



# **High Impact Practices Technical Advisory Group Meeting Report**

**June 9<sup>th</sup> and 10<sup>th</sup>, 2020**

**Virtually Hosted by the World Health Organization**

Avenue Appia 20  
Geneva, Switzerland



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## Day 1

### Opening of Meeting – Welcome Remarks and WHO Updates

Dr. Ian Askew opened the meeting by welcoming all members and reiterating the World Health Organization's (WHO) longstanding commitment to the HIPs partnership and, in particular, the HIP Technical Advisory Group (TAG). He thanked WHO/IBP for hosting the first virtual meeting in light of COVID-19 travel restrictions. Dr. Askew highlighted how the HIPs provide an important source of guidance that is both compatible with and supportive of WHO guidelines. Dr. Askew also outlined aspects of the WHO transformation, which is currently five months underway. The department formerly known as the Department of Reproductive Health and Research (RHR) has been renamed as the Department of Sexual and Reproductive Health and Research (SRH). WHO's leadership felt that this name change was important in order to emphasize the breadth of work that the department does on a global level and to emphasize the intertwined nature of sexual and reproductive health. The SRH Department has been restructured to include eight units: One that is primarily administrative and seven technical units. The HRP Special Research Programme also remains integrated as part of the Department. These technical units are all relevant to different HIPs. They include:

- Family planning, Contraception and fertility unit: This unit, headed by James Kiari, primarily focuses on fertility care generally and is the most relevant to the HIPs. The unit will embrace the broad goals of research, normative goal-setting, country support, and developing other global public health goods.
- Maternal and perinatal health unit
- Preventing unsafe abortion unit
- "Addressing vulnerable populations" unit, which will include adolescents, people living in humanitarian settings, individuals living with HIV, and LGBT individuals. This unit will focus on inequities and improving equitable access to care. This title is tentative.
- Sexual Health
- Research, Leadership, and Capacity Strengthening
- Strengthening Health Systems, which will focus on integrating sexual and reproductive care into health systems. This unit will also bring together work addressing Universal Health Coverage and the newly-formed primary health care unit at WHO.

This reorganization results in smaller teams and a flatter organizational within the Department. The WHO is already seeing the benefits of significant inter-unit collaboration, including the ability to

illuminate many of the nuances across health issues. Outside of the SRH Department, the WHO is committed to working across three levels: HQ, regional, and country. In addition to the normative work that WHO headquarters continues to lead, new mechanisms are being developed to support achieving impact at the country level. This includes a dedicated staff member to facilitate support and relationships between country and regional WHO offices. Dr. Askew also provided an overview of the COVID-19 pandemic response. The WHO has been primarily working on global response guidance, including the development of a variety of Q&A resources and working with health systems colleagues to integrate integrating SRH services as part of essential health services.

The WHO also hopes that the changes some countries are considering in light of COVID-19 may lead to longer-term change in the future. The WHO sees this as an opportunity to promote the idea of devolution and decentralization of services, including the provisioning of contraceptives to the lowest level of health systems and beyond. This includes promoting outreach, community health workers, self-care, and telemedicine. By working with countries to gain experience of what it takes to have a more devolved, user-oriented approach, hopefully these responses can sustain beyond the pandemic and become the norm. Thus, the WHO is looking at these changes in the context of the broader vision of trying to ensure the widest possible access to the maximum number of family planning options for everyone, everywhere.

Jennie Greaney, UNFPA continued as the Meeting Chair.

## **Updates – Production and Dissemination (P&D) Team**

Laura Raney and Ados May provided an overview of updates from the HIPs P&D Team. These updates included:

- Finalization of the HIPs Communication Strategy
- Development of a HIPs Newsletter
- Planning for HIP Slide Decks
- Recent HIP Webinars: Task Sharing, FP in Humanitarian Settings
- Updates on website users, including total visits, regional representation, and top-accessed content
- Tracking of HIPs in the peer-reviewed literature

The P&D team will follow-up with the TAG about any changes to the number of website visitors and the frequency with which certain HIP brief pages were accessed amid the COVID-19 pandemic. The TAG recognized the excellent work of the P&D team and the energy and innovation they are bringing to the HIPs. For more information, please see the presentation in Annex C.

## Adolescent Responsive Contraceptive Services - HIP Enhancement

On behalf of the authors' team, Gwyn Hainsworth provided an overview on the decisions made throughout the brief, including a framework shift from adolescent-friendly to adolescent-responsive. Additional updates included:

- Greater emphasis on a systems approach to address scale and sustainability
- Shift in terminology from adolescent-friendly to adolescent-responsive to reflect a systems approach that makes existing contraceptive services more adolescent-responsive
- Highlighting the small but growing number of countries implementing ARCS that have seen increases in contraceptive use and decreases in adolescents who have begun childbearing
- Noting that while the impact section is limited, experts believe that the data is strong enough to consider this evidence as promising.

The authorship team requested feedback from the TAG on two main areas:

- Whether the WHO HSS building block framework works well for ARCS?
- Proposed indicators to monitor and measure ARCS

TAG members Mario Festin and Michelle Weinberger facilitated the following ARCS discussion.

### *Summative TAG Recommendations for the ARCS Brief:*

- There is a large amount of information and references. The TAG recommends paring it down.
  - Chris Galavotti volunteered to provide suggestions on paring down the brief
  - Reduce the section which links to other HIPs. Could use a table similar to Vouchers brief to link to other HIPs
- Clarify the practice definition in the brief (*"Apply a systems approach to make existing contraceptive services responsive to the needs and preferences of adolescents"*)
  - Systems approach largely being looked at as "opportunities" to make adolescent-friendly services part of the health system. One idea is to consider using the word "opportunities" in the practice definition.
- TAG members liked the introduction of "responsive" (ARCS)
  - In general, the shift to "adolescent responsive" signifies an important shift to focus on health systems, so keep this term
  - Avoid using the word "approach" for more than one thing.
  - In the background section, start by introducing ARCS more clearly
  - Ensure terminology is used consistently throughout the brief
  - Consider using a call out box to highlight the responsive vs. friendly terminology and paradigm shift
  - Where possible limit use of "adolescent friendly"
- The brief has a heavy focus on the supply side. The demand side is mentioned in the tips but largely missed. Introduction is clear about what the brief isn't including (i.e., community level/demand side), which is good. However, a tip acknowledges the need for community level, whereas everything else is systems or service-delivery focused. Taking the tip out would make it less confusing. An alternative is to remind readers in the Tips that the brief does not focus on demand side.
- Figure 1
  - The TAG recommends highlighting how the barriers relate to adolescents specifically or how the barriers are more magnified for adolescents

