HIP and IBP Network Partners' Meeting Report

December 5, 2019

Jhpiego, Washington Office
1776 Massachusetts Ave NW
3rd Floor
Washington, DC 20036

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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 (IPPFP) 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.

HIP Goal	Actions
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

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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**

8:30 AM	Breakfast
9:00-9:15 AM	**Welcome and Introductions – Caitlin Thistle** Anne Pfitzer – Welcome on behalf of Jhpiego Moment of silence for Jennifer Schlecht
9:15--10:00	**HIP, IBP, and FP2020 Updates** Ados May, Nandita Thatte, Martyn Smith
10:00--10:15	Break
10:15--12:00	**Launch of new IBP Community Engagement Platform** – Nandita Thatte Brief overview and panel presentation
12:00 PM	Lunch & Networking
1:00 PM	**Streamline our processes to keep HIP materials up to date while maintaining high quality.** – Shawn Malarcher Panel presentation on experience with Enhancements and discussion of the vision for Service Delivery briefs
2:45 PM	Break
3:00 PM	**Support countries to monitor implementation of the HIPs**. – Caitlin Thistle Presentations and small group discussion for service delivery, enabling environment, and social and behavior change.
4:30 PM	Reflection and Adjournment

Appendix B: List of Participants

Name	Organization	Email
Anne Ballard Sara	JHU-CCP	anne.ballard@jhu.edu
Ben Bellows	NIVI	ben@nivi.io
Lillian Benjamin	USAID	lbenjamin@usaid.gov
Jason Bremner	FP 2020	jbremner@familyplanning2020.org
Neeta Bhatnagar	Jhpiego	neeta.bhatnagar@jhpiego.org
Maria Carrasco	USAID	mcarrasco@usaid.gov
Elaine Charurat	Jhpiego	elaine.charurat@jhpiego.org
Tamar Chitasahvili	URC-CHS	tchitashvili@urc-chs.com
Kate Cho	JHU	kcho@jhu.edu
Arzum Ciloglu	JHU-CCP	arzum.ciloglu@jhu.edu
Emma Clark	Chemonics	eclark@chemonics.com
Laurette Cucuzza	USAID	lcucuzza@usaid.gov
Anita Dam	USAID	andam@usaid.gov
Carolin Ekman	IBP Network	ekmanc@who.int
Christine Galavotti	Gates Foundation	christine.galavotti@gatesfoundation.org
Jill Gay	What Works Association	jillgay.rh@gmail.com
Rodolfo Gomez Ponce de Leon	PAHO	gomezr@paho.org
Angelina Gordon	Public Health Institute	agordon@ghstar.org
Jennie Greaney	UNFPA	greaney@unfpa.org

Sarah Harlan	**JHU-CCP**	sarah.harlan@jhu.edu
Erika Houghtaling	**USAID**	ehoughtaling@usaid.gov
Laura Hurley	**Palladium**	Laura.Hurley@thepalladiumgroup.com
Roy Jacobstein	**IntraHealth**	Rjacobstein@intrahealth.org
Robin Keeley	**PATH**	rkeeley@path.org
Ellen Knowles	**IMA World Health**	ellenknowles@imaworldhealth.org
Kirsten Krueger	**FHI 360**	kkrueger@fhi360.org
Cate Lane	**FP 2020**	clane@familyplanning2020.org
Christopher Lindahl	**Save the Children**	clindahl@savechildren.org
Shawn Malarcher	**USAID**	smalarcher@usaid.gov
Ricky Lu	**Jhpiego**	ricky.lu@jhpiego.org
Ados May	**IBP Network**	ados.may@phi.org
Gabrielle Nguyen	**Save the Children**	gnguyen@savechildren.org
Kristen Patterson	**PRB**	kpatterson@prb.org
Anne Pfitzer	**Jhpiego**	anne.pfitzer@jhpiego.org
Eric Ramirez-Ferrero	**Pathfinder International**	eramirez-ferrero@e2aproject.org
Dominick Shattuck	**JHU**	dshattu1@jhu.edu
Bryan Shaw	**IRH**	Bryan.shaw@georgetown.edu
John Stanback	**FHI 360**	jstanback@fhi360.org
Laura Tashjian	**The CORE Group**	Ltashjian@COREgroup.org
Nandita Thatte	**IBP Network**	thatten@who.int
Caitlin Thistle	**USAID**	cthistle@usaid.gov
Sarah Thurston	**PSI**	sthurston@psi.org

