Table of Contents

Welcome and Introductions ........................................................................................................2
  Moment of silence for Jennifer Schlecht ........................................................................2
HIP, IBP, and FP2020 Updates ...............................................................................................2
  HIP Updates ..................................................................................................................2
  IBP Network Updates .....................................................................................................2
  FP2020 Updates .........................................................................................................3
  Launch of New IBP Network Community Engagement Platform ..................................3
  Streamline processes to keep HIP materials up to date while maintaining high quality ...4
  Vision for Service Delivery Update: ................................................................................4
  Support countries to monitor implementation of the HIPs .............................................5
Reflection and Adjournment ....................................................................................................5
Welcome and Introductions
Caitlin Thistle, the meeting facilitator, opened the meeting and invited Anne Pfitzer of Jhpiego to provide welcoming remarks. Ms. Pfitzer reflected on the ongoing support of Jhpiego to the HIPs and IBP, including the participation of various staff members in the development of HIP briefs, including Immediate Postpartum Family Planning (IPFP) and FP and Immunization Integration.

Moment of silence for Jennifer Schlecht
Jason Bremner of FP2020 led a moment of silence for Jennifer Schlecht, FP2020 Advisor for FP in humanitarian crises. Mr. Bremner asked those in the audience to visit the website set up by Jenn’s family, FP2020, and the UN Foundation to honor her life and work in family planning and global health. https://jenniferschlechtmemorialfund.org/

HIP, IBP, and FP2020 Updates

HIP Updates
Ados May of the IBP Network provided updates on behalf of the HIP TAG and P&D Team. The TAG met for two days prior to the Partners’ meeting to follow up on recommendations from the June 2019 TAG meeting and provide feedback and strategic direction to the new HIPs materials update and production process. Key recommendations from the TAG meeting included updating three service delivery briefs in one batch. The TAG recommended prioritizing the Social Marketing, FP and Immunization Integration, and Drug Shops and Pharmacies briefs for updating. In addition, work will continue to finalize the FP in Humanitarian Settings and Equity Strategic Planning guides. Shawn Malarcher of USAID added the TAG recommendation to convene communications experts from partner organizations to gain insights and suggestions to feed into a new HIP communications strategy. Mr. May also updated participants on some new ideas from the P&D team, which were developed by Alex Mickler, a summer 2019 intern. These ideas are meant to further two HIP goals, as illustrated below.

<table>
<thead>
<tr>
<th>HIP Goal</th>
<th>Actions</th>
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</table>
| Ensure products meet the needs of our target audience: country-level FP decision-makers | - Offer HIPs in a variety of formats, tailored to specific audiences: two-pagers, website design.  
- Continue to prioritize expanding HIP product translations in an efficient manner. Engage regional partners.  
- Streamline opportunities to learn more about the HIP audience. |
| Broaden engagement in supporting HIP development, implementation & dissemination | - Develop and disseminate regular HIP-specific updates.  
- Expand webinar offerings to engage more partners across the world: other time zones, languages, regions.  
- Strategically promote HIP content on Twitter: co-brand with international days, use graphics and photos more often.  
- Make ordering print materials widely available using a standardized form. |

Mr. May also shared the remarkable traffic increase to the HIPs website, noting that there is an increase in the proportion of visits from Africa and Latin America. Please see the presentation (Appendix C) for more details.

IBP Network Updates
Nandita Thatte of WHO/IBP provided updates on behalf of the IBP Network Secretariat, including
announcing its new name: The IBP Network. Her update centered on three recent developments within IBP: new branding, a new online community engagement platform, and upcoming activities. Ms. Thatte unveiled the new logo, explaining to the audience the rationale for IBP’s new identity and the process that led to the final logo and derivative products. She provided more detail on the new community engagement platform, which is to be known as the IBP Xchange and is the product of more than five years of consultations and planning with an extensive number of colleagues in the IBP community. Upcoming activities for 2020 include hosting technical webinars on the HIPs (topics to be announced); continue working with the IBP Strategy Task Team to finalize the IBP Network 2020-2025 Strategy; populating and using the Community Engagement Platform (www.ibpnetwork.org); launching the call for HIP Implementation Stories; planning for the 20 Years of IBP Celebration; supporting and implementing the Peer to Peer Learning Exchange between two countries in West Africa; and coordinating the IBP Partners Meeting in Abidjan in March 2020. For more details on IBP’s projected 2020 activities, please see Appendix C.