- The TAG requested that the authors update the TOC
- Impact section:
  - Rename section since this brief is an enhancement, which does not typically feature an impact section
  - HIP examples:
    - Move to Tips section (this would mean the only thing in the “impact” section is the shortened Ethiopia and Chile example and graphic)
    - Clarify if the program had an *intentional* adolescent focus in the design/ implementation (PPFP, FP Immunization). If they did not have an intentional focus, should we remove them? This may mean we have very few examples.
- Tips section
  - Most TAG members liked using the WHO building blocks. The recommendation is to keep the WHO building blocks but to supplement with key elements that are missing. Some missing from the WHO framework are communities, norms, and SBC. The authors should consider “modified” building blocks and include missing elements, particularly communities and SBC
  - The TAG suggested that the authors look at the UHC framework (<http://www.uhcwpr.info/intro/what-is-the-uhc-framework/>) which is more complete than the WHO building blocks and can provide some ideas of elements that may be missing in the WHO building blocks and that could be added
  - A visual for the framework could be helpful
  - The headers in the tips section don’t reflect the WHO building blocks. Make the section clearer around the WHO building blocks
  - Add “policies” as part of leadership and governance section
  - Link to digital health briefs for clients as many young people use these (may also be relevant for DH for providers as well)
  - Remove Figure 4 (Kenya method mix) example. Data is complex & difficult to interpret
  - Include examples of how disaggregated data is being used during design and implementation
  - Youth participation should be elevated. Highlight the importance of youth participation in program design, messaging, program implementation
  - Financing—current framing would make it harder to operationalize a “budget for adolescent services.” The TAG recommends tweaking that language and linking it to different strategies required and noting the importance to ensure those are fully funded. TAG member Sarah Fox to help suggest some wording.
- Switch barriers and building blocks boxes in layout
- Indicators
  - Disaggregate age by <20, 20+ (aligns with similar recommendation in PAFP and IPPFP briefs)
  - Define OPD
  - Refine method disaggregation so it’s clearer.
  - Michelle Weinberger to provide additional feedback to align with other measurement efforts. Also, Michelle Weinberger, Karen Hardee, Ginette Hounkanrin, and Shawn Malarcher offered to help to refine indicators (see Annex D for summary of recommendations).

## Updates to the Social and Behavior Change Briefs

TAG members Gael O’Sullivan and Alice Payne Merritt presented on the proposed changes to the SBC briefs. Key areas of requested TAG input and guidance included:

1. What organizing framework should be used in the overarching/summary SBC brief to organize SBC briefs and connect them to one another?
2. How should individual SBC briefs fit within that framework?
3. What is/are the ultimate outcomes of each SBC brief?
4. What should be the structure of the SBC briefs?

### *Summative TAG Recommendations for the SBC Briefs:*

- The TAG recommended to try to keep the SBC batch update as scheduled (i.e. to be reviewed by TAG at June 2021 meeting).
- Rodolfo Gomez and Laura Raney to share feedback from end users of SBC briefs with SBC work group
- The TAG SBC working group will develop a “hybrid model” or a modification of the “Circle of Care Model” (de-emphasizing its focus on the facility level) and based on that, finalize recommendations on how to update SBC briefs.
  - TAG SBC working group to determine experts to engage. If available, Joanna Skinner could help to think through the model update as she helped to develop the Circle of Care model.
- The TAG recommended that the new framing for SBC briefs is tested with some members of the intended audience. This process will help to strengthen understanding of what the end users find helpful in the current briefs and what they find problematic. The TAG recommended testing with the following end users: Hashina Begum, Norbert Coulibaly, Anand Sinha, and Roseline Achola<sup>1</sup>.
- TAG SBC working group to call for a mini-TAG meeting in August to present the findings from the testing with the intended audience and the final proposed way forward. This is to allow all TAG members to weigh in.

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<sup>1</sup> Note: Roseline works for UNFPA Uganda and she is one of the experts working on the update of the Social Marketing brief. The other suggested end users are current or past TAG members.

## Day 2

### Opening of Meeting

Martyn Smith, FP 2020 chaired Day 2 of the meeting and welcomed everyone before introducing the first presenter, Maria Carrasco of USAID.

## Review of Recommendations from Day 1

Maria Carrasco provided a summary of the key ARCS and SBC recommendations from Day 1. Maria then presented on HIP updates and progress on the recommendations from the November 2019 TAG meeting. High-level updates included:

- New systems in place for the HIP briefs: website commenting features, selection and formation of technical expert groups, and concept note submissions via the HIP website
- Batch brief updates: Social Marketing, Drug Shops & Pharmacies, and FP/Immunization Integration
- New HIP briefs and Strategic Planning Guides
  - o Equity SPG being developed by the Research 4 Scalable Solutions (R4S) project
  - o Interpersonal communication (IPC) brief on hold until the SBC guidelines for update are finalized
- Measurement of HIP Implementation in a few countries through Data 4 Impact (D4I) and R4S
- Assessment of HIP utilization in partnership with the BMGF

Two key questions for the TAG included:

1. Whether the FP/Immunization technical expert group should include MIYCN as a focus.
  - a. The TAG agreed that MIYCN should be a separate brief and go through the TAG concept note approval process.
2. Looking forward vs. reflecting current evidence: How should HIP brief updates address the tension between a narrow body of evidence and forthcoming information?

TAG member Martyn Smith continued the discussion as meeting chair.

## Review of Briefs

### Digital Health for Providers

On behalf of the authorship team, Trinity Zan provided an overview on the decisions made throughout the brief update, including a shift from Digital Health for Systems to Digital Health for Providers.

TAG members Baker Maggwa and Saswati Das facilitated the discussion.

*Summative TAG Recommendations for the Digital Health for Providers Brief:*

- The TAG decided that a work group will determine if the draft brief submitted should replace the Digital Health for Systems brief or if it should be added as a new brief in addition to the Digital



Health for Systems brief. The work group will be comprised by Martyn Smith, Jennie Greaney, Saswati Das, and Maggwa Baker (See Annex E for summary of recommendations).

- The TAG noted that if Digital Health for Systems is maintained as a “current” brief (rather than retired), it would have to be updated
- If both briefs are maintained, the TAG suggested including a graphic indicating how the 3 Digital Health briefs are linked
- The TAG recommended that the authors strengthen the link between the Digital Health for Providers brief and the SCM brief
- The TAG recommended that the brief include information on telemedicine. This is particularly timely given the COVID pandemic. Since the evidence on telemedicine in developing countries may be scarce, the TAG recommended including literature from developed countries and also from other health areas on this
  - DPR Korea has a long history of telemedicine including use for FP to reach rural areas. The TAG suggests requesting WHO SEARO for any relevant examples
- Brief highlights the rural vs. urban digital divide. The TAG recommended that the brief should also highlight that urban poor may not have good access to digital technologies
- The TAG members suggested that the authors consider the following references for inclusion:
  - [USAID Digital Health Strategy](#)
  - WHO Digital Implementation Investment Guide – in progress, Jennie Greaney to find out when a draft can be shared

## Review of Concept Notes

Five concept notes were submitted to the TAG for review from a variety of partners. From the five concept notes reviewed, the TAG recommended that the Meaningful Adolescent and Youth Engagement (MAYE) SPG is developed.

