaged in open communication and decision-making about family planning and contraceptives
- Advocates for gender equality and family planning in their families and communities

Step 2: Assess men's and boys' knowledge and attitudes related to reproduction and contraception.

Family planning programs typically target information and messaging to women and girls; however, women and girls may not be the primary decision-makers about their own contraceptive use. Providing correct and comprehensive information facilitates active engagement of men as supportive partners, advocates, and users of contraception. Misinformation and negative attitudes or beliefs such as using contraception makes men less "manly" or using

¹ Adewole Akbar-Ikole, Minkal Anwar, Karen Harker, Joan Knoff, Rebecca Lundgren, Ben Mackie, Tim John Skand, Christine Slaughter, Caitlin Thiele, and Stephanie Suda-Skold.

January 2018



Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments for improving the sexual and reproductive health of young people. It was developed as part of a review and technical consultation on adolescent sexual and reproductive health and reflects the deliberation of experts.

Throughout the steps below, programmatic responses should address the diversity of adolescents and their needs. Monitoring data should be disaggregated into meaningful categories such as age, marital status, and other key characteristics that are relevant to the context to ensure program beneficiaries are the intended recipients.

Step 1: Know your adolescents.

Adolescence is a time of many changes, from physiological and biological changes to social, psychological, and developmental changes, and a time when most young people begin exploring sexuality and relationships. Consequently, an individual's need for sexual and reproductive health information, education, and services can change rapidly during adolescence. In order to ensure programming best meets the needs of young people, consider the following questions:

- Which adolescents are having sex?
- What percentage of young people begin having sex at age 14, 15, 16, etc.?
- Are young people having sex within the context of marriage or not?
- What is the level of coerced sex among this group?



An Afghan school girl studies with her classmates at an Afghan school run by an NGO in Kabul, Afghanistan. © 2013 Sonnet Virell. Courtesy of Population

Step 2: Understand the underlying drivers of adolescent pregnancy.

Decision-makers often assume that the vast majority of adolescent pregnancies are unintended. While unintended pregnancy is a serious issue among adolescents, decision-makers may underestimate the social pressures and other complexities that often lead girls to seek motherhood as a way to prove fertility and establish an accepted role in society.

In contexts where rates of wanted fertility are high, consider structural interventions that invest in adolescent girls' and young women's education and human capital and that provide alternatives to marriage and

Deliberation occurred on March 9, 2015 by the content of this document was developed in consultation with Regina Barreiros, Doris Brackley, Veronique Choudhry, Michael J. Gurevich, Robert Deyan, El-Gay Gurevich, Haiman, Katerina, Yvonne Jennings, Gary Lane, Sharon Nalder, Ray Pardo, Shafiqul Islam, and Yvonne Wang.

September 2015

HIP Products - Discussion Papers



**Guidance on assessing the potential sustainability of *Practices* as part
of an evidence review:
*Considerations for High Impact Practices in Family Planning***



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Karen Hardee, Population Council/Evidence Project
Sara Sulzbach, USAID
Minki Chatterji, formerly Abt Associates/SHOPS Project
Suzanne Reier, formerly WHO/IBP
Shawn Malarcher, USAID

March 11, 2017

New and Upcoming Products

- Just Released: <https://fphighimpactpractices.org/briefs/>
 - Domestic Public Financing HIP Brief (updated)
 - Postabortion FP HIP Brief (updated)
 - Vouchers Enhancement HIP Brief (updated)
 - Discussion Paper on Equity and FP (new)
- Coming Soon: <https://www.fphighimpactpractices.org/new-and-forthcoming-products/>
 - Interpersonal Communication HIP Brief (new)
 - Social Marketing HIP Brief – will go out for comment soon (update)
 - Supply Chain Management HIP Brief – will go out for comment soon (update)
 - FP in Humanitarian Settings Strategic Planning Guide - comments (new)
 - Equity and FP Strategic Planning Guide (new)
 - Task Sharing Strategic Planning Guide (new)

*All materials are available in English, French, Spanish, and Portuguese and can be accessed on the website: <https://fphighimpactpractices.org/>.

Send Us Requests for Materials!