**FP2020 Updates**
Martyn Smith of FP2020 joined via video to share updates on the ongoing work of the FP2020 Secretariat. Mr. Smith highlighted the progress made by FP2020 since 2012: 53 million more women have been reached by the FP2020 partnership, an additional 9 million in the last year alone. Gains in terms of additional users of contraception since 2012 are almost 30% above the historic trend line. The use of modern contraceptives is growing the fastest in Africa. As of July 2019, almost 25% of women of reproductive age in these countries were using a modern method, and in Eastern and Southern Africa, the modern contraceptive prevalence rate (mCPR) has grown by one percentage point per year since 2012. Growth has been nearly as fast across Central Africa and Western Africa, which started at lower mCPR levels. In FP2020 focus countries in Asia, approximately 38% of women of reproductive age were using a modern method as of July 2019, and the average growth across all of regions of Asia has been 0.2 percentage points per year since 2012. While the percentage of women using a modern method hasn’t grown as hoped, these countries are providing services to millions more women each year.
Upcoming events in 2020 include the PME Working Group Meeting in February; Francophone Focal Point Workshop in Dakar, Senegal as well as the Reference Group Meeting in March; Asia Focal Point Workshop in May, location TBD; and the Anglophone Focal Point Workshop in June/July, specific dates and locations TBD. In closing, Mr. Smith shared a brief update on the status of the partnership beyond 2020, having sourced community feedback to help refine its vision, focus areas, and guiding principles. FP2020 efforts will continue to abide by voluntary, rights-based approaches; empower women and girls and engage men, boys, and communities; and engage and count adolescents, youth, and marginalized populations to meet their needs. Input from the Global Family Planning Community will continue to inform the focus areas of FP2020 as they are finalized. To provide feedback, please visit http://www.familyplanning2020.org/Beyond2020.

**Launch of New IBP Network Community Engagement Platform**
Nandita Thatte and Carolin Ekman, WHO/IBP, launched the new community engagement platform. The IBP platform is now a consolidated “two in one” that includes the website with additional features (www.ibpnetwork.org) and the community of practice functionality (IBP Xchange) that facilitates engagement of FP/RH professionals on a particular topic. Ms. Thatte began the session with an overview
of the rationale and process for switching to the new platform. Ms. Ekman followed with a thorough overview of the website, highlighting the site’s organization, new features, and branding. Three current community leads shared their views on the potential uses of the new platform, how they plan to engage and mobilize their members using the IBP Xchange, and analytics that could be useful to better inform and adapt their work. Sarah Harlan, Johns Hopkins Center for Communication Programs, mentioned that the new platform can help with website sustainability once a project ends. In addition, Ms. Harlan, one of the leaders of the Global Health Knowledge Collaborative, added that GHKC membership is spread out geographically and the new platform will be the right tool to keep in touch and remain engaged. Chris Lindahl, Save the Children, shared with participants his ongoing work with Off the Radar, a northeastern Kenya nomadic population project. Mr. Lindahl pointed out that the new community of practice, hosted by IBP, brings this nomadic population’s needs to bear. Echoing the sustainability beyond project remarks from the previous speaker, he added that “a good thing about the IBP community is that it is community owned and not attached to a project.” To close, Mr. Lindahl mentioned that the new system’s analytics will be an exciting and useful addition. Antonia Wolff, Public Health Institute, shared plans to create a community of practice to enhance the engagement of those working in the Academic Partnerships STAR Collaboration Lab, an initiative of a PHI project linking academia and the global health and development communities. Audience feedback was positive and all agreed the new IBP Network platform is a welcomed tool that reflects and responds to the latest knowledge-sharing trends. Ms. Ekman clarified a number of questions related to signing up, language support, and the public and private spaces of the new platform. For more information, please see the presentation in Appendix C and visit www.ibpnetwork.org.

Streamline processes to keep HIP materials up to date while maintaining high quality
Shawn Malarcher presented on the ongoing efforts to streamline processes to update HIP materials and the implications for the work. Ms. Malarcher reminded the audience that the current process is too slow to keep 20 briefs up to date, standardization is difficult, and it is difficult to create linkages among briefs. The new process is based on a “batch” update of no more than three briefs in the same category. A group of experts works together with a professional writer to update a brief and finalize the new version. Once the update is completed, each brief will move to a wiki format that allows new evidence and content to be incorporated on a more regular basis. Briefs will be open for public comment and curated by a group of technical experts.