TAG member Barbara Seligman and P&D team member Laura Raney facilitated the discussion.

- The TAG members recommended determining a way to link the SPG on Adolescents and the SPG on Engaging Men and Boys to the MAYE SPG
- The TAG agreed to revisit the Social Norms SPG at the December 2020 TAG meeting and consider in light of the SBC brief updates
- The TAG agreed that the scoring system for the concept notes was helpful. The TAG recommended refinement and further guidance to be provided before the December meeting
- TAG members recommend weighting the criteria rather than scoring all items equally
- The TAG recommended that the authors of the 5 concept notes submitted receive feedback from the TAG
- TAG members voted for one of the SPGs for development and they decided not to approve either of the concept notes for HIP briefs

### *Summative TAG Feedback on Concept Notes*

- Meaningful Adolescent and Youth Engagement SPG
  - Topic resonates with TAG members from the field
  - Note that we already have an adolescent SPG, which focuses on helping people identify what to do when interested in adolescent programming. Strategic questions in that document are still largely relevant
  - Also touched upon during the ARCS brief discussion, so highlight any overlap moving forward
  - 12 TAG members voted for this concept note

- FP and Faith SPG
  - TAG members acknowledged that this is a crowded space, broad topic, and not as clearly spelled out in terms of useful actions for decision-makers
  - Resonates with the field-based members
  - Note some restrictions from USAID are relevant to working with faith leaders on sermon guidance
  - A TAG member highlighted that if this were to focus on FBOs as service delivery channels it could possibly not be considered an SPG
  - 4 members voted for this concept note
- SBC
  - TAG members decided to take out this concept note given the ongoing discussion about updates for the SBC briefs
  - A TAG member suggested asking concept note author (Joanna Skinner) if she'd like to join the new SBC framework development
    - Some concern about adapting the CoC with the author as part of the group (developed under HC3 project)
  - Link to BA/BR colleagues – Michelle Weinberger offered to join this conversation with Gael O'Sullivan
- Social Norms SPG
  - The concept note is well-written and clear, due in part to the learning collaborative efforts. Strong evidence, timely
  - This is one of 5 key areas of FP framework moving forward (transforming gender/social norms)
  - 6 members voted for this concept note
  - TAG members agreed to reconsider this concept note at the next TAG meeting
- Gender Equity Brief
  - TAG agreed that this was not a practice, but one of the guiding HIP values, similar to informed choice.
  - The TAG highlighted potential overlap between educating girls, male engagement SPG

## Additional HIP-related Updates and Items for Follow-Up

- 
- Maria Carrasco to share more background on what the “wiki” is.
- Rodolfo Gomez indicated the importance of linking the HIPs to the COVID response. Maria Carrasco and Laura Raney to engage Rodolfo Gomez in writing a piece to address the COVID/HIPs response.
- Maria Carrasco to liaise with Michelle Weinberger on the finalization of the “Gray Scale” (item from Dec. 2019 TAG meeting).
  - There was a question on “Where is “Educating Girls” in the list for updates?”. Maria to share the updates calendar.
- HIPs and COVID: Suggestion from Rodolfo Gomez to make a package of existing resources to help countries prioritize interventions to maintain essential SRH services.
  - Maria Carrasco to liaise with P&D team and connect back with Rodolfo.
  - Also thinking about a short piece highlight how HIPs can help in COVID times (Alex Mickler, Laura Raney working on this)
- Nandita Thatte shared a draft matrix tool which links WHO guidelines to the HIPs
  - This tool will soon be posted on the website after copy edit. Translated into French and will be translated to Spanish soon.
- Forthcoming update to the Global Handbook for FP providers: two additional chapters covering FP for women at high risk of HIV and FP in emergency contexts, with a resilience focus

- The IBP Network is collecting stories of how organizations have implemented WHO guidelines and HIPs. Currently have about 15 organizations that will be providing documentation of how they've used HIPs and guidelines in their programs for feature in collaboration with Knowledge SUCCESS.

## **Group Reflections – Next Steps and Closing**

James Kiarie and Martyn Smith facilitated the closing remarks and reflections.

Despite convening virtually for the first time due to the coronavirus pandemic, the TAG was able to accomplish its goals of reviewing draft HIP materials, making recommendations about the strength and consistency of the evidence and adherence to H1111IP criteria, and continuing to refine HIP processes and identify priority activities. In fact, this meeting had almost full TAG member participation. The TAG also lauded Ms. Shawn Malarcher for her longstanding commitment to the HIPs leadership, and expressed how much she will be missed as part of the HIPs leadership team. TAG members were also sent a brief survey for feedback about the virtual meeting logistics, scoring guidance, and overall suggestions for future virtual meeting improvements or additions. The next HIP TAG meeting will be held from December 2-3, 2020. The location and format will be determined at a later date depending on travel safety considerations.

## Annex A: Agenda



# AGENDA

## Technical Advisory

### Group Virtual Meeting

#### June 9 and 10, 2020

**08:00 – 10:30 Washington**

**14:00 – 16:30 Geneva**

**15:00 – 17:30 Nairobi**

**17:30 – 20:00 New Delhi**

Please click this URL to join: <https://ghstar.zoom.us/j/96896421825>

Or, go to <https://ghstar.zoom.us/join> and enter meeting ID: 968 9642 1825 and password: 2020

### Objectives

- Review draft HIP materials and make recommendations regarding the strength and consistency of the evidence and adherence to the HIP criteria.
- Continue to refine HIP processes and identify priority activities.