- Folders - the full package (HIP List, Briefs, Planning Guides)
- Individual Briefs and Planning Guides
- Postcards
- Watch the video: https://www.youtube.com/watch?time_continue=2&v=N6V0gfl-V3k



* Email Erika Houghtaling, USAID: ehoughtaling@usaid.gov



Effective Dissemination

CAITLIN THISTLE, USAID

POLL: Where have you seen HIP products being advertised? (check all that apply)

- Email
- Listserv such as IBP and HIPNet
- Newsletter from FP2020, K4Health, or others
- Twitter
- Webinars
- Global or regional meetings

FOCUS AREAS



Translated materials



Website traffic



Webinar participation

MATERIALS IN MULTIPLE LANGUAGES

High Impact Practices

Las Prácticas de alto Impacto

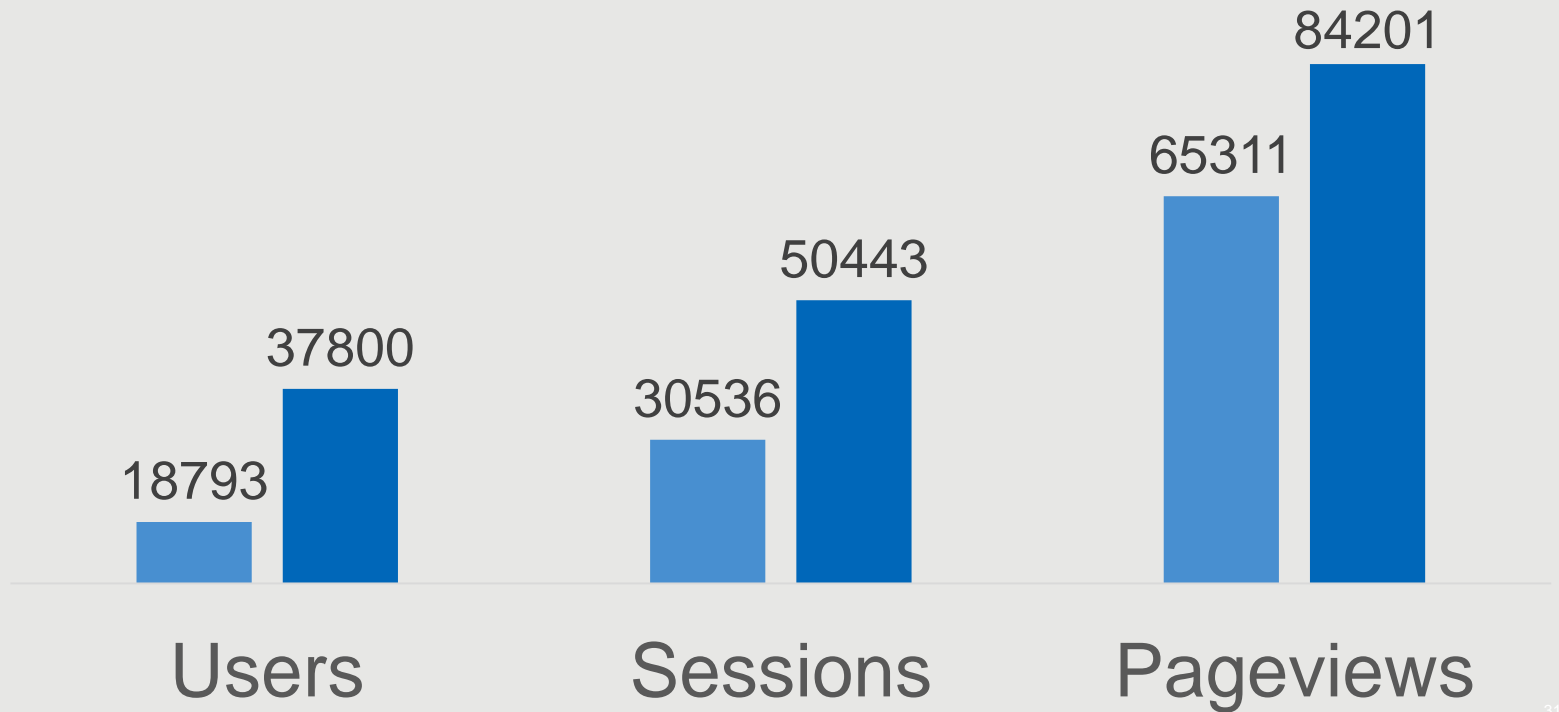
Les Pratiques à haut Impact

Práticas de Grande Impacto

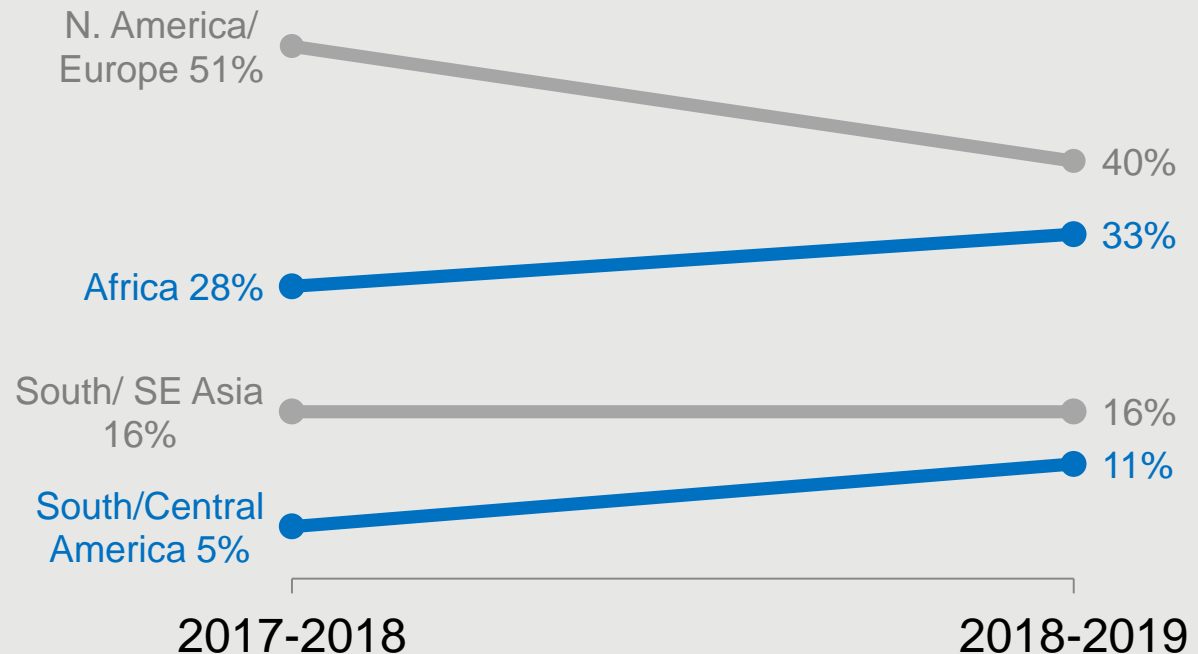


WEBSITE TRAFFIC IS INCREASING.

Jun 2017-May 2018 vs. Jun 2018-May 2019



WEBSITE TRAFFIC IS INCREASINGLY FROM AFRICA AND SOUTH AND CENTRAL AMERICA.



WEBINARS

Nearly **1,300** viewers participated in HIP webinars (either live or recorded)...

...with nearly **40%** of live viewers coming from Africa, Asia, and Latin America and the Caribbean.

COMING UP...



Define a new process for regularly updating the HIP briefs



Shawn Malarcher, USAID

Defining a new process for regularly updating the HIP briefs



Moderator: Shawn Malarcher, USAID

Discussants:

Fabio Castaño, Pathfinder International

Kristen Patterson, Population Reference Bureau

Brian McKenna, Reproductive Health Supplies Coalition

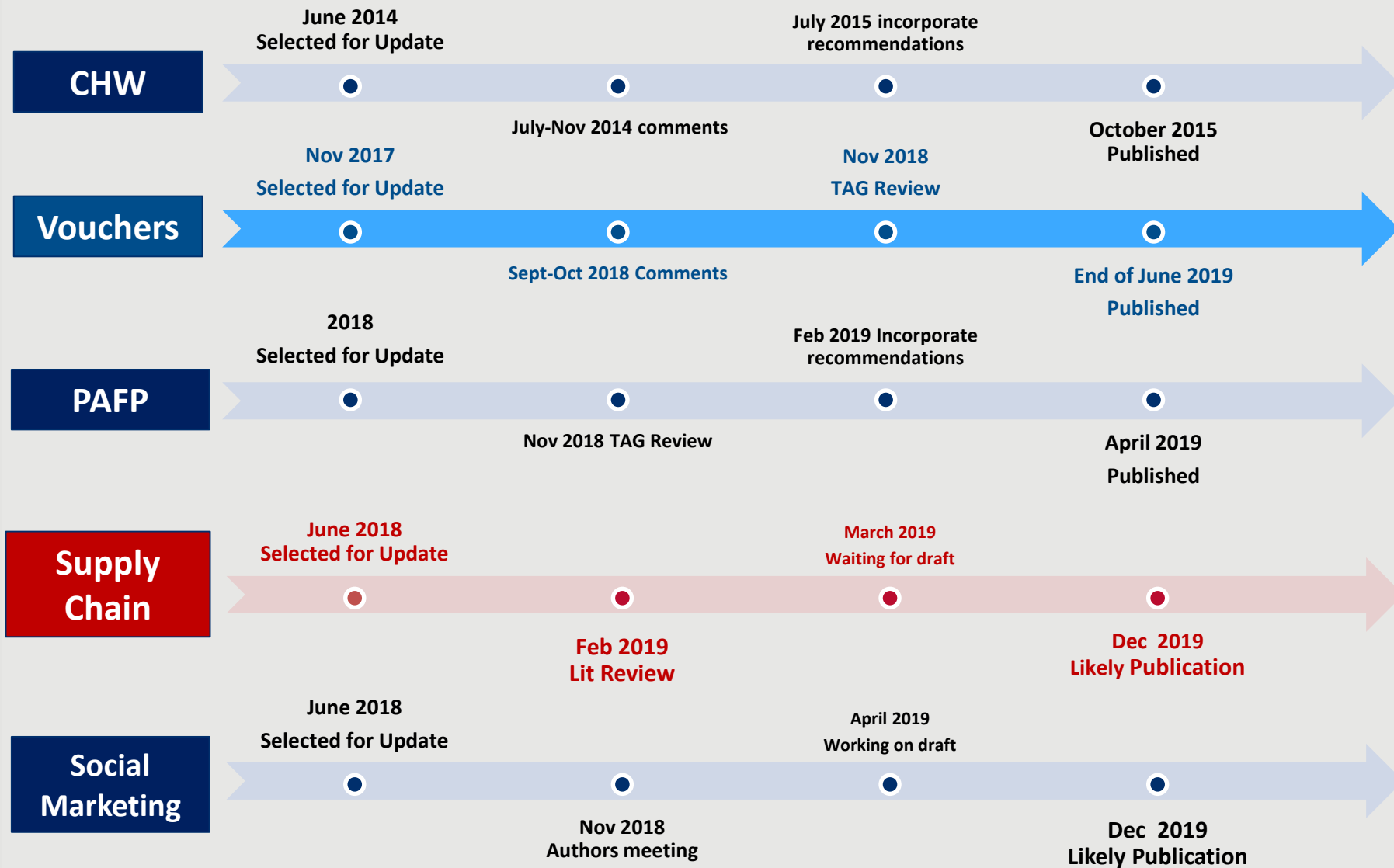
Claire Cole, Population Services International

What next?

- **Streamline our processes to keep HIP materials up to date while maintaining high quality.**
- Broaden engagement in supporting HIP development, implementation, dissemination and ensure that we are gathering learning from the range of implementers
- Support countries to monitor implementation of the HIPs.
- Ensure HIP products meet the needs of our target audience.