HIPs Enhancement Experience
Ms. Malarcher shared that this approach was recently piloted with the update of the HIP Enhancements. Jill Gay, Sarah Harlan, and Cate Lane, who participated in the two-day launch of the Enhancement batch update, offered lessons learned from the process: the batch approach provides opportunities for standardization and cross-fertilization; the maximum update capacity is three HIPs at a time; it is preferable for the technical experts to do prep prior to consultation; small changes can be made at the meeting; it is ideal to have one professional writer per topic.

Vision for Service Delivery Update:
Social Marketing, Drug Shops and Pharmacies, and FP and Immunization Integration briefs will be updated utilizing the batch approach in 2020. A call will go out for experts to apply to join the writing
team and commit to be part of the team in charge of brief curation for two years. Content is crowdsourced, but managed by a technical expert group. The Service Delivery Update consultation is planned for the first quarter of 2020.

**Support countries to monitor implementation of the HIPs**
Caitlin Thistle facilitated this session focusing on the need to better track HIP implementation in order to help governments and development partners understand the impact of current programmatic investments. Ms. Thistle emphasized the importance of making progress in this area while acknowledging the challenge of generating and coming to consensus on key indicators. She added that indicators have been included in the IPPFP and Postabortion Family Planning (PAFP) briefs. Three panelists presented ideas relevant to each HIP category: Jessica Williamson, Avenir Health, presented on service delivery; Jason Bremner, FP2020, on enabling environment; and Dominick Shattuck, Johns Hopkins Center for Communication Programs, on SBC indicators. For more information, please see Appendix C.

**Reflection and Adjournment**
Kirsten Krueger, FHI 360 offered reflections on the day. Ms. Krueger remarked that the goals of the meeting were met, and as partner organizations, it was important to learn about the new IBP platform and the new process to keep HIP briefs up to date. She further emphasized the importance of wide engagement on both HIPs and IBP to keep all stakeholders involved, adding, “This meeting was a very good example of this effective approach.” The changes taking place within HIPs, IBP, and FP2020 present an opportunity to improve processes and identify opportunities at the organization level to better disseminate and use the HIPs. Caitlin Thistle thanked all participants and presenters for their contributions and adjourned the meeting.
HIP and IBP Partners Meeting

December 5, 2019

Jhpiego DC Office: 1776 Massachusetts Ave NW, Washington DC 20036, 3rd floor.

Objectives:
1) Provide HIP, IBP, and FP2020 updates
2) Introduce new IBP Community Engagement Platform
3) Seek input on streamlining the process to keep HIPs up-to-date and measurement of HIP implementation

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<td>Breakfast</td>
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<tr>
<td>9:00-9:15 AM</td>
<td>Welcome and Introductions – Caitlin Thistle</td>
</tr>
<tr>
<td></td>
<td>Anne Pfitzer – Welcome on behalf of Jhpiego</td>
</tr>
<tr>
<td></td>
<td>Moment of silence for Jennifer Schlecht</td>
</tr>
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<td>9:15-10:00</td>
<td>HIP, IBP, and FP2020 Updates</td>
</tr>
<tr>
<td></td>
<td>Ados May, Nandita Thatte, Martyn Smith</td>
</tr>
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<td>10:00-10:15</td>
<td>Break</td>
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<tr>
<td>10:15-12:00</td>
<td>Launch of new IBP Community Engagement Platform – Nandita Thatte</td>
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<tr>
<td></td>
<td>Brief overview and panel presentation</td>
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<tr>
<td>12:00 PM</td>
<td>Lunch &amp; Networking</td>
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<td>1:00 PM</td>
<td>Streamline our processes to keep HIP materials up to date while maintaining high quality. – Shawn Malarcher</td>
</tr>
<tr>
<td></td>
<td>Panel presentation on experience with Enhancements and discussion of the vision for Service Delivery briefs</td>
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<tr>
<td>2:45 PM</td>
<td>Break</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Support countries to monitor implementation of the HIPs. – Caitlin Thistle</td>
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<tr>
<td></td>
<td>Presentations and small group discussion for service delivery, enabling environment, and social and behavior change.</td>
</tr>
<tr>
<td>4:30 PM</td>
<td>Reflection and Adjournment</td>
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</table>
## Appendix B: List of Participants

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<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
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<td><a href="mailto:awolff@ghstar.org">awolff@ghstar.org</a></td>
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**Note:** A number of participants joined remotely
HIPs TAG Update

Overarching Goals for the HIPs

- Streamline 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.