#### Tuesday, June 9<sup>th</sup>: Jennie Greaney, Chair

Time	Agenda Item	Materials
07:30 – 08:00	Sign-in to meeting	
08:00 – 08:30	Opening of Meeting – Welcome Remarks and Updates Ian Askew	
08:30 – 09:30	Production and Dissemination Update Ados May & Laura Raney	<a href="#">ARCS HIP brief</a>
09:30 – 10:20	Adolescent Responsive Contraceptive Services Mario Festin & Michelle Weinberger	
10:20 – 10:30	SBC Update Gael O’Sullivan & Alice Payne Merritt	P&D Presentation

#### Wednesday, June 10<sup>th</sup>: Martyn Smith, Chair

Time	Agenda Item	Materials
07:30 – 08:00	Sign-in to meeting	
08:00 – 08:15	Review Recommendations from Day 1 Maria Carrasco	

<b>08:15 – 08:30</b>	<b>Updates: Progress on recommendations from November 2019</b> Maria Carrasco	<a href="#">Recommendations</a>
<b>08:30 – 09:30</b>	<b>Digital Health for Providers</b> Baker Maggwa & Saswati Das	<a href="#">Digital Health brief</a>
<b>09:30 – 10:15</b>	<b>New Concept Notes</b> Barbara Seligman & Laura Raney	<a href="#">Concept notes and Grading Tool</a>
<b>10:15 – 10:30</b>	<b>Group Reflections</b> <b>Next Steps and Closing</b> James Kiarie & Martyn Smith	



## Annex B: Participant List

TAG Members	
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## Annex D: TAG recommendations on ARCS indicators

A sub-group of the TAG had a follow up meeting and recommended the following. The authors of the ARCS HIP brief proposed the following indicators:

1. Percentage of adolescent clients who came to health facility for routine services/OPD that received FP services (*coverage and missed opportunity*).
2. Method mix disaggregated by age/methods distributed/provided disaggregated by age (*expanded method choice/one aspect of quality*)
3. Mechanism in place to routinely collect adolescent feedback on services (e.g., client exit interviews, mystery clients, etc.) (*quality/social accountability*)

The HIP TAG reviewed these indicators with additional input from Avenir Health on what data elements are currently available in typical HMIS and make the following observations/recommendations:

- The proposed indicators #1 and #2 are not feasible in most HMIS systems currently. Data on integrated service delivery is not possible yet as facilities continue to keep separate registers. Some progress has been made in the area of postpartum contraceptive service provision and post abortion care, but few other services could provide data on this indicator. Similarly, data on method mix is aggregated across age, therefore disaggregation of method uptake by age is not possible yet in most settings.
- Keep the third indicator.

Based on current systems we suggest the following indicator is feasible and will provide key insight into the implementation of ARCS: **Percent of facilities that provide contraceptive services that report contraceptive provision to adolescents (<20) in the last 6 months** (*suggestion to compare by region/district*). This indicator will show to what degree adolescents are able to access contraceptive services from the facilities that report into the Government HMIS system. This can be used as a proxy for the “availability” of adolescent responsive services. In cases where no (or few) adolescents are coming for contraceptive services at a particular facility it may indicate a need to review if services are adolescent responsive, opening times, are adolescents aware that services are available to them, are there options that eliminate cost barriers, etc. This indicator can be calculated based on data routinely collected in the HMIS system. Further disaggregation (specific ages, methods) will depend on the level of disaggregation available in the HMIS system.

**Therefore, the 2 suggested indicators are:**

1. **Percent of facilities that provide contraceptive services that report contraceptive provision to adolescents (<20) in the last 6 months** (*suggestion to compare by region/district*)
2. **Mechanism in place to routinely collect adolescent feedback on services (e.g., client exit interviews, mystery clients, etc.)** (*quality/social accountability*)

**In addition, please edit the second bullet point under the recommendation to “Collect and use data to design, improve, and track the implementation of ARCS”**

- Data for learning who is accessing services: Review national and sub-national health information systems to assess feasibility of collecting age-disaggregated data, with a clear plan for how data will be used for routine analysis. A simpler <20 vs 20+ disaggregation may be preferable to five-year age groups (e.g. 10-14, 15-19) to simplify collection and meet the needs of decision makers (**cite Track20**).



## **Annex E: Recommendation on Digital Health Brief**

A sub-group of the TAG had a follow up meeting to discuss whether to have the updated digital health brief fully replace the current brief or if they should both be kept as “current” briefs.

The group recommend having the Digital Health for providers brief (updated brief) in addition to the Digital Health for Systems brief. The group also recommended making at least minor updates to the Digital Health for Systems brief after the DH for providers brief is finalized. The group recommended that the authors develop a graph to link the three HIP briefs that address digital technology.

Additionally, the authors should consider how to establish links between the Digital Health for Providers brief and the vouchers brief.

## Annex C.




**Creating the Greatest Impact**

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

[EXPLORE MORE](#)

# Production & Dissemination Update

HIPs TAG Meeting, June 2020

## HIPs Communication Strategy

- Held meeting in January, 2020 with Communications Directors and other professionals from partner organizations to gain insights and suggestions to feed into a potential HIPs communication strategy

Discussed and received input on:

- Align dissemination activities with selected global events
- Create feedback loop on dissemination activities to better inform priorities
- Create a strategy to align with the new cycle of HIPs updates: Conduct a test for the Humanitarian SPG by creating a dissemination packet containing not only a summary paragraph of the SPG but also a graphic, blog, bullet points, and tweets
- P&D Team currently finalizing the strategy

## HIPs Newsletter

- **Goal:** Provide regular updates on HIP products, webinars, and other announcements to the broader HIP audience
- Shared quarterly
  - Dissemination channels: listservs (i.e., IBP, FP2020), social media
  - Users can opt-in and subscribe, provide feedback
  - First issue planned for mid-June
- Potential Content
  - New and updated HIP briefs
  - Service Delivery Task Team update
  - TAG meeting overview



## HIPs Slide Decks

- **Objective:** Develop and make available on the website a slide deck for each HIP brief
- In response to a stated need by our primary audience
- A standard HIP template will be created for each HIP category, with corresponding colors
- Draft in development. Once this phase is completed, the team will agree on a timeline to develop slide decks for all categories