Jessica Williamson	**Avenir Health**	jwilliamson@avenirhealth.org
Antonia Wolff	**Public Health Institute**	awolff@ghstar.org

Note: A number of participants joined remotely

Slide 1:

The Jennifer Schlecht Memorial Fund

To honor Jennifer and her tremendous contributions the Schlecht family and Family Planning 2020 (FP2020) supported by the United Nations Foundation have established the Jennifer Schlecht Memorial Fund to help women and girls in crisis situations access sexual and reproductive health services including family planning.

https://jenniferschlechtmemorialfund.org/

Slide 2:

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Creating the Greatest Impact

Production & Dissemination Team Update

HIPs IBP Partners Meeting,
December 5th, 2019

Slide 3:

HIPs TAG Update

Slide 4:

Overarching Goals for the HIPs

➤ 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.

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

Slide 5:

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.

Planning Guides are intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments to address the challenge or focus of their program. Guides are developed by technical experts and are intended to help planners identify which HIP or practice might work in your specific context.

Adolescents

Engaging Men and Boys in Family Planning

Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access

Slide 6:

Recommendation Con't

➤ The TAG approved inclusion of the suggested indicators and revisions for the Immediate PPFP and PA FP briefs.

Postabortion Family Planning Theory of Change

Transitioning to new Process:

Completed w current processes
- Supply Chain Management Brief
- Humanitarian Crisis SPG
- Equity SPG

Need to be transitioned to new processes.
- IPC brief
- Social Marketing brief.

WEBSITE TRAFFIC IS INCREASING

Total Visits = 151,639

Year	Visits
2012	2,234
2013	5,975
2014	8,464
2015	13,619
2016	15,490
2017	23,819
2018	31,221
2019	50,817

WEBSITE TRAFFIC IS INCREASINGLY FROM AFRICA AND SOUTH AND CENTRAL AMERICA

N. America/Europe 51% → 40%
Africa 28% → 33%
South/SE Asia 16% → 16%
South/Central America 5% → 11%
(2017-2018 to 2018-2019)

Continent	Total Visits in 2019
Africa	16,526
N. America	14,782
LAC	8,267
Asia	6,378
Europe	4,183
Oceania	623

Top Visits by Country in 2019

Country	# Visits
United States	9,984
Nigeria	2,205
India	1,757
Colombia	1,517
Kenya	1,226
Mexico	1,146
Ethiopia	1,028
United Kingdom	741
Peru	661
Uganda	606
Philippines	590

Top Briefs and Publications since June 2017 Update

Top Content	Page views	Avg Time Spent
1. Immediate Postpartum Family Planning Brief	6,664	00:05:43
2. Engaging Men and Boys in Family Planning Guide	6,514	00:05:24
3. Drug Shops and Pharmacies Brief	6,232	00:04:16
4. Adolescent-Friendly Contraceptive Services Enhancement	6,113	00:06:15
5. Economic Empowerment Brief	5,343	00:05:26
6. Planificacion Familiar Post-Aborto Brief (SPA PAFP)	4,993	00:07:47
7. Postabortion Family Planning Brief	4,978	00:04:29
8. Community Health Workers Brief	4,385	00:04:10
9. Mobile Outreach Services Brief	4,031	00:04:59
10. Social Marketing Brief	3,488	00:05:13

Webinars have reached over 2,000 people.

18 HIP webinars have engaged >2,000 live participants

Regional participation significantly varies by webinar language (North America, Latin America, Africa, Asia, Europe; English, Spanish, French)

Twitter continues to refer users to HIP website.

6,000+ #HIPsforFP tweets by over 2,000 users

- 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

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Congratulations to the top #HIPs4FP tweeters!