Measuring Progress
- Time since materials are updated.
- Number of organizations contributing to HIP materials.
- Number of countries tracking HIP implementation.
- Increased activity from website.
- Number of peer review publications citing HIPs in a year.

Progress on Recommendations from June 2019

- The TAG recommended developing a short description of the Gray Scale process to explain to readers how this tool is used in the deliberation process.
- The TAG recommended moving forward with further development of the Strategic Planning Guide on Task Sharing.

Recommendation Con’t

- The TAG approved inclusion of the suggested indicators and revisions for the Immediate PPFP and PA FP briefs.
Transiting to new Process:

- Completed w current processes
- Need to be transitioned to new processes.
- Supply Chain Management Brief
- Humanitarian Crisis SPG
- Equity SPG
- IPC brief
- Social Marketing brief.

### WEBSITE TRAFFIC IS INCREASING

- Total Visits = 151,639
- Graph showing increasing visits from 2012 to 2019

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

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### Top Visits by Country in 2019

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### Top Briefs and Publications since June 2017 Update

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<td>2. Engaging Men and Boys in Family Planning Guide</td>
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<td>00:05:24</td>
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<td>3. Drug Shops and Pharmacies Brief</td>
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<tr>
<td>4. Adolescent-Friendly Contraceptive Services Enhancement</td>
<td>6,113</td>
<td>00:06:15</td>
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<tr>
<td>5. Economic Empowerment Brief</td>
<td>5,343</td>
<td>00:05:26</td>
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<tr>
<td>6. Planificacion Familiar Post-Aborto Brief (SPA PAFPP)</td>
<td>4,990</td>
<td>00:07:47</td>
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<tr>
<td>7. Postabortion Family Planning Brief</td>
<td>4,976</td>
<td>00:04:29</td>
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<tr>
<td>8. Community Health Workers Brief</td>
<td>4,385</td>
<td>00:04:10</td>
</tr>
<tr>
<td>9. Mobile Outreach Services Brief</td>
<td>4,031</td>
<td>00:04:50</td>
</tr>
<tr>
<td>10. Social Marketing Brief</td>
<td>3,486</td>
<td>00:02:13</td>
</tr>
</tbody>
</table>

### Webinars have reached over 2,000 people.

- 18 HIP webinars have engaged >2,000 live participants
Twitter continues to refer users to HIP website.

- Average monthly tweets: 181
- Total Twitter participants: 2,121
- Sharing “suggested tweets” with partners results in increased website traffic
- A small and declining proportion of website users are actually referred via Twitter

---

Congratulations to the top #HIPS4FP tweeters!

- CCP-JHU
- FP2020
- CARE

---

Hardcopy Products

Top Products:
- HIP Postcards
- Service Delivery O&Ts
- Enabling Environment: Galvanizing Commitment
- Social and Behavior Change: Community Group Engagement

- Common uses:
  - Conferences
  - Meetings
  - USAID Missions
  - PAHO/WHO

---

HIP Goals

1. Streamline processes to keep HIP materials up-to-date, while maintaining high quality
2. Help countries track implementation of the HIPs
3. Ensure products meet the needs of our target audience: country-level FP decision-makers
4. Broaden engagement in supporting HIP development, implementation & dissemination

---

- Consider a platform for HIP-specific updates: Exploring options
- Offer HIPs in a variety of formats, tailored to specific audiences: two pagers, website design
- Continue to prioritize expanding HIP product translations in an efficient manner: Engage regional partners
- Streamline opportunities to learn more about the HIP audience: Hubspot audience segmentation

---

- Expand webinar offerings to engage more partners across the world: Other time zones, languages, regions
- Strategically promote HIP content on Twitter: co-brand with international days, use pictures
- Quarterly newsletter: Exploring options
P&D Team:
Liz Tully, JHU-CCP
Lyndsey Mitchum, JHU-CCP
Shannon Davis, JHU-CCP
Laura Raney, FP 2020
Caitlin Thistle, USAID
Er ka Houghtaling, USAID
Ados May, IBP

Thank You!