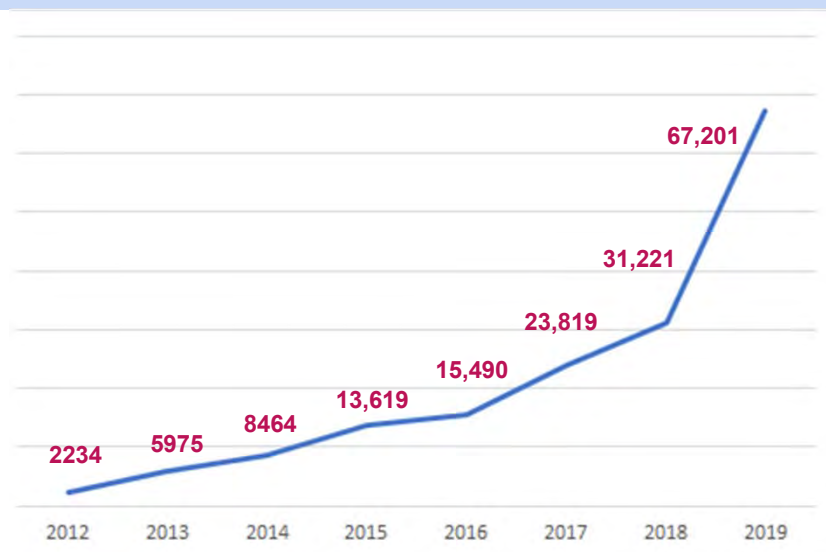


## HIPs Webinars

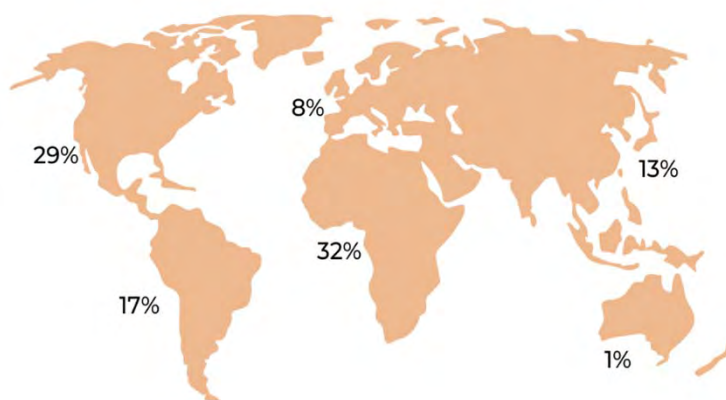


- **Task Sharing** (French): 154 participants
- **FP in Humanitarian Settings** (English): 240 participants

## HIPs Website Overall Visits



## Visits by Continent 2019



Continent	Total Visits
Africa	16,747
N. America	15,273
LAC	8,845
Asia	6,610
Europe	4,267
Oceania	652

## Top Visits by Country in 2019

Country	# Visits
United States	12,939
Nigeria	2,743
Colombia	2,420
India	2,305
Mexico	1,786
Kenya	1,587
Ethiopia	1,350
Peru	1,048
United Kingdom	930
Democratic Republic of the Congo	851

## Top Briefs and Publications since June 2017 Launch

Top Content	Page views
1. Planificación Familiar Post-Aborto Brief (SPA PAFP)	11,801
2. Economic Empowerment Brief	9,626
3. Drug Shops and Pharmacies Brief	8,898
4. Immediate Postpartum Family Planning Brief	8,640
5. Engaging Men and Boys in Family Planning SPG	7,766
6. Adolescent Friendly Contraceptive Services Brief	7,625
7. Postabortion Family Planning Brief	6,616
8. Community Health Workers Brief	5,549
9. Mobile Outreach Services Brief	5,147
10. Social Marketing Brief	4,443

Website statistics were pulled in May 2020



## HIPs in Peer-Reviewed Literature

**80 peer-reviewed articles citing one of the HIP briefs**

Postabortion FP	20	Immediate Postpartum FP	2
Community Health Workers	16	Community Group Engagement	2
Adolescent-Friendly Contraceptive Services	11	Mobile Outreach	1
FP & Immunization Integration	9	Social Franchising	1
Drug Shops & Pharmacies	8	Vouchers	1
Social Marketing	7	Digital Health for SBC	1

Articles were pulled in May 2020



**P&D Team:**

Liz Tully, JHU-CCP

Shannon Davis, JHU-CCP

Lyndsey Mitchum, JHU-CCP

Laura Raney, FP 2020

Caitlin Thistle, USAID

Alex Mickler, USAID

Ados May, IBP Network

# Thank You!

*HIPs Co-sponsors*



# Adolescent-Responsive Contraceptive Services

## Supporting Adolescents' Access and Choice

### Key changes in the update



- Revision of language
  - “Adolescent Responsive” vs “Adolescent Friendly”
    - Brief uses both terms; are they interchangeable? Should we stick to ‘friendly’
- Change in practice definition:
  - “Apply a systems approach to make existing contraceptive services responsive to the needs and preferences of adolescents”
    - Clear what “apply a systems approach” means?
- Broader focus on Health Systems approach not just clinical services, added areas:
  - Health Information Systems: Support age-disaggregated data
  - Leadership/Governance: Involve young people in design, implementation and monitoring
- Challenges/barriers now summarized in simple figure (Figure 1)
  - Succinct but lose some detail/references from the previous version
- Tips now structured by Health System Building Blocks
  - Needs assessment/formative research changed to wider focus on collecting and using data
  - Enabling environment tip added
  - Meaningful participation and leadership of adolescent's tip added
  - Training tips consolidated (from 3 to 1)



## Additional feedback from Mario

- Many sections of the document still use adolescent friendly instead of adolescent responsive, which is not bad, and maybe which is what the evidence for those statements show. Maybe we should build the evidence base for ARCS.
- We may want to mention policies as part of leadership and governance. It was explicitly mentioned in the previous brief and having it listed is very important for this topic.
- The previous version had a table on improving access which is a good visual on the theory of change of what the HIP document is promoting. Is it possible to have a newer updated version of this?
- Since this is an enhancement brief, the sections on how to use ARCS in the context of the other HIPs is very useful. Maybe more experience can be gathered and incorporated for the next version, especially on the community health workers section, which only focused on married adolescents and first time parents.
- The implementation tips is organized based on the building blocks which is very useful and helpful.
  - We may need to mention (as what was done in the last version) on using digital health for communications, as this is a very common media used by adolescents.
- The priority research questions in the past version were probably not addressed in this brief, and new questions are already brought up.

## Additional feedback from Michelle

- Suggest revising “What is the Impact” - not typically included in Enhancements
  - Remove or shorten examples from Ethiopia and Chile
  - Focus instead on examples of integrating adolescent-friendly elements into existing HIPs which were very useful
    - For some examples it is not clear if the program had an *intentional* adolescent focus in the design/implementation (PPFP, FP Immunization)
    - Question for TAG: a lot of evidence cited in this section is from internal/unpublished data, how do we feel about that?
- Caution on age and sex disaggregated data collection recommendation
  - Over- disaggregation can burden systems; consider simple measures like <20, 20+
  - A lot of examples on *collecting* this data but few on *using* the data – would be helpful to have examples of how disaggregated data is being used during design and implementation
- Recommendation on enabling environment
  - Suggest removing Kenya method mix – complex to interpret need from use
  - “Negotiate allocation of funds from the national budget” needs clarity- what do adolescent specific funds look like in context of system integration?
- Recommendations on linking with SBC – out of scope or reframe?
  - Hard to do justice to the complexity of norms and social barriers, especially in context of brief that is meant to be more focused on service delivery. Consider removing or shortening to just say this is important and refer to SBC HIPs?
  - Here should also address role of community norms– not just focus on adolescents themselves

# SBC HIP Updates

6/9/2020

## Presentation Overview

- Current SBC briefs
- Main gaps/challenges with current SBC HIP briefs
- Guidance for SBC briefs
  - Organizing framework in overarching brief
  - Focus of Individual SBC briefs
  - Ultimate outcome included in each SBC brief
  - SBC brief structure
- Next steps