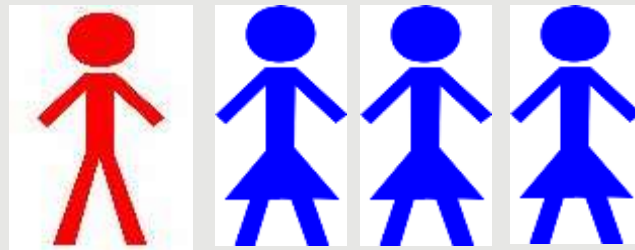


Timeline to update briefs: Currently updates take about 18 months



Revision process organized by category

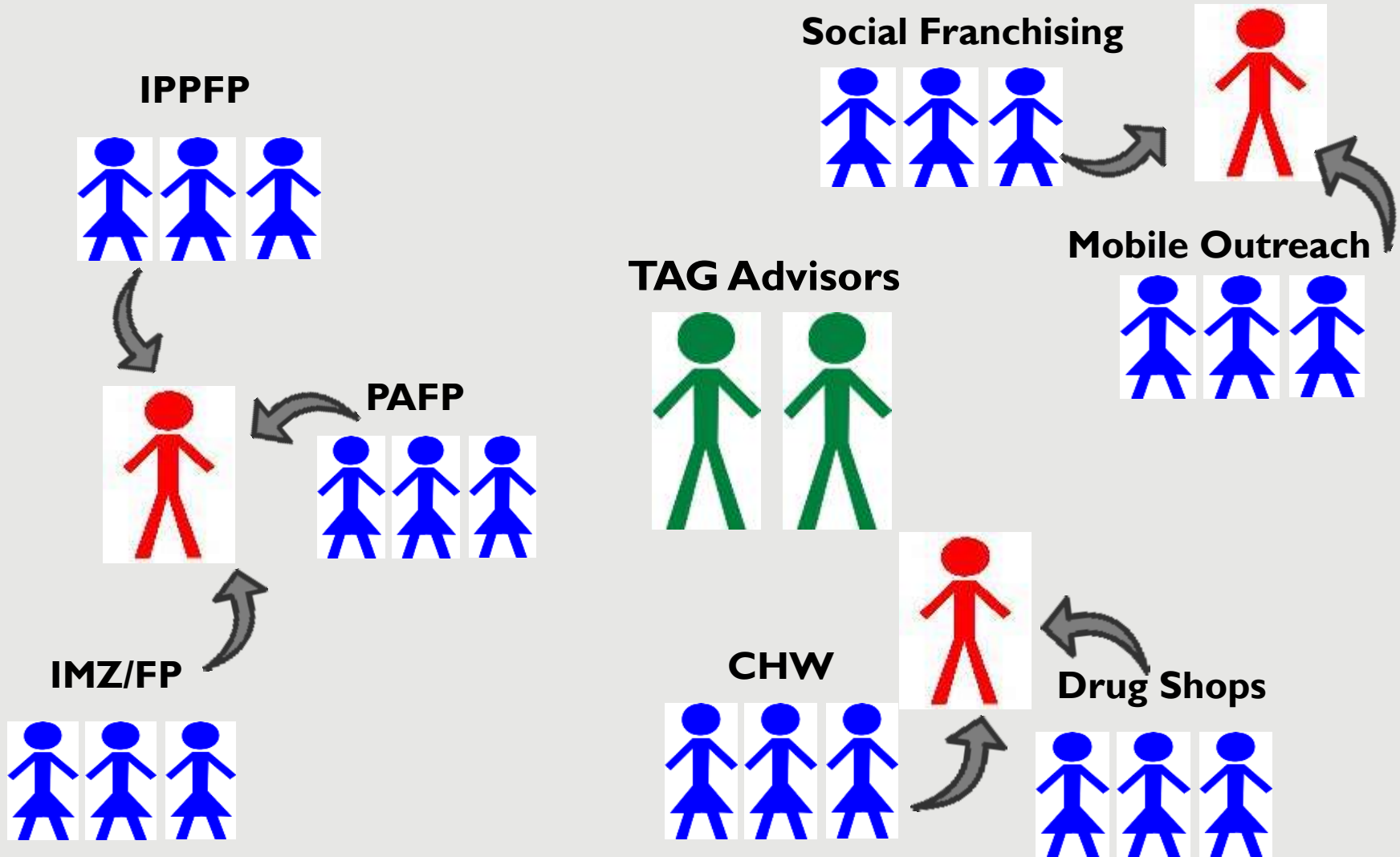
- Simultaneous updates led by category (Service Delivery, Social and Behavior Change, Enabling Environment)
- Each Brief will have a Writing Team:
professional writer and 3 or more technical experts



Writer Technical Experts

- IBP will support task teams for each category

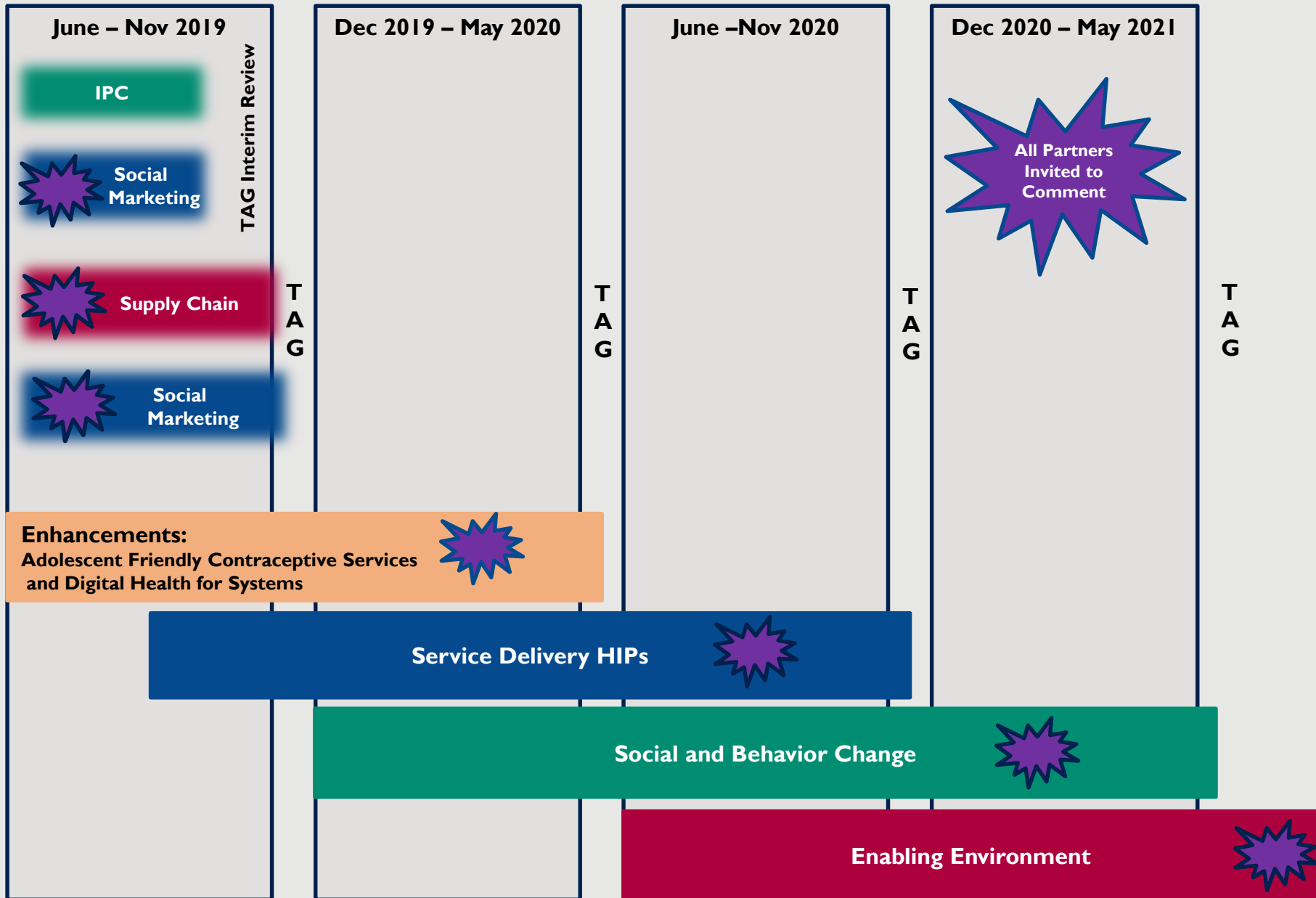
IBP Task Team: Service Delivery HIPs



Expected result

- More efficient updates
- Less stress on technical experts
- Improved Standardization across briefs
- More cost-effective

Proposed Timeline and Process



Discussion

- What challenges or barriers do you anticipate for engaging in the proposed process?
- What suggestions do you have for creating a process or system to overcome these challenges and maximize input?
- How do you see your organization engaging in this process?

Our Discussants



Fabio Castano
Pathfinder International



Kristen Patterson
PRB



Brian McKenna
RHSC



Claire Cole
PSI

Next Steps and Closing



Sarah Onyango, IPPF

Sarah is the Director, Technical, Programs Division at the International Planned Parenthood Federation and manages IPPF's global technical leadership team. Her current portfolio includes spearheading the development of global technical guidance and strategies; documentation and dissemination of best practices in sexual and reproductive health and rights and testing new solutions. Sarah coordinates IPPF's International Medical Advisory Panel (IMAP) and represents the organization in WHO, UNFPA, FIGO, the IBP Consortium, the ICA Foundation board and other international forums. Prior to joining IPPF, Sarah was the Senior Regional RH Specialist at USAID/East Africa; the Africa Regional Director of Planned Parenthood Federation of America; Kenya Country Director of Ipas and the Manager of the National EPI program in the Ministry of Health, Kenya. She is a qualified medical doctor, holds a MPH from the University of Nairobi and is pursuing a PhD from Lancaster University.

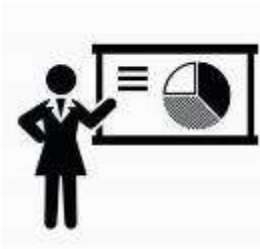
Before we close:



Recording will be shared tomorrow.

Also find it here:

<http://www.fphighimpactpractices.org//hip-partners-meetings/>



Presentation available here:

<http://www.fphighimpactpractices.org//hip-partners-meetings/>

For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