IBP Updates
Nandita Thatte
Ados Velez May
Asa Cuzin Kihl
Carolin Ekman
Thursday December 5th 2019

What is New?
• New Branding and Logo
• Online Community Engagement Platform
• Diversified Partners
• Strengthening link with WHO country and Regional Offices

Our logo
Presenting a unified, consistent image to the public strengthens our identity and allows us to stand out and be remembered by the critical stakeholders who help extend the reach and impact of our work.

Upcoming Opportunities and Getting Involved
• Technical Webinars
• Task Teams (i.e. ECHO Trial, IBP Strategy, ICFP)
• Join the Community Engagement Platform (www.ibpnetwork.org)
• Call for Implementation Stories
• Peer to Peer Learning Exchange
• IBP Partners Meeting Abidjan March 2020
• 20 Years of IBP Celebration

Visual ‘language’
Speaking to the variety and adaptable nature of the network and its members, the IBP network has developed a set of logo-defined circle arrangements to capture key attributes and allow for a more robust marketing.

Twitter: @IBP_Network
Email: ibpnetwork@who.int

Save The Date
IBP Partners Meeting Abidjan
March 17th-19th 2020

World Health Organization
FP2020 Update

REACHING MORE WOMEN AND GIRLS

As of July 2020:
- 314 million women and girls received services
- 119 million received contraceptive implants
- $1.5 million provided
- 21 million used modern methods
- 134 million women using modern methods

DOMESTIC GOVERNMENT EXPENDITURES (CORE INDICATOR 13)

DONOR GOVERNMENT BILATERAL FUNDING FOR FAMILY PLANNING, FY 2012-FY 2018
Upcoming FP2020 Events

Beyond 2020

Community feedback was used to refine the vision, focus areas and guiding principles

Input from the Global Family Planning Community will Continue to Inform the Vision and Focus Areas as they are Finalized

- Collect additional feedback from the global community
- Refine the vision statement and focus areas
- Share the vision for post-2020
- Transition roadmap & partnership approach

You Can Provide Feedback at: https://www.globalfamilyplanning.org/post2020
LAUNCH OF NEW IBP COMMUNITY ENGAGEMENT PLATFORM

**TIMELINE**
- 2017: IBP KM Task Team convenes
- 2018-2019: K4Health Managing Knowledge Gateway
- 2019-2020: K4Health hands over management of KG to IBP Secretariat
- 2020-2021: IBP KM Task Teams identifies desired updates to refresh platform
- 2021: COP Leaders, KM Task Team, developer and IBP meet to discuss user needs & future updates to the platform
- 2021-2022: KM Task Team and IBP Secretariat conduct COP leaders survey results shared with COP leaders & developer
- Specific updates and functions identified and requested
- Secretariat & SC decide to consider other solutions
- New platform identified

**Assessment and Results**
- 36 respondents reported managing 1-5 communities
- 46 unique communities
- Most popular features: member list (84%),干旱 (78%), and library (76%)
- Least popular features: analytics (57%) and calendar (14%)
- Private communities: 20% of respondents and important to 30% of them

**System Gaps**
- Number of visitors/members
- Posts per members
- Views of public page
- More accurate country of origin
- User engagement

**Analytics**
- More updated and modern
- Search functions
- Ability to identify other users by expertise

[www.ibpnetwork.org](http://www.ibpnetwork.org)
Twitter: @IBP_Network
#IBPNetwork
IBPNetwork@who.int
Understanding user activities through analytics

Streamline our processes to keep HIP materials up to date while maintaining high quality.

Share Experiences with Colleagues
Join a Technical Community of Practice on the IBP Xchange
Collaborate with Partners

VISIT US ONLINE: www.ibpnetwork.org
SEND AN EMAIL: ibpnetwork@who.int
TWITTER @IBP_Network

HIP Partner’s Meeting
December 5, 2019
Shawn Melarcher
What's the problem?

- Knowledge is always evolving
- Briefs need to stay current
- Current process is too slow, standardization is difficult, and difficult to create linkages among briefs.
- Transitions - FP 2020, IPR, and USAID

Batch update

- Professional writer
  - Not involved in technical area
- 3-5 technical experts
  - Engagement in HP work (previous authors)
  - Demonstrated expertise
- Commitment to long-term engagement
- Availability to participate in 3-day meeting
- Slow

Transitioning to the wiki

- TCO for experts
- 3-year commitment
- Shape scope and content of update
- At least twice a year review comments and new literature to update content

Moving from individual updates to "batch" approach

<table>
<thead>
<tr>
<th>Task</th>
<th>Year</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1</td>
<td>2023</td>
<td>Yes</td>
</tr>
<tr>
<td>Task 2</td>
<td>2023</td>
<td>No</td>
</tr>
<tr>
<td>Task 3</td>
<td>2023</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Move 3 page content to wiki format. Created by technical experts.