## Background: Current SBC briefs

Brief (pub. year)	Main Behavior	Outcome in TOC	Notes
<b>SBC overview (2018)</b>	FP uptake and link with between SBC and SD HIPs	N/A	<ul style="list-style-type: none"> <li>Highlights package approach to SBC</li> <li>Mentions service delivery (SD) HIPs but does not fully develop connections between SBC and SD HIPs</li> </ul>
<b>Mass media (2017)</b>	FP uptake	FP uptake, correct consistent (CC) FP use, reduction in unintended pregnancy	<ul style="list-style-type: none"> <li>Highlights impact of mass media on intermediate variables: SRH knowledge, self-efficacy, attitudes, beliefs, norms and ultimate outcome (FP uptake)</li> </ul>
<b>Community group engagement (CGE)(2016)</b>	FP uptake	FP uptake, correct consistent (CC) FP use, reduction in unintended pregnancy	<ul style="list-style-type: none"> <li>Discusses link between CGE and some intermediate variables such as norms, knowledge, women's decision making power (norms), capacity building, and ultimate outcome</li> </ul>
<b>Digital health for SBC (2018)</b>	FP uptake	FP uptake, correct consistent (CC) FP use,	<ul style="list-style-type: none"> <li>Provides one example in Cambodia connecting the practice with post-abortion FP</li> </ul>
<b>IPC for counseling (coming up)</b>	FP uptake	(On hold until SBC update guidance finalized by TAG)	3

## Challenges/gaps with current briefs

- Need to emphasize the need for close collaboration between service delivery (SD) and SBC
- Most SBC programs work across two or more levels of the ecological model (i.e. multi-level) and current briefs primarily focus on one
- SBC interventions are typically multi-channel. This is not reflected in current briefs, which focus on one channel
- The summary SBC brief discussed the multi-level, multi-channel approach. It also tries to link SD to SBC.
  - Gap: The individual SBC briefs do not connect back and/or are not clearly linked with the summary SBC brief.

# 1. Organizing framework in overarching brief

- Discuss multi-level and multi-channel approach to SBC
- Make a connection with SD and highlight the need for linkages of approaches
- Framework to be noted in individual briefs (where the brief falls in the framework) to connect individual brief to overarching brief

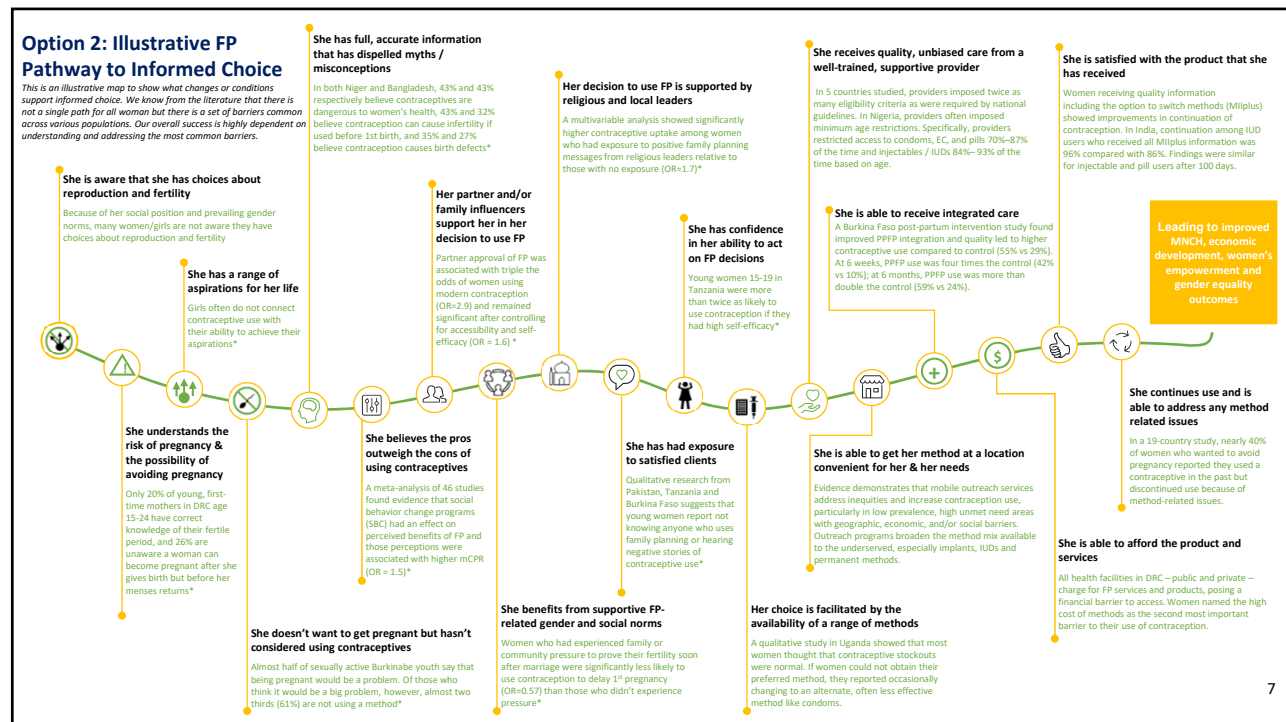
5

# 1. Organizing framework in overarching brief - Options

## Option 1: Circle of Care Model



6



# 1. Options for organizing framework

Model	Pro	Con
1. Circle of Care	<ul style="list-style-type: none"> <li>Connects SBC to SD</li> <li>The fact that this is time bound helps to facilitate understanding</li> <li>Provider behavior change part of the model</li> </ul>	<ul style="list-style-type: none"> <li>The fact that the model is time bound can be a challenge as FP uptake can be a continuum</li> <li>Focuses on health centers which is a con when considering FP clients who prefer self-care options and do not go to the clinic</li> </ul>
2. FP Journey	<ul style="list-style-type: none"> <li>Detailed journey to FP uptake, including key concepts such as empowerment, voluntarism, and choice (method mix)</li> <li>Connects SBC to SD</li> </ul>	<ul style="list-style-type: none"> <li>Too many steps in the current framework</li> </ul>
<b>3. Hybrid: An FP journey focusing on a few clear steps and allowing for self-care to address the cons of the two models</b> <ul style="list-style-type: none"> <li>Should focus on FP needs that a woman has</li> <li>A continuum that is not necessarily time-bound</li> <li>Service delivery (SD) agnostic but acknowledging the importance of SD and SBC collaboration</li> </ul>		

## Guidance needed for SBC updates

1. **Organizing framework in overarching SBC brief:** What organizing framework should be used in the overarching/summary SBC brief (i.e. Chapeau piece) to organize the SBC briefs and connect them to overarching brief?
2. **Focus of Individual SBC briefs:** How should individual SBC briefs fit within that framework? Do we keep one practice per brief or do we move to a multi-level/multi-channel alternative per brief?
3. **Ultimate outcome in each SBC brief:** What is/are ultimate outcome(s) in each brief? Should we keep it at FP uptake or allow for other outcomes (while keeping one ultimate outcome per brief)?
4. **Brief structure:** What should be the structure of the SBC briefs?