CCP-JHU

FP2020

CARE

Hardcopy Products

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

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

Product requests have increased by over 200%

English

French

Spanish

2017   2018

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

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3. Ensure products meet the needs of our target audience: country-level FP decision-makers

- 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

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4. Broaden engagement in supporting HIP development, implementation & dissemination

- Expand webinar offerings to engage more partners across the world: Other time zones, languages, regions
- Strategically promote HIP content on Twitter: cobrand 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!

HIPs Co-sponsors

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.

Our logo is based on the circle, a strong, elemental shape that speaks to inclusiveness, unity and motion.

Together, the circles of our logo capture the connecting, collaborative and convening nature of our network.

Visual 'language'

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

scale | partner | connect
share | support | global & local

Twitter: @IBP_Network

Email: ibpnetwork@who.int

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

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

FP2020 Update

FP2020
Women at the Center
2018-2019
FP2020

REACHING MORE WOMEN AND GIRLS

AS OF JULY 2019
314
MILLION women and girls are using modern contraception in 69 FP2020 focus countries

AS A RESULT OF MODERN CONTRACEPTIVE USE
from July 2018 to July 2019
119
MILLION unintended pregnancies were prevented

IN 2018, DONOR GOVERNMENTS PROVIDED
$1.5
BILLION USD in bilateral funding for family planning

+53
MILLION additional women and girls are using modern contraception compared to 2012

21 MILLION unsafe abortions were averted

134 THOUSAND maternal deaths were averted

DOMESTIC GOVERNMENT EXPENDITURES (CORE INDICATOR 12)

DONOR GOVERNMENT BILATERAL FUNDING FOR FAMILY PLANNING, FY 2012–FY 2018

DISTRIBUTION OF FAMILY PLANNING
EXPENDITURES IN 69 FP2020 COUNTRIES
BY SOURCE OF FUNDS, 2017

TOTAL
USD $3.8 BILLION

Upcoming FP2020 Events

UPCOMING MEETINGS AND EVENTS IN 2020

Beyond 2020

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

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

Ongoing FP2020 Work

Collect additional feedback from the global community

Refine the vision statement and focus areas

Share the vision for post-2020

Transition roadmap & partnership approach

LAUNCH OF NEW IBP COMMUNITY ENGAGEMENT PLATFORM

IBP Community Engagement Platform — Rationale and Process

TIMELINE
- 2012: IBP KM Task Team convenes; K4Health Managing Knowledge Gateway
- 2013-2015: K4Health hands over management of KG to IBP Secretariat; IBP KM Task Teams identifies desired updates to refresh platform
- 2016-2017: COP Leaders, KM Task Team, developer and IBP meet to discuss user needs & future updates to the platform; KM Task Team and IBP Secretariat conduct COP leaders
- 2017-2019: 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 1-6 communities (~2)
- 58 unique communities
- Most popular features member list (84%), listserv (78%) and library (70%)
- Least popular features analytics (2.7%) and calendar (16%)
- Private communities 26% of respondents and important to 80% of them

System Gaps

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

Visual Look and Interface
- More updated and modern
- Search Functions
- Ability to identify other users by expertise

www.ibpnetwork.org
Twitter: @IBP_Network
#IBPNetwork
IBPNetwork@who.int

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Understanding user activities through analytics

Visiting the platform
Creating a post
Writing a comment
Receiving a comment
Liking content
Receiving likes

connect

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

STREAMLINE OUR PROCESSES TO KEEP HIP MATERIALS UP TO DATE WHILE MAINTAINING HIGH QUALITY.