ENSURING QUALITY

- "Wiki" content developed and maintained - "curated" by technical expert group
- Content is crowd-sourced, but managed by technical expert group
- Significant changes to HPs (e.g., from promoting to prevent - submitted to ICR for review)

OVERARCHING GOALS FOR THE HIPS

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

Measuring Progress:
- Time since materials are updated
- # of organizations contributing to HP materials
- Increased activity from website
- # of peer review publications citing HPs in a year
- # of countries tracking HIP implementation
Monitoring HIP implementation: getting beyond inputs

Inputs
- Increased awareness
- Decreased pregnancy

Result
- Increased CPR

Transition to brief update

Key changes
- *Update in a *brief*
- *Longer* to 3 topics
- *Professional writer* to assist

What we learned
- *Provide* opportunities for feedback
- *Use* to 3 topics
- *Review* for group to do prep prior to contribution

Why?
Better tracking of implementation will help governments and development partners understand:
- the scale of implementation
- the effectiveness of program investments, and
- inform planning.

Support countries to monitor implementation of the HIPs.
Caitlin Thistle
The Goal is to identify 1-2 key indicators for each HIP.

- Can be incorporated into routine monitoring (eg - project monitoring plans, HMIS)
- Measures implementation (the "black box")
- Survey questions
- Measuring inputs or outcomes

Immediate Postpartum FP

- Percentage of women delivering in a facility who were counseled on family planning (disaggregated by <20 or 20+ years of age).
- Percentage of women delivering in a facility who leave the facility with a modern contraceptive (disaggregated by methods, <20 or 20+ years of age).

<table>
<thead>
<tr>
<th>Country</th>
<th>FP Counselling</th>
<th>Method Disaggregated by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>2020</td>
<td>2020&gt;20</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2019</td>
<td>2019&gt;20</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2018</td>
<td>2018&gt;20</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2017</td>
<td>2017&gt;20</td>
</tr>
</tbody>
</table>

Post-abortion Family Planning

- Percent of postabortion clients who were counseled on FP (disaggregated by <20 or 20+ years of age).
- Percent of postabortion clients who leave the facility with a modern contraceptive (disaggregated by methods, <20 or 20+ years of age).

Discussants and Small Group Facilitators

Service Delivery
- Jessica Williamson, Avenir Health

Enabling Environment
- Jason Bremner, FP2020

Social and Behavior Change
- Dominick Shattuck, JHU-CCP

Monitoring Contraceptive Availability Using Routine Data

Experiences with Track20's "Availability" Indicator

Background

Key focus of Track20 Project: Expanding the use of service statistics (HMIS)

1. Standardizing Indicators
2. Creating New Indicators
3. Maximizing the Use of Existing Data Elements

- Reporting service provision data (FP/Vtach, FP Compendium) in data user program of "availability"
- Data on availability is rare and limited (UNFPA SCF Surveys)
- Developed to provide substantiation data for FP Goals application in Survegt
- Can be used as a source for access
Defining the “Availability” Proxy Indicator

% of Facilities Providing an FP Method (ex. Implants) in the Last Year

*Notice that all providers FP can be defined based on reported provider FP activities.*

Proportion calculated visit facility FP
*Distribution data within facilities*

Among all facilities that should provide family planning, what proportion provided at least one implant in prior 12 months

A 3-month period is used to help ensure this actual duration during the interval of interest.

Example: Niger Expanding Access to Implants

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Access to FP (100%)</th>
<th>Access to Implants (99%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data analysis as part of FP Costs application indicated that the prioritization of access to the CP had been effective and even implants were readily available.

Demand on the other hand had not been prioritized and was limited growth in nCP.

Example: Data Limitations in the Philippines

Data revealed substantial disparities in implant availability by region.

All regions saw availability of a legacy of 60% compared to 80% of facilities with implants available in 4 regions.