9

# TAG Recommendations

## ARCS brief and SBC brief updates

6/9/20

1

## ARCS brief – TAG comments

- TAG members liked the introduction of “responsive” (ARCS)
  - In general, shift to “Adolescent Responsive” signifies an important shift to focus on health systems, so keep this term
- Ideas to make ARCS concept more clear
  - Avoid using the word “approach” for more than one thing.
  - In the background section, start by introducing ARCS more clearly
  - Ensure terminology is used consistently throughout the brief
  - Consider using a call out box to highlight the responsive vs. friendly terminology and paradigm shift
  - Where possible limit use of “Adolescent Friendly”
- Figure 1
  - Need to highlight how the barriers relate to adolescents specifically or how the barriers are more magnified for adolescents
- Update the TOC
- Impact section:
  - Rename section since this brief is an enhancement
  - HIP examples:
    - Move to Tips section (this would mean the only thing in the “impact” section is the shortened Ethiopia and Chile example and graphic)
    - Clarify if the program had an *intentional* adolescent focus in the design/implementation (PPFP, FP Immunization), (If they did not have an intentional focus, should we remove them? This may mean we have very few examples)

2

## ARCS brief – TAG comments

- Tips section – Most TAG members liked using the WHO building blocks.
  - A visual for the framework could be helpful
  - The headers in the tips section don't reflect the WHO building blocks. Either make the section more clear around the WHO building blocks or take the building blocks out
  - Add "policies" as part of leadership and governance
  - It will be important to add in the tips some elements that are missing from the WHO framework such communities, norms, SBC.
- Tips section
  - Link to digital health briefs for clients as many young people use these (may also be relevant for DH for providers as well)
  - Remove Figure 4 (Kenyan method mix) example. Data is complex and difficult to interpret.
  - Include examples of how disaggregated data is being used during design and implementation
  - Add "policies" as part of leadership and governance.
- Switch barriers and building blocks boxes in layout
- The brief is packed with information and references. This is distracting. The brief needs to be paired down.
  - Chris G. volunteered to provide suggestions on pairing down the brief
  - Reduce section linking to other HIPs. Could use a table similar to Vouchers brief to link to other HIPs
  - Shortened Ethiopia and Chile example

3

## ARCS brief – TAG comments

- Tips - Ensure policy and community engagement considerations are included in the Tips
- Indicators – Michelle? To provide additional feedback to align with other measurement efforts
  - use simple measures like <20, 20+ (align with similar recommendation in PAFP and IPPFP briefs)
  - Define OPD
  - Refine method disaggregation so it's clearer.

4



## ARCS – Points for Clarification

- Many felt the WHO Building Blocks do not adequately capture the important role of SBC, Communities, Norms, etc. and is a weakness in the brief presentation. The brief is already ramp packet with information and is unlikely to capture the SBC components adequately:
  - Noting space constraints, how do you want to see SBC captured in the WHO framework?
  - Are there specific key messages on SBC that are missing? Or, is SBC too complex to cover adequately in the ARCS brief?
  - Are there ways to better link the brief to other briefs/materials?
- Clarify the practice definition in the brief (“*Apply a **systems approach** to make existing contraceptive services responsive to the needs and preferences of adolescents*”)
  - Please provide through on how to better explain what “apply a systems approach” means?
- Update the TOC
  - Note this will require dropping one of the graphics. Please advise which one.

5

## ARCS – Points for Clarification

- Review priority research questions (discussants noted that it was not clear if the questions from the previous version had been answered/are still relevant). Is the suggestion to keep any of the previous questions?
  - *Current questions:* 1. What are the factors and system conditions that allow for adolescent-responsive contraceptive services to be scaled and sustained? 2. What actions have governments taken to integrate ARCS into UHC, and what were the results? 3. What social accountability approaches—including those that are led by adolescents—could increase contraceptive services’ responsiveness to adolescents?
  - *Previous questions:* 1. Does mainstreaming AFCS increase contraceptive uptake among the intended population of adolescents? 2. What is the cost-benefit of mainstreaming AFCS? 3. Can effective mainstreamed AFCS be scaled-up and sustained?
- A lot of evidence cited in the Impact Section is from internal/unpublished data
  - How do we feel about that?
  - Will changing the title of the “Impact section” address concerns around this?
  - Are there any other specific suggestions to address any further concerns?
- What do we want to see on financing
  - “Negotiate allocation of funds from the national budget” needs clarity- what do adolescent specific funds look like in context of system integration?

6

## SBC Update

- Try to keep the SBC batch update as scheduled (TAG would review updated briefs at June 2021 meeting)
  - HIP SBC updates working group will work toward this
- Rodolfo and Laura to share with SBC work group feedback from end users on SBC briefs
- Test new framing for SBC briefs with intended audience
  - Through this process strengthen understanding of what end users find helpful in current briefs and what they find problematic
  - It will be easier to approach end users who are already associated/familiar with the HIPs. Suggested end users: Hashina Begum, Norbert Coulibaly, Anand Sinha, Roseline Achola
- Is TAG OK with SBC workgroup moving finalizing structure of brief update based on testing? Or, should we have a TAG call after the testing for discussion with the fuller TAG group?

# HIPs Updates

6/10/2020

## HIP briefs: New systems in place

- Tested brief public commenting feature via website with the Digital Health brief
  - Working on updates
- Finalizing website ongoing comment feature for recently updated briefs (PPFP, vouchers, supply chain management, digital health for providers, ARCS)
- Will be standing groups of experts to keep recently updated briefs up to date over the next 2 years
- Setting up a system to receive concept notes via the website

## New batch brief update (Social marketing, drug shops and FP/Immunization integration)

- Called for experts to be part of HIP expert groups for each brief
- Thorough selection of experts
- Virtual workshop to orient teams and launch updates went very well
- TAG member engagement in each team was very helpful
- Maternal, Infant and Young Child Nutrition (MIYCN) question
  - FP/Imz group discussed if the update underway should include MIYCN. It was decided that MIYCN would not be included in the current update. TAG input requested.

## New briefs and SPGs

- IPC brief on hold until guidelines for SBC brief update are finalized
- SPG on equity being developed by R4S.