USAID

HIP Partner's Meeting
December 5, 2019

Shawn Malarcher

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, IBP, and USAID

Transitioning to the wiki

Batch update

- Professional writer
  - Not involved in technical area
- 3-5 technical experts
  - Engagement in HIP work (previous authors)
  - Demonstrated expertise
  - Commitment to long term engagement
  - Availability to participate in 2-day meeting
  - Diversity

TOR for experts

- 2 year commitment
- Shape scope and content of update
- At least twice a year review comments and new literature to update content

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Moving from individual updates to "batch" approach

	Brief	Year Published
wiki Batch update 2020	PAFP	2019
	Social Marketing	2013
	Drug Shops/ Pharm	2013
	IMZ FP	2013
	IPPFP	2017
	Social Franchising	2018
	Mobile Outreach	2014
	CHW	2015

Move 8-page content to wiki format. Curated by technical experts.

ENSURING QUALITY

- "Wiki" content developed and maintained – "curated" by technical expert group
- Content is crowd sources, but managed by technical expert group
- Significant changes to HIPs (e.g. from promising to proven - submitted to TAG for review)

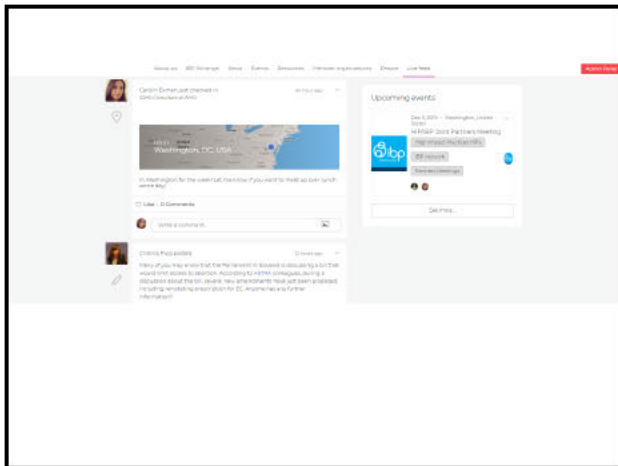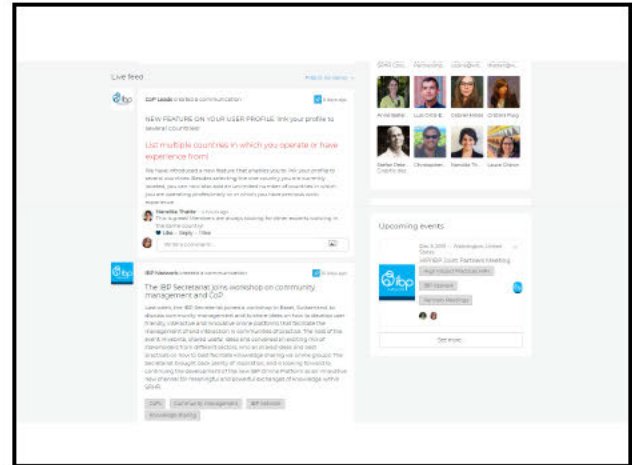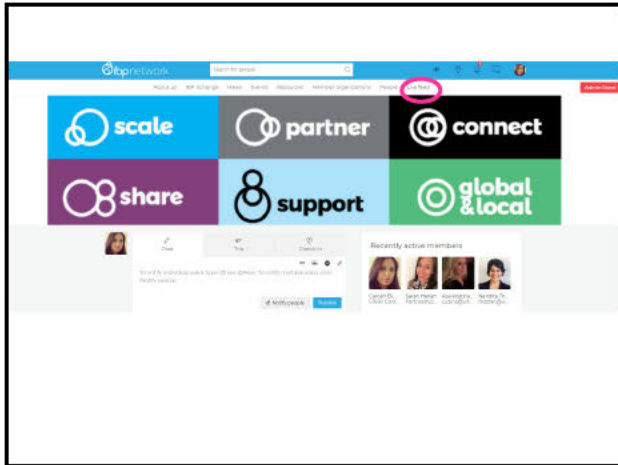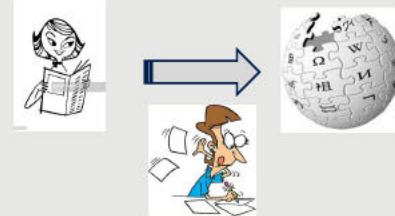## OVERARCHING GOALS FOR THE HIPS