Example: Disparities in Availability in the Philippines

% of Unmet需H Health Needs: Availability of Implants

Strengths and Limitations of the “Availability” Proxy

- Use of available data in most countries
- Can be monitored on a routine basis
- Study sites data: national level, program
- Strengthen as indicators and targets
- Adaptable to monitor program progress

How data is scored and aggregated in the country matters – ex. Niger

Availability vs Access vs Utilization

Causes of “lack of availability” not captured by the indicator

For unmet need methods, the indicator stops = lack of availability at lack of demand

Adaptability depends on availability of detailed data and disaggregation

Adapting the “Availability” Proxy Indicator

Vary the type of facility or focus on a specific level or sector (ex. Community)

Among all facilities that should provide family planning, what proportion provided at least one implant in prior 12 months

Methodology can be changed: a single method, type of method, delivery methods

Number would need to be lower, but based on a different level of denominator

Cost (specific facilities providing a specific population (youth, postpartum women, etc.)

Time period could be varied to capture expansion of utilization at various levels (1 year, 2 years, etc.)
Using the “Availability” Indicator

FP Goal 2 Applications: The “availability” indicator helps governments to understand at what level and for what methods efforts should be made to expand access to FP and for intervention that can achieve the desired stock-out, reductions, provider training, etc.

FP Module 2: ENABLING (in progress). The “availability” indicator will be an essential component of the new FP Module for CHPS being developed by TrakXO to support governments in routine monitoring of FP programs and evaluate FP service providers.

Special Olympics: MOH Officers working with TrakXO are using this indicator to help monitor CPs and answer questions about progress.

Monitoring implementation of the HIPS: The availability proxy could be adapted to monitor the HIPS issued of service delivery, such as Mobile Outreach and Social Marketing (depending on data availability).

FP2020 CORE INDICATOR RESULTS FRAMEWORK

FP2020 MEASUREMENT AGENDA

- Increase the availability, visibility, quality and use of family planning data.
- Improve capacity for generating and reviewing higher quality data for decision-making.
- Alignment of indicators among partners and advancement of measurement and understanding of key dimensions of family planning.

ARE WE SEEING FEWER STOCKOUTS?

Supply Chain Management

Domestic Public Financing

Changes in Stockouts 2015-2017

The Note in Stockouts – A key step can be made here.
FINANCING FOR FAMILY PLANNING

This year’s progress report contains updated data and analysis on:
- Domestic government expenditures on family planning
- FP2020 country financial commitments
- Estimates of total expenditures on family planning across the 69 FP2020 countries
- Donor government funding for family planning (KFF Report)

DOMESTIC GOVERNMENT EXPENDITURES
(CORE INDICATOR 12)

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditure</th>
<th>Year</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>$1,86,850</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>$218,600,000</td>
<td>2017</td>
<td>FPSA</td>
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<tr>
<td>Benin</td>
<td>$227,398</td>
<td>2016</td>
<td>WHO/SHA</td>
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<tr>
<td>Bhutan</td>
<td>$130,600</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>$1,31,218</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Burundi</td>
<td>$2,251,377</td>
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<td>WHO/SHA</td>
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<td>Congo</td>
<td>$23,387</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>$172,876</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
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<td>DR Congo</td>
<td>$1,898,991</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
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<tr>
<td>Ethiopia</td>
<td>$676,550</td>
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<td>WHO/SHA</td>
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<td>Gambia</td>
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<td>WHO/SHA</td>
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<td>Guinea</td>
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<td>Guinea-Bissau</td>
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<td>WHO/SHA</td>
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<td>Haiti</td>
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<td>WHO/SHA</td>
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<td>India</td>
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<td>Government of India</td>
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<td>Indonesia</td>
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<td>NCM-NIDI/UNFPA</td>
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<td>Kenya</td>
<td>$17,90,000</td>
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<td>FPSA</td>
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<td>Lao PDR</td>
<td>$1,952,253</td>
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<td>WHO/SHA</td>
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<td>Liberia</td>
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<td>2016</td>
<td>WHO/SHA</td>
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<td>Madagascar</td>
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<td>Malawi</td>
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<tr>
<td>Mali</td>
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<td>Mauritania</td>
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<td>Myanmar</td>
<td>$55,309</td>
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<td>Niger</td>
<td>$9,952,50</td>
<td>2017</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Nigeria</td>
<td>$9,95,992</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Pakistan</td>
<td>$127,859,000</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Philippines</td>
<td>$162,227,532</td>
<td>2017</td>
<td>FPSA</td>
</tr>
<tr>
<td>Rwanda</td>
<td>$3,22,822</td>
<td>2017</td>
<td>FPSA</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
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<td>2016</td>
<td>WHO/SHA</td>
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<td>Senegal</td>
<td>$1,093,198</td>
<td>2017</td>
<td>FPSA</td>
</tr>
<tr>
<td>Sri Lanka</td>
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<td>WHO/SHA</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>$2,631,188</td>
<td>2017</td>
<td>WHO/SHA</td>
</tr>
<tr>
<td>Tanzania</td>
<td>$37,131,557</td>
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<td>WHO/SHA</td>
</tr>
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<td>Togo</td>
<td>$573,296</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Uganda</td>
<td>$3,9,815</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Zambia</td>
<td>$3,659,329</td>
<td>2016</td>
<td>WHO/SHA</td>
</tr>
</tbody>
</table>