## Measurement of HIP implementation in a few countries

- Data for Impact (D4I) and Research for Scalable Solutions (R4S) will be measuring the scale and quality of HIP implementation in 5 countries
  - Uganda, Mozambique, Nepal, Malawi and Tanzania or Bangladesh
- HIPs to be included will be identified with country stakeholders including USAID missions
- Purpose is to establish a baseline of the scale and quality of HIP implementation
- Timeline: July 2020 – July 2021

## Assessment of HIP utilization

- BMGF will support engaging a consultant to assess the extent of HIP utilization
- Assessment can help to inform dissemination efforts and also develop insights to enhance HIP utilization
- Timeline: To be determine (likely toward the end of 2020)

## Questions for TAG

- MYICN question
  - FP/Imz group discussed if the update underway should include MYICN. It was decided that not yet but maybe in two years or so. TAG input requested.
- Being forward looking vs. reflecting current evidence
  - Evidence typically has a lag of a year or two. In some cases groups updating briefs may want to be forward looking. The evidence may be narrow.
  - How to address this tension?

## Comments on draft brief on:

### Digital Health to Support Family Planning Providers: Improving Knowledge, Capacity and Service Quality

- Digital health to support FP service delivery seems to be a priority now due to renewed urgency for ensuring continuation of FP services in the situation posed by COVID 19
- Overall Comments. Well done and laid out brief. Provides the focus needed to show how the digital health tools can enhance capacity of providers to provide voluntary quality FP services.

Authors may pay attention to elaborate certain points, which will enhance the usefulness of the brief.

- There seems to be implied suggestion that this is focused on CHWs given the available evidence but is applicable at all levels of service provision and this needs to be more clearly described in the brief
- The authors need to clearly identify who will be using what types of tools at the different levels. This is more so for the communication tools. For example, there is mention about tablets at the clinic but it is not clear whether clients will be expected to do the data entry and what level of computer literacy there is among the clients.
- When paper talks about client feedback on tablets installed in waiting rooms, explaining how the data can be accessed and analysed by providers to enhance FP services, will be useful
- Another point regarding installation of tablets, if a point is added regarding importance of adequate no. of tablets to be installed in clinics depending on client volume and time required that will be helpful for smooth functioning
- There is also an implied meaning that this focuses on clinical providers only- these tools can be used to train and provide support supervision to clinical and non-clinical worker within the programs
- Examples of digital tools for providers are very helpful. If the section considers adding specifically, what the digital tools are, how these are used and the outcomes, these can be easier for adoption
- There is an overarching assumption that the basic infrastructure and resources to operationalize these tools exists. This would involve procurement of hardware needed (phones, tablets, servers, and data). The team needs to consider how these can be addressed in the tips section.
- In the examples for communication tools, the evidences from different countries like India, Tanzania and Benin make the brief strong. If some more description in these country examples (specifically Tanzania and India examples) are added about the tools that will be useful, like what Benin example explains
- In training examples from Bangladesh and Senegal, some more description about digital training package, digital FP resource can be considered to provide clarity what these include.
- In data example from India, relevance of machine learning in improving providers FP service delivery needs more clarity
- I would like to draw authors' attention to examine if India's experience in use of IVR mobile technology for FP in USAID funded MCSP program, will be useful for the brief
- Tips section— a well thought out section for users of this brief. The only comment is to consider elaborating some technical terms like back end data, audience segmentation, used in the brief.
- Regarding digital training, if some more emphasis is given on what kinds of training can be advised through digital training (because for clinical skill training like PPIUCD insertion skills, no-scalpel vasectomy clinical steps, in person training might be required); and how effectiveness of digital training can be monitored throughout the training to maximize learners' gains during training, that will be an added value to this brief
- The indicators provided need more clear definitions— numerators and denominators are needed and also the indicators for other outcomes in the TOC are not addressed. The sources of data also need to be identified.
- The group may decide if priority research may include how these interventions mentioned in the brief can be scaled up.



## Concept Note Scoring

HIPs TAG Meeting, June 10, 2020

### HIPs Call for Concept Notes

**HIP briefs:** The concept note should focus on a clearly defined practice that has the potential to be or has been implemented at scale, and that can be measured

**Strategic Planning Guides:** Should state importance/relevance of the suggested topic, key steps or considerations that could be included in the guide, and name and contact information of the lead author.



## HIP Briefs - Concept Note Scoring Criteria

- Is the practice a HIP? (see above definition)
- Does the practice reflect the HIP principles (see above) in addition to being about contraceptive use?
- Is the practice clearly defined?
- Is the concept distinct from existing HIPs?
- Is the evidence sufficiently rigorous and relevant to consider the practice as a HIP?
- Is the evidence sufficiently developed to support consideration of the practice as a HIP?
- Would a HIP brief describing the proposed HIP fill a learning gap for the global community?
- Is the gap a priority for implementors?
- Would the HIP duplicate guidance regarding the practice that may be available from other sources?
- Does it have the potential to be implemented at scale?
- Has it been implemented at scale?

## Strategic Planning Guides Scoring Criteria

- Is the topic clearly defined?
- Does the practice reflect the HIP principles (see above) in addition to being about contraceptive use?
- Is this concept different from other existing HIP briefs or SPGs?
- Is it important to provide a SPG on this topic?
- Would a SPG brief describing the proposed HIP fill a learning gap for the global community?
- Is the gap a priority for implementors?
- Do the key steps or considerations that could be included in the guide make sense? (Note: These are illustrative and not final.)

**Scored using Likert Scale:** (1) Strongly disagree, (2) Disagree, (3) Neither agree nor disagree, (4) Agree, (5) Strongly agree.

## HIPs Concept Notes Scores

HIP 1: Social and Behavior Change: Applying social and behavior change across the service continuum – **3.54**

HIP 2: Enabling Environment: Gender equality – **3.53**

**SPG 1: Social Norms-Shifting at Scale for FP/RH Programs– 4.24**

SPG 2: Facilitate Meaningful Adolescent and Youth Engagement and Partnership in Adolescent and Youth Reproductive Health Programs and Policies – **3.86**

**SPG 3: Family Planning and Faith – 4.05**

## HIPs Concept Notes Comments

**SPG 1: Social Norms-Shifting at Scale for FP/RH Programs– 4.24**

- Important topic/critical
- Can help address “how” to integrate norms change work into FP programming
- Adds a layer of guidance that is missing
- Important for increasing accountability to communities being served, underpinning human rights-based approach to FP programming
- Need to consider how topic fits into revised SBC briefs going forward
- Feels duplicative with SBC chapeau
- Critical topic but needs more documentation of experiences on scaling up
- How does it link to existing HIPs?

## HIPs Concept Notes Comments

### **SPG 3: Family Planning and Faith – 4.05**

- Important topic
- Further work needed on actions/steps to make more useful for dec-makers
- Appears to focus on FBOs – does it include faith leaders? Clarify
- Faith-based approach to FP is the “norm” in some areas
- How does it link to existing HIPs?
- Some USAID restrictions about working with faith leaders
- Need to link to FP services
- A lot exists in this space