- 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
- Ensure HIP products meet the needs of our target audience.
- **Support countries to monitor implementation of the HIPs.**

Measuring Progress:

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

Monitoring HIP implementing: getting beyond inputs

Inputs

Result

- Increased CPR
- Decreased pregnancy

Transition to brief update

Key changes	What we learned:
*Update in a "batch"	*Provides opportunities for standardization and cross fert lization
*2 day "batch" consultation to revise content	*Limit to 3 topics
	*Preferable for group to do prep prior to consultation
*Hire professional writer to assist	*Small changes can be made at the meeting
	*Better to have one writer per topics
	*Preferable to have an "external" writer

WHAT TYPE OF EVIDENCE ARE WE LOOKING FOR?

PRODUCTS

- ❖ Current HIP Briefs shift to "wiki" (digital resource).
  - ➤ Do we also need to maintain print copies?
- ❖ 2-pager
  - ➤ Print, for dissemination?

Support countries to monitor implementation of the HIPs.

Caitlin Thistle

Why?

Better tracking of implementation will help governments and development partners understand:

- the scale of implementation
- the effectiveness of program investments, and
- inform planning.

The Goal is to identify 1-2 key indicators for each HIP.

✓ Can be incorporated into routine monitoring (eg – project monitoring plans, HMIS)

✗ Survey questions

✓ Measures implementation (the "black box")

✗ 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).

Percentage of Women Giving Birth Leaving the Facility With a Modern Contraceptive Method, Before and After Introduction of Contraceptive Counseling and Services During Childbirth Care

COUNTRY	BEFORE	AFTER
Afghanistan[28,29]	4% (180/4179)	51% (1700/3362)
Honduras[30]*	10% (47/474)	33% (188/571)
Honduras[31]†	9% (23/251)	46% (142/308)
Indonesia[32]	9% (307/3373)	41% (1286/3101)
Niger[33,34]	0% (7/2193)	31% (686/2213)

* Hospital Escuela, the government-run hospital.
† Hospital Materno-Infantil in Tegucigalpa, the Honduran Social Security System.

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).

Percentage of Postabortion Clients Leaving the Facility With a Modern Contraceptive Method in Selected Countries With High-Quality Postabortion Family Planning Services

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

TRACK 20

Jessica Williamson

December 5, 2019

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

Repurposing service provision data (FPVisits, FP Commodities) to create a new proxy measure of "availability"

- Data on availability is rare and limited (UNFPA SDP Surveys)
- Developed to provide subnational data for FP Goals application in Senegal
- Can be used as a proxy for access

Defining the "Availability" Proxy Indicator

% of Facilities Providing an FP Method [ex. Implants] in the Last Year

"Facilities that should provide FP" can be defined based on national protocols, or estimated based on those that provided any FP method in the timeframe

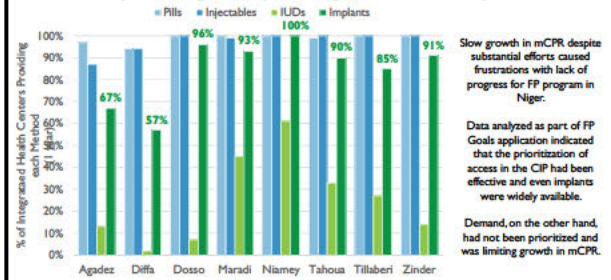Proportion calculated used facility level FP distribution data within HMIS/DHIS2

in other words...

Among all facilities that should provide family planning what proportion provided at least one implant in prior 12 months
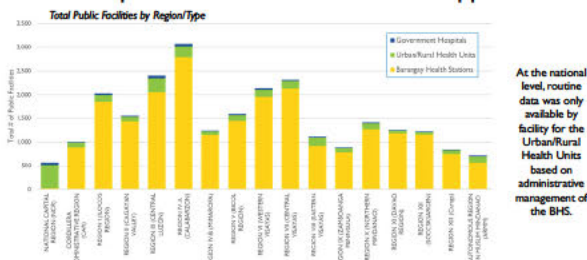
The provision of at least one FP method over a set time implies a minimum level of availability/accessibility (method was in stock, trained provider was available, client was able to initiate method).

A 12-month period is used to help ensure that seasonal variation doesn't skew estimate of availability
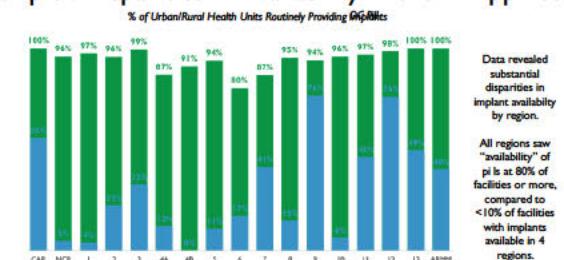

Example : Niger Expanding Access to Implants

Slow growth in mCPR despite substantial efforts caused frustrations with lack of progress for FP program in Niger.

Data analyzed as part of FP Goals application indicated that the prioritization of access in the CIP had been effective and even implants were widely available.

Demand, on the other hand, had not been prioritized and was limiting growth in mCPR.

Example : Data Limitations in the Philippines

Total Public Facilities by Region/Type

At the national level, routine data was only available by facility for the Urban/Rural Health Units based on administrative management of the BHS.

Example : Disparities in Availability in the Philippines

% of Urban/Rural Health Units Routinely Providing Implants

Data revealed substantial disparities in implant availability by region.

All regions saw "availability" of pills at 80% of facilities or more, compared to <10% of facilities with implants available in 4 regions.

Strengths and Limitations of the "Availability" Proxy

- Uses data available in most countries
- Can be monitored on a routine basis
- Easily scale-able : subnational area, program, etc
- Straightforward to calculate and interpret
- Adaptable to monitor program priorities

- How data is entered and aggregated in the system matters – ex. Niger
- Availability vs Access vs Utilization
- Causes of "lack of availability" are not explained by the indicator
- For under-utilized methods, the implications may be unclear (lack of availability vs lack of demand)
- Adaptability depends on availability of detailed data and disaggregation

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Adapting the "Availability" Proxy Indicator

Vary the type of facility or focus on a specific level or channel (ex. Outreach)

Method Detail can be changed : a single method, type of method, all/any method(s)

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

Number could be varied to set a higher threshold for availability/access

Could be specified to provision among a subpopulation (youth, postpartum women, etc)

Time period could be varied to capture narrower or wider window (6 months, 2 years, etc)

Slide 1

Using the "Availability" Indicator

FP Goals 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 plan for interventions that can achieve that (task-sharing, stock-out reductions, provider training, etc)
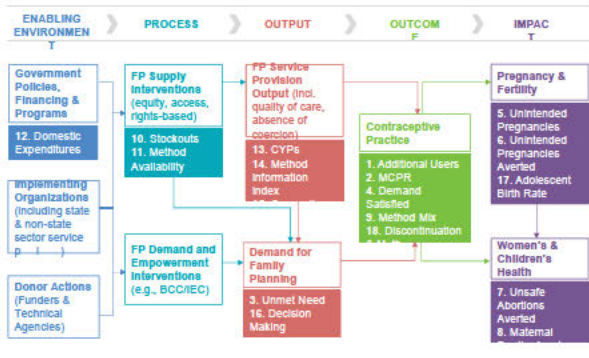
FP Module for DHIS2/HMIS (in progress) : The "availability" indicator will be an essential component of the new FP Module for DHIS2 being developed by Track20 to support governments in routine monitoring of FP programs and analysis of FP service statistics

Special Analysis: M&E Officers working with Track20 are using this indicator to help monitor CIPs and answer questions about progress.

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

Slide 2

FP2020
Reflections on supporting countries to monitor FP2020 indicators – Enabling Environment

Slide 3

FP2020 CORE INDICATOR RESULTS FRAMEWORK

Slide 4

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

Slide 5

ENABLING ENVIRONMENT HIPS

Enabling Environment
Supply Chain Management

Enabling Environment
Domestic Public Financing

Slide 6

ARE WE SEEING FEWER STOCKOUTS?

Supply

Changes in Stockouts 2015-2017

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)

COUN RY	ES IMA E	YEAR	SOURCE
Afghanistan	$1, 86,850	2017	NCM-N DI/UNFPA
Bangladesh	$218,600,000	2017	FPSA
Benin	$227,398	2016	WHO/SHA
Bhu an	$130,6 0	2016	WHO/SHA
Burkina Faso	$1,3 1,218	2017	NCM-N DI/UNFPA
Burundi	$2,251,377	2016	WHO/SHA
Congo	$2 3,387	2016	WHO/SHA
Côte d'Ivoire	$17 287,863	2016	WHO/SHA
DR Congo	$1,898,991	2017	NCM-N DI/UNFPA
Eth opia	$ 6 76 ,550	2016	WHO/SHA
Gambia	$173,175	2016	WHO/SHA
Guinea	$2,250,081	2017	NCM-N DI/UNFPA
Guinea-B ssau	$93 0 9	2017	WHO/SHA
Haiti	$100,615	2016	WHO/SHA
India	$311,200 000	2017	Government of India
Indonesia	$192,110 369	2017	NCM-N DI/UNFPA
Kenya	$17, 90,000	2017	FPSA
Lao PDR	$1,952,253	2016	WHO/SHA
Liberia	$7,728,992	2016	WHO/SHA
Madagascar	$1, 63,367	2017	NCM-N DI/UNFPA
Malawi	$6,622, 6	2017	NCM-N DI/UNFPA
Mali	$17 763	2016	WHO/SHA
Mauritania	$27 318	2016	WHO/SHA
Myanmar	$,55 ,309	2017	FPSA
Niger	$9, 9,525	2017	NCM-WHO/SHA
Nigeria	$9,5 ,990	2016	WHO/SHA
Pak stan	$127,859,000	2017	NCM-N DI/UNFPA
Phi ippines	$162,227,532	2017	FPSA
Rwanda	$3, 2 ,2 8	2017	FPSA

COUN RY	ES MA E	YEAR	SOURCE
Sao Tome and Principe	$169,077	2016	WHO/SHA
Senegal	$,093,198	2017	FPSA
Sri Lanka	$20, 28, 03	2016	WHO/SHA
Tajikistan	$2,631,188	2017	WHO/SHA
Tanzan a	$37,131,557	2016	WHO/SHA
Togo	$573,296	2017	NCM-NIDI UNFPA
Uganda	$,3 9, 81	2017	NCM-NIDI UNFPA
Zambia	$3,659,329	2016	WHO/SHA

NCM: National Consensus Meeting
WHO/SHA: System of Health Accounts prepared by national consu tants in col aborat on with the Wor d Health Organization
UNFPA/NIDI: United Na ions Popu ation Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Fam ly P anning Expend tures
FPSA: Family Planning Spending Assessments conducted by national consu tants in col aborat on 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

FP2020: WOMEN A HE CEN ER 2018 2019

REFLECTIONS AND A POST-2020 MEASUREMENT FRAMEWORK

- Measurement of the enabling environment has advanced has 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.
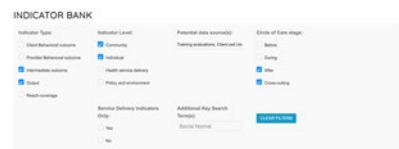
FP2020: WOMEN A HE CEN ER 2018 2019

High Impact Practice Technical Advisory Group
Social Behavior Change
Postpartum and Post Abortion Family Planning Indicators

Dominick Shattuck, PhD
December 5th, 2019

USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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)
  - https://breakthroughactionandresearch.org/resources/social-and-behavior-change-indicator-bank-for-family-planning-and-service-delivery/

INDICATOR BANK

USAID   126   Breakthrough ACTION

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

USAID   (127)   Breakthrough ACTION

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

USAID   (128)   Breakthrough ACTION

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

USAID   (129)   Breakthrough ACTION

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

USAID   (130)   Breakthrough ACTION