NOM: National Consensus Meeting
WHO/SHA: System of Health Accounts prepared by national consultants in collaboration with the World Health Organization
UNFPA: United Nations Population Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Family Planning Expenditures
FPSA: Family Planning Spending Assessments conducted by national consultants in collaboration with Track20

DOMESTIC EXPENDITURES AND FP2020 COUNTRY FINANCIAL COMMITMENTS

- 37 countries include 33 commitment makers
- Domestic expenditures don’t always map neatly to country financial commitments:
  - Due to the way many country financial commitments are expressed
  - Expenditures data are for 2017 or earlier
- 18 out of 41 countries on track to achieve financing commitments

REFLECTIONS AND A POST-2020 MEASUREMENT FRAMEWORK

- Measurement of the enabling environment has advanced a long way to go before we are able to monitor the enabling environment HIPS
- Measurement alignment does not always lead to improved monitoring but may still represent an advance.
- Our next generation of measurement efforts and investments should attempt to push beyond the simplest measures and truly look at measuring system readiness to finance, supply, and deliver high quality contraceptive services.

High Impact Practice Technical Advisory Group
Social Behavior Change Postpartum and Post Abortion Family Planning Indicators
Dominick Shattuck, PhD
December 5th, 2019

Resources

- Sources:
  1. Measure Evaluation website
  2. Social & Behavior Change Indicator Bank for FP and Service Delivery
     - Includes automated indicator bank (various domains, levels, and key word search)
SBC Postpartum FP Indicator

- **Normative Beliefs about FP**
  - Percentage of intended audience who believe that their spouse/partner would approve of them using FP to space pregnancies
  - **Numerator** Number of individuals from the intended audience currently in union who agree/strongly agree with the statement “My spouse/partner would approve of me using FP to space our next pregnancy”.
  - **Denominator** Total number of individuals within the intended audience currently in union.
  - **Issues** Must be implemented using representative sample to be generalizable (cost, time, management).
  - **Disaggregation** Geographic area, sex, age category, current marital status, parity

SBC Post Abortion (and miscarriage) FP Indicator

- **Knowledge of health benefits**
  - Percent of target population who can state at least one benefit of waiting 6 months after a miscarriage or abortion before attempting the next pregnancy
  - **Numerator** Number of individuals in target population surveyed/interviewed who can state at least one health benefit of waiting at least six months after a miscarriage or abortion before attempting the next pregnancy.
  - **Denominator** Total number of individuals surveyed.
  - **Responses** Women’s increased risk of developing anemia or premature rupture of membranes, newborns can be born too early, low birth weight
  - **Issue** Does not measure how well the information was understood by the audience or of the audience’s attitude or practices.
  - **Disaggregation** Geographic area, sex, age category, current marital status, parity

SBC Postpartum & Post Abortion FP Indicator

- **Counseling & Printed Material**
  - Number/percentage of women who received FP information (counseling) for pregnancy spacing during a postpartum/post abortion visit by type of visit.
  - **Numerator** Number of women presenting for postpartum or post abortion care who received FP information that included HTSP messages.
  - **Denominator** Total number of women attending for postpartum or post-abortion care.
  - **Key information** WHO recommendation to wait 24 months after a live birth before attempting the next pregnancy and at least 6 months after a spontaneous or induced abortion.
  - **Issue** The indicator does not capture whether the method was accepted – only if information was shared.
  - **Disaggregation** Geographic area, sex, age category, current marital status, parity

Others Possible Indicators

- Number/percent of women who delivered in a facility and received FP counseling prior to discharge
- Percent of providers at maternal and child health service delivery points who know the range of contraceptive options that do not interfere with breastfeeding
- Number/percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge