HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

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

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Purpose

HIP evidence briefs are intended to facilitate the use of evidence to inform program investments in developing country context. They provide an unbiased synthesis of the evidence and experience on implementing HIP to-date. These documents also describe the priority information gaps and tested tools related to the specific HIP of interest.

Audience

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

Length

Total length should be no more than 8 pages, including references and graphics.

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

Evidence

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

When presenting evidence, use data when possible. Findings should be standardized across settings. Original research should be used when available. An exception is made when a systematic review has been conducted by a credible source.

When presenting data in table form, use the standard notation of n (%).

Language

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

Do not reference branded models or tools. Instead describe the intervention in common terms. When referencing a specific activity, mention the country of implementation. Do not include implementing organizations or projects as this list can be long, cause confusion, and tends to clutter the writing. Specific branded tools can be referenced in the "Tools and Resources" section where appropriate.

Content

The structure and content of the Briefs will vary somewhat depending on the type of HIP (enabling environment, service delivery, social and behavior change, or enhancement) and the level of evidence (proven/ promising). The outline of the Briefs should follow the following structure:

Title

The focus of the Practice (e.g., CHW, PAFP, etc.), what the Practice is intended to accomplish, for example:

- Postabortion Family Planning: A critical component of postabortion care
- Community Health Workers: Bringing family planning services to where people live and work
- Educating Girls: Creating a foundation for positive sexual and reproductive health behaviors
- Community Group Engagement: Changing norms to improve sexual and reproductive health

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

State HIP exactly as it appears on HIP List. (Authors can suggest adjustments or changes to the HIP, but this should be noted in the document for review by the TAG)

Background

See examples of existing HIP briefs. This section orients the reader to the content and is similar across evidence briefs.

What challenges can this practice help countries address?

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

This section may include a theoretical framework which describes the mechanism of action and key expected outcome of the practice.

What is the evidence that this practice is high impact?

This section should focus on HIP criteria.

How to do it: Tips from the implementation experience

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

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

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

Tools

Link to no more than 4 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.

References

Uniform Requirements reference style should be used to format the references: https://www.nlm.nih.gov/bsd/uniform_requirements.html. The Uniform Requirements is the standard that most medical journals apply. The guidance for reference styles provided by the Uniform Requirements pertains to the most common reference types; for further details, they refer users to the National Library of Medicine's *Citing Medicine* guide. If a reference management software is being used and a predefined style guide is being selected, Uniform Requirements or NLM should be an available option.