HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Evaluation of High Impact Practices in Family Planning Products

Summary Report

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JOHNS HOPKINS
Center for Communication Programs

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EXECUTIVE SUMMARY

Background

The High Impact Practices in Family Planning (HIPs) represent a diverse and results-oriented partnership encompassing a wide range of stakeholders and experts. In early 2021, as part of its monitoring and evaluation work, Johns Hopkins Center for Communication Programs (CCP) conducted an evaluation of HIP products, including two specific types of resources: HIP Briefs and HIP Strategic Planning Guides. The evaluation was funded by the Bill and Melinda Gates Foundation, on behalf of the HIPs Partnership.

Objectives

Specifically, we aimed to answer the following research questions:

1) Are the HIP products being used to enhance programming on the ground?
2) Is there any evidence of increased implementation of high-impact practices, and is there any evidence that the HIP products contributed to that?
3) If HIP products are not being used, why not?
4) Are they a global good available on a worldwide basis?
5) What could we do to make them better and improve their utility to key stakeholders?

Interview participants

The study used a purposive sampling strategy to recruit participants from both country and global levels. The interviews were conducted virtually using a structured interview guide from January to March 2021. The majority of the interviews were conducted in English (n=24) with some in French (n=6) and Spanish (n=5). We successfully interviewed 35 family planning professionals and stakeholders: seven global-level participants (from U.S., Geneva, Paraguay, Panama, and Uruguay) and 28 country-level participants from Burkina Faso, Burundi, Colombia, Ethiopia, India, Kenya, Mali, Mexico, Nigeria, Pakistan, and Senegal.

Coding and analysis

Participant responses were translated into English transcripts or detailed notes when another language was originally used (i.e., French or Spanish). We analyzed the qualitative data from the interview transcripts using a combination of manual coding and coding in Atlas.ti (version 9). We grouped them into main themes to conduct content analysis.

Findings

Usefulness

The results indicate that HIP product users consider HIP products a global good that can be easily accessed, understood, and used by family planning professionals. While users are satisfied with HIP products overall, they think the utility to key stakeholders can be strengthened further and have many useful suggestions.

Learning and action

Many participants read most, if not all, of the HIP products as soon as they received announcements, via email, e-newsletter, or social media about a new or updated product becoming available.

There is substantial evidence that various HIP products are used for decision-making purposes, to inform policy, strategy, and practice by family planning experts and professionals in the countries selected for the evaluation activity. Global-level users, including family planning technical advisors and network coordinators, generally use HIP products to guide the development of training materials, presentations, and guidance documents.

Effect on HIP implementation

Our findings suggest that HIP products contribute to the enhanced use of HIPs, while users also point out the challenge of measuring the direct effect because they use HIP products along with many other country-focused and organization-specific resources to advance family planning. A small segment of users is not using HIP products specifically for programming, even though they think of HIP products as valuable and relevant resources, because the information presented in HIP products can be too basic or too general to address a specific context of the country.

Conclusion

Users like the current format and layout and consider HIP products to be valuable resources. To fully capitalize on the potential of HIPs being implemented even more widely, it is essential to effectively segment and target audience groups, learn about their specific needs, and continue to position and promote HIP products as highly credible resources.

BACKGROUND

The High Impact Practices in Family Planning (HIPs) represent a diverse and results-oriented partnership encompassing a wide range of stakeholders and experts. It aims to assist country-level decision-makers in making evidence-informed decisions, thereby resulting in more impactful and efficient use of family planning resources. The Johns Hopkins Center for Communication Programs (CCP) contributes to this effort by providing knowledge management (KM) support, ensuring that the best evidence on HIPs is readily available.

In early 2021, as part of its monitoring and evaluation work, CCP, funded by Bill and Melinda Gates Foundation (BMGF), on behalf of the HIPs Partnership, conducted an evaluation of HIP products, including two specific types of resources below:

- **HIP Briefs**, which document evidence-based family planning practices, vetted by experts and documented in an easy-to-use format. The briefs are grouped in three categories: enabling environment, service delivery, and social and behavior change.
- **HIP Strategic Planning Guides**, which outline a strategic process to identify the most effective and efficient investments to address in a program.

This summary report describes the overall evaluation design and presents key findings and recommendations.

Objective and Research Questions

CCP assessed whether and how HIP products were being used among health professionals at the country and global levels and how exposure to a HIP product affected knowledge, attitudes, and beliefs related to High Impact Practices in Family Planning.

Specifically, we aimed to answer the following research questions:

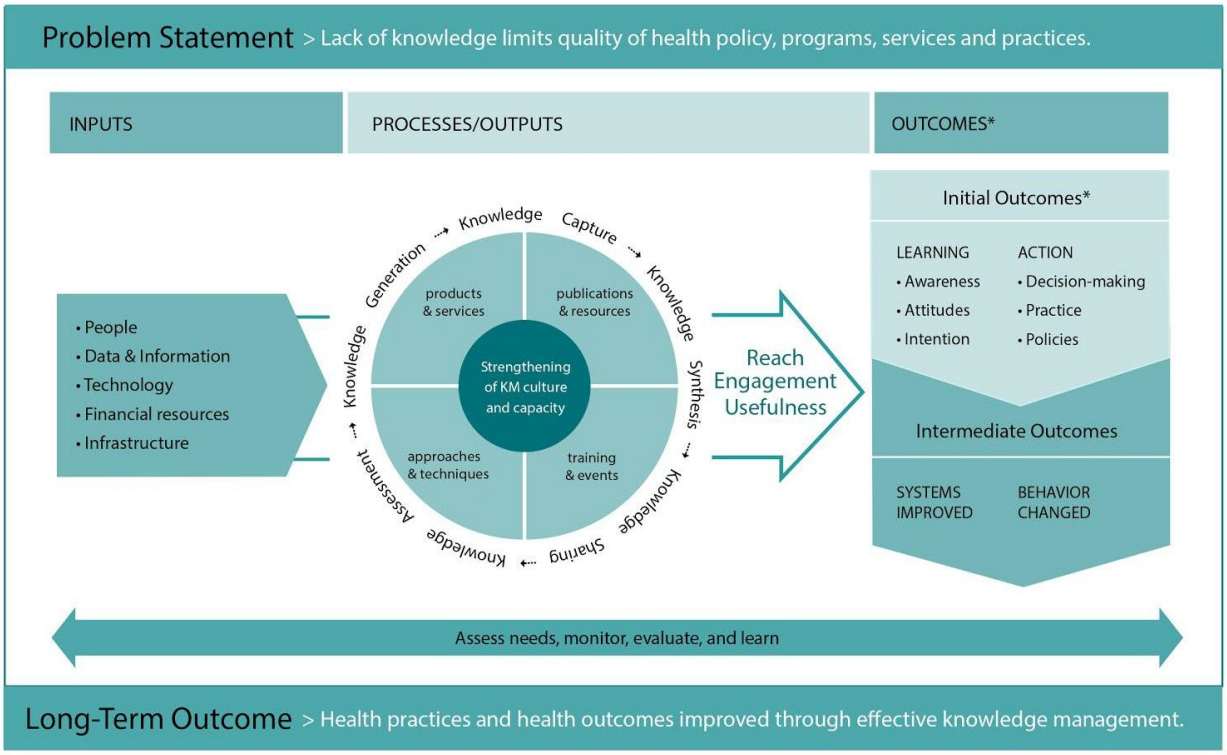
1. Are the HIP products being used to enhance programming on the ground?
    a. How extensively are they being used?
        i. By whom?
        ii. When and how often?
        iii. In what forums and formats?
        iv. For what?
        v. What has been the outcome?
    b. Is there any evidence of increased implementation of high-impact practices, and is there any evidence that the HIP products contributed to that?
2. If HIP products are not being used, why not?
3. Are they a global good available on a worldwide basis? What does their use at the global level look like?
4. What could we do to make them better and improve their utility to key stakeholders?

Key findings from the evaluation guide the answers to these research questions in the discussion section.

Theoretical Framework

As a theoretical framework to guide the evaluation activities, including the development of the interview guide (Appendix B) and creating the codebook for qualitative research, we used the Knowledge Management for Global Health Logic Model, developed by the Global Health Knowledge Collaborative with leadership by CCP. This framework is a well-known and widely used tool for knowledge management within the global health community. Specifically, we used the key elements of the logic model, including product reach, engagement, usefulness, and learning and action.

Knowledge Management for Global Health Logic Model



METHODS

Sampling

The study used a purposive sampling strategy to recruit participants working in the field of family planning and reproductive health from both country and global levels. We compiled the list of potential contacts in collaboration with technical advisors from BMGF, USAID, and the IBP Network.

We used the following criteria to select priority countries:

- Top countries that access the HIP website
- Country regional representation (e.g., East Africa, West Africa, South Asia, Latin America)
- Language representation (e.g., French- and Spanish-speaking country representation dependent on the resources available)
- Donor country priorities (e.g., Gates family planning countries and USAID Population and Reproductive Health priority countries)

The initial list of priority countries included: Burkina Faso, Burundi, Colombia, Ethiopia, India, Kenya, Mali, Mexico, Nigeria, Pakistan, and Senegal. We aimed to collect data from 30 individuals, composed of 25 country-level participants and five global-level participants. We selected the target number based on our past experience evaluating knowledge products yielding a data saturation point at roughly 25–30 interviews with key informants. While we anticipated that most participants would be those who had already been actively engaging with the HIPs, we made a conscious effort to identify people who may not have had substantial use of HIP products to elicit constructive comments.

Data Collection

An invitation was sent to potential participants via email, asking if they would be willing to participate in an in-depth interview to share their experience with HIP products. The study team conducted 32 interviews. The majority of interviews (n=29) were individually conducted via Zoom; however, two interviews included two participants each and two participants responded to the study questions via email. Overall, data was collected from 35 participants. The interviews were conducted virtually via Zoom or Teams using the structured interview guide (Appendix B) from January to March 2021. The interview length ranged from 20 to 45 minutes. The majority of the interviews were conducted in English with some in French or Spanish. Participant characteristics are described in detail in the results section below.

Analysis

We audio-recorded and then transcribed or took detailed notes of the interviews. Participant responses were translated into English transcripts or notes when another language was originally used (i.e., French or Spanish). We analyzed the qualitative data from the interview transcripts using a combination of manual coding and coding in Atlas.ti (version 9). Ultimately the analysis included 33 unique codes. We grouped them into main themes guided by the evaluation objectives and the conceptual framework elements and conducted content analysis to identify sub-themes and trends.

RESULTS

Results are organized by the following themes:

1. Characteristics of participants

We successfully reached out to and collected inputs from 35 family planning professionals and stakeholders, exceeding the initial target of 30 individuals.

Seven global-level participants and 28 country-level participants were interviewed (Table 2). Twenty-four interviews were conducted in English, six in French, and five in Spanish.

Table 1. Participants' locations, countries, and languages

Location	Country breakdowns	Interview language
Global (n=7)	U.S. and Geneva (n=2 each), Paraguay, Panama, and Uruguay (n=1 each)	English
South Asia (n= 7)	India (n=5), Pakistan (n=2)	English
Anglophone Africa (n=10)	Ethiopia (n=2), Kenya (n=3), Nigeria (n=5)	English
Francophone Africa (n=6)	Burundi and Mali (n=2 each), Senegal and Togo (n=1 each)	French
Latin America (n=5)	Colombia (n=4), Mexico (n=1)	Spanish

Other demographic information

About two-thirds of the participants were female, and one-third were male (Table 3). Participants represented various organization types while their job responsibilities fell into one of two broad categories. Participants were grouped into three categories indicating the level of HIP product use: heavy user, light user, and non-user. About a half of participants provided concrete use examples (heavy user), while a little over a quarter of users read and used HIP products primarily for the

reference purpose to gain knowledge (light user). The rest of the participants were familiar with HIP products but had not read any prior to the interview (non-user).

Table 2. Participants' sex, organization type, job type, and level of HIP product use

Topic	Description	Percent (n=35)
Sex	Female	67%
	Male	33%
Organization type	Non profit	37%
	Donor (multilateral)	20%
	Network/association	14%
	Donor (foundation)	11%
	National government	9%
	Donor (bilateral)	9%
Job type	Technical/programmatic officer	71%
	Director/senior leader	29%
Level of HIP product use	Heavy user (provided examples)	51%
	Light user (read for reference)	26%
	Non-user	23%

2. Reach and engagement

First time hearing about HIP products

Participants heard about various HIP products through multiple channels; as a participant in the U.S. said:

I cannot pinpoint to the exact time that I remember them [HIP products and the earlier iterations], but I know, it's been a long time. It is probably a combination of MAQ (Maximizing Access and Quality) Initiative and IBP, attending meetings, also referred by colleagues, and such.

Many of the country-level participants indicated that they were introduced to HIP products mainly when attending meetings, workshops, and training opportunities that specifically highlighted HIPs, including FP2020 focal point meetings. Some of them learned about HIP products when attending international or in-country conferences and seminars focused on family planning by going to specific sessions covering HIPs and visiting the information tables/booths where they could pick up printed versions of HIP products.

In addition, participants frequently mentioned they first heard about HIP products from their co-workers and colleagues, partner organizations, or networks and professional associations (e.g., IBP Network) they belong to as the initial sources of HIP products. Several participants came across the HIP products while searching for resources on the Internet. For example, a participant in Senegal said: "I became aware of the HIP products through the website 'E2A: Evidence to Action,' which is a USAID funded project. Some HIPs were suggested for implementing youth activities."

Sharing of HIP products

Almost all of the interview participants shared various HIP products in some form, mostly with their co-workers/colleagues, staff members in partner organizations, and government officials. In a few instances, participants also shared a HIP product with family members and friends they thought would be interested in the topic. Most participants shared HIP products electronically by sending the weblinks via email and, as needed, attaching PDF files to the email message as explained by a participant in India:

I shared two documents last year, male involvement and SBCC HIP briefs with my colleagues in the office, based in different locations. If they want, they can refer them to their government counterparts as well. PDF format/attached documents are preferred. You never know if people will take one more step to click the link, so it's better to just attach that document.

Occasionally participants distributed printed versions as explained by a participant in Burundi: "I shared the planning guides with our implementing partners to help the process of designing the project. I either email or bring some hard copies to the meetings."

Some of the participants who maintain a network or association of organizations either globally or locally also used their listserv and social media channels to make an announcement and highlight newly published or updated HIP products. For example, a global partnership secretariat "communicated with 8,000 people monthly to ensure that family planning practitioners were informed of the updates to the HIP briefs and strategic planning guides."

Seminars and webinars were also mentioned as dissemination channels. For example, a representative from a regional family planning association explained:

> *We share the HIP products mostly through webinars and meetings but also with our sister organizations and technical teams. Within our network, we share relevant information about successful strategies. We have a list of 500 family planning professionals.*

On some occasions, participants received positive feedback from the people with whom they shared the HIP products. For example, a participant from India said: "When I sent my co-workers HIP documents, some of them wrote back to me, 'Those documents were really helpful' so I assume they were not aware of the products before."

A few of the participants talked about the importance of focused and targeted dissemination to meet the specific needs, challenges, and the current state of family planning in each country. For example, a global-level participant emphasized: "We are not just sharing and leaving countries to it, we're sharing the HIPs as in the context of what is happening in the country by highlighting main points from relevant HIP products."

3. Usefulness

Participants were asked to comment on various elements relating to the usefulness of HIP products, including two broad areas listed below:

- the quality of HIP products regarding content, readability, and layout
- the usability of the website featuring the HIP products, including its design and accessibility

Quality of HIP products

In general, participants commented that they liked HIP products very much for various reasons. The comment from a participant in India summarized the overall sentiment shared by many participants:

> *Whenever I need some evidence, looking at HIP briefs is actually the best way because these documents are short, very crisp, straight to the point, it helps me just run through those and quickly make a decision. These are very well-written and nicely done documents.*

In terms of the length (in particular, talking about HIP briefs), most participants indicated the current format was just right, and they would not change anything. HIP products were regarded as simple yet comprehensive. For example, a participant in Burundi commented: "The information is very manageable because it's well summarized**,** you don't waste time reading long documents. The information you need is easily obtainable."

Regarding the readability, most participants agreed that the level of language was technically adequate for any family planning professional and even for those who may be new to the field as long

as they were engaged in the topic. Participants repeatedly praised that HIP products used plain and clear language and were easy to understand. A participant from India stated:

> *Very simple languages are used. There is no jargon used. Anyone can read and understand how the program can be implemented." Similarly, a global-level participant said: "[HIP products] strike a nice balance, not too dense nor too academic.*

A few participants raised concerns about the length of HIP products—that they were either too lengthy or too condensed. A participant in Burundi commented:

> *Because I have been working in the family planning sector for so long, I have no problem at all understanding the content. However, for people with less experience, I would suggest shortening the material further because not everyone likes to take the time to read.*

On the other hand, a participant in Pakistan reflected on his experience while developing the Costed Implementation Plan (CIP): "Some of them are over-summarized. They did not provide details that we needed, and the data used in the briefs on different HIPs are perhaps not the latest."

Some participants from Latin America said they noticed potential translation-related issues in a few instances. A participant in Colombia expressed: "The translations from English to Spanish can be a bit difficult to understand if you don't have a background in English." Another participant in Colombia noticed a word translated differently: "The Spanish translation didn't say the same thing as the English version or didn't use language that was actually used by Spanish speakers." There was no particular concern raised by the participants using French versions.

A global participant raised another issue concerning the use of language, particularly about the product categorization:

> *The difference between promising and proven needs to be very clear. Promising could lead you to some confusion as if we are using evidence-based practice in a diluted way or not showing evidence of impact. In Spanish, proven practice and promising practice can be viewed almost the same.*

Participants also discussed some aspects of the layout, format, and graphics of HIP products. Some of the participants particularly liked the references section as described by a participant in India: "The best part is references, how they are given in a box. It is helpful when you want to find those original articles, you can just click links." A global-level participant commented: "I like the formatting -- the charts and tables they use. I like that every pillar has different colors. References are useful."

Usability of HIP products website

Participants did not report any particular issues or problems in reaching the following web pages:

- HIP products

- HIP briefs
- Strategic planning guides

In general, participants commented that they were familiar with the website, and the information was very accessible. Some of the participants talked about the design and made positive comments such as: "I like the arrangement and color coordination," "The site is appealing, and the way things are arranged is good," and "The layout is user-friendly, and it is well done."

4. Learning and action

Participants were asked to describe specific HIP products that they recently used, including examples of how they were used and the outcomes of using them.

In addition, non-users of HIP products described some of the reasons for not using them. Participants also discussed if they knew anyone who was not aware of HIP products that could likely benefit from their use.

Use examples of HIP products

Many participants read most, if not all, of the products as soon as they received announcements, via email, e-newsletter, or social media about a new or updated product becoming available. They typically looked at the products to keep their knowledge up to date or as references to quickly check the data and evidence when needed. For example, a participant in Nigeria commented:

> *I read all of them - because I am interested, and some of them were recommended. You want to know what other people are doing to inform your proposals very comprehensively, look at what has been done so that you do not repeat, and learn what was not very successful.*

Several participants stated that they used HIP products as background resources to develop publications and other types of documents. A participant in India provided an example of how she intended to use HIP products to inform strategies:

> *We are working with the government and currently exploring if there is an opportunity to leverage any of these high impact practices for strengthening program implementation in India. I'm collecting some strategies for expanding self-care and looking at the role of pharmacies and drug shops to get some insights on the kind of interventions being tried.*

Similarly, some participants used HIP products to inform programs, as a participant in Burundi said:

> *We use the products regularly during our planning meetings to plan our interventions for the coming year. We also use the products during our project evaluation phase to see if the implementation was done correctly. We don't have a set frequency to use the products. We just consult them whenever we need them.*

Several participants stated that they used the information from HIP products as resources for technical or programmatic discussions with their partners and counterparts, as a participant in India explained:

> *We work closely with the ministry. There are always opportunities for referring to materials, so that has been useful. We are currently exploring if there is an opportunity to leverage any of these high-impact practices for strengthening program implementation in India.*

Some participants noted that they used multiple HIP products applicable to the country's overall family planning strategies. For example, a participant in Ethiopia discussed the collective contribution made by several HIP products:

> *I receive announcements about HIP products from the HQ colleagues. Some of them are highly relevant, and I get ideas from HIP products relevant to the country's activities. For example, the HIP brief on community health workers relates to health extension workers in Ethiopia. We have supported the research on the integration of family planning into the continuum of care, including immunization. We are currently supporting mobile outreach services, social franchising, and supply chains. Many of the topics are covered as a combination of practices.*

Participants also listed several specific examples of using the information from HIP products as resources for developing their own technical or country-specific briefs, strategy documents, or concept notes. For example, HIP products were used by World Health Organization (WHO) staff members in their "evidence-based advocacy work, capacity-building work, and country support work" and shared the presentation slides as examples (see below).

Figure 1. A slide from a WHO presentation

FP2020/2030 staff members had been using various HIP products to guide the development of thematic guidance for family planning commitments and to ensure that relevant technical experts

were linked to the countries to speak about how those HIPs can be put into practice as an example below:

> *In recent workshops held about a year ago with Francophone countries in Dakar, we focused a significant amount on adolescent and youth contraceptive services, so the adolescent-friendly contraceptive services brief was shared along with some of the thinking about the way it is going to evolve into the adolescent responsive services brief. The strategic planning guide around adolescence was spoken about in that session.*

In addition to the adolescent-related HIP products, as discussed above, participants mentioned many other HIP product topics and described their use in detail. The top five HIP products mentioned are as follows (see Appendix A for full listing.)

Table 3. List of HIP products most frequently mentioned by participants

HIP product topic		Type	Categories	Mentions
1	Immediate PPFP	Brief	Service delivery	9
2	Postabortion family planning	Brief	Service delivery	8
3	Social franchising	Brief	Service delivery	6
4	Community health workers	Brief	Service delivery	5
5 (tied)	Community group engagement	Brief	Social and behavior change	4 (each)
	Supply chain management	Brief	Enabling environment	
	Engaging men and boys	Planning guide		

Below are several use examples mentioning the specific topics of HIP products.

Postabortion Family Planning (Latin America)

> *We also worked proactively on the postabortion care HIP, the huge advantage of providing family planning to postabortion patients. We provided webinars so that organizations can apply that into their service delivery programs and referred to the HIP brief.*

Supply Chain Management (Latin America)

> *We have a private donor who has been helping us with supply chain management in Latin America. We have been using the HIP brief on supply chain management to scale up our work.*

We worked with local organizations in Guatemala, Peru, and Bolivia on the supply chain just last year.

Community Group Engagement (Togo)

A big part of our project is about engaging the community in the project. We not only want communities to receive the care, but also we want them to actively participate in the project. We used this brief when it was time to develop the project and ensured that we were following the guidance developed by experts.

Mobile Outreach Services (Burundi)

We as an organization have been using the mobile clinic concept for many years now, before even knowing that it was called a high impact practice by the family planning community. It became even more necessary because of social and political problems in the country when we used these mobile clinics to access displaced populations and people who are in remote mountainous areas. The content in these HIP products, particularly the mobile clinic guidelines helped us plan and implement this high impact practice.

There was an interesting adaptation example about a participant in Mexico using the information from a HIP brief in another technical area.

When the pandemic started, we were able to repurpose their pharmacy strategy to respond to COVID-19. The information was easily transferable. We were able to add covid information. This quick, easy transition was possible because the HIP was well-documented in advance, facilitating the adaptation.

The use of strategic planning guides was not as extensive as HIP briefs covering many more topics and themes. However, a few participants who had used the planning guides emphasized how the guides strengthened their work. Below are some examples.

Family Planning in Humanitarian Settings (Nigeria)

Regarding the products, there are a few notable ones. I already mentioned the one on the humanitarian cycle. More importantly, we have a significant humanitarian crisis in Nigeria. Therefore, it was really important to have a clear strategic direction and specific steps to pay attention to and have a robust and effective humanitarian program.

Task Sharing Family Planning Services (Pakistan)

One of the things that we identified was that strategies need to focus more on the capacity building of community health workers and [make this effort] in relation to our task shifting and

task sharing policy, which made it possible too to expand the human resources for health capacities as a country.

Outcomes of using HIP products

Participants were asked to state their opinion about how HIP products had contributed to increased or strengthened family planning programs or implementation of high impact practices. Some participants gave a statement like, "Yes, I think they have contributed to increasing the implementation of the practices by providing the information and guidance that field organizations need to get the work done," while others thought that it would be hard to connect the product use to programmatic outcomes.

A participant in Togo talked about the changes observed due to using what they learned from the adolescent strategic planning guide:

One specific example that comes to mind is opening community discussions with youth about sexual and reproductive health. Young adults did not feel comfortable addressing SRH issues either with their parents or community leaders. We implemented community talks that involved youth, parents, community leaders, and health providers. We had noticed that providers also were not trained in providing youth-friendly services. It was very successful because now we have noticed that more youth are able to talk about their needs for family planning.

Several use cases described the linkage between the use of HIP products and the enhanced implementation. However, participants generally thought that it would not be possible to identify the direct contributions that HIP products had made when they were using HIP products along with many other program-specific resources, guidelines, and job aids. For example, a participant in Pakistan explained the CIP development process:

When we started the CIP design process, we specifically went through the CIP development guidelines, HIPs– how can we introduce task sharing and task shifting, PPFP, made part of CIP, along with tools provided by FHI360, USAID, and BMGF. It's difficult for me to say what the impact of using the HIP products is. What we look for in terms of results are changes in the family planning indicators. As a project, we don't have data that can clearly state that this product's use results in this specific change.

A few other participants mentioned the contributory role that HIP products played. For example, a participant in Nigeria discussed how her (former) organization used the adolescent focused HIP products and observed changes:

We used the HIP briefs as reference when developing a strategy document to reach adolescents and young people with family planning programs and information in three states of Nigeria. There were many other resources or information that went into developing this strategy. So I would not be able to link any of the outcomes to the HIP products. It'll be so unfair or so wrong

to do that. However, I would say that the strategy developed eventually had positive outcomes in interventions.

Similarly, a few other participants emphasized the importance of in-country technical expertise to use the information from HIP products in a meaningful and appropriate way as another participant from Nigeria commented:

> *In terms of HIPs products themselves, they could only be contributory because some of those ideas may not be new, just be presented in a way that's easier to understand and maybe gives focus because they're short. I would not go as far as being an attributor to FP programs because we do have many people with significant technical expertise. This technical expertise would also reside with the government counterparts. At best, what we could have is to say this is concrete evidence. We need to strengthen the program in this area and that area.*

Reasons for not using HIP products

About a quarter of participants indicated that they had not used any HIP products in their work, although they were familiar with HIPs. Those participants were asked to describe reasons for not using HIP products.

Some participants said that issues covered by HIP products were already well known and well understood among family planning professionals they worked with, and the content seemed too basic for countries working on family planning programs for a long time. A participant in India working with the national government explained: "We have tried many things covered by HIP products. Family planning is an advanced science and practice here. HIP products are for the global audience, where these things are relatively new."

Some participants also explained that HIP products are too general and emphasized the importance of localizing and contextualizing the guidance for specific country needs. A participant in Colombia expressed: "When there are best practices in Africa, it's hard to imagine doing the same in Latin America. Or, such practices are already tried in the region."

Several participants indicated that although they were familiar with HIPs, they were just introduced to HIP products because of the email inviting them to participate in the interview or they were new to the field of family planning. A participant in Senegal commented:

> *I only accessed the site today for the first time and became aware of the variety of products available. I knew about the practices from participating in a Knowledge SUCCESS workshop, but I did not know about the guides and the briefs.*

However, after checking out the HIP products website and some of the briefs or strategic planning guides, they all thought that HIP products seemed very interesting and relevant to their work and expressed their intention to further explore the products and share among their colleagues and

network. For example, a participant from Mali stated his intention to use HIP products as training resources:

> *I oversee all the member organizations that work in the field of family planning. These organizations develop and implement projects and would be the ones using these products. In my capacity, I have not come across any of these products. Now that I have seen the HIP products website, I will go and see how I can use these resources to train others in the coalition.*

Similarly, a participant in Pakistan shared his excitement after reading through some of the products.

> *I liked the educating girls brief very much. We are working on a new program on human capital. We are going to initiate this program that talks about the life cycle approach, including girls education and economic empowerment among women. I am writing a design of the program.*

5. Value and benefits of HIP products

Participants shared many benefits and the value of HIP products. Most notably, participants talked about how HIP products have helped them to promote and reinforce some practices that were considered or were already in use, serving the information sharing and advocacy purpose. They used HIP products to inform their partners and counterparts as well as other organizations about HIPs. A participant in India expressed:

> *It's good to refer to them in the conversations in informing, engaging, and perhaps even convincing the government, internal team, [and] partners whom you are trying to influence. Most often, I use certain texts, or reference to tables or other figures taken from various products. [HIP products are] effective in bolstering the argument.*

Similarly, a global-level participant explained how she used HIP products in her conversation with her counterparts:

> *What I always tell people is before you start delivering a program or project or activity, make sure that you have read HIPs (products), and make sure to include every element that HIP offers so that you use the experience of others, you do not need to reinvent the wheel, you can just go ahead and deliver the things that do work.*

Beyond promoting the ideas of HIPs, some participants stated that HIP products were useful to determine which practices were relevant and feasible given a specific situation of the country and helped them design and implement HIPs. A participant in Nigeria elaborated:

> *It's really important, when providing technical oversight to the government, to say, 'this is what we need to do, these are the areas where we are weak, and these are opportunities for us.' When developing strategic plans and concept notes, I need to have the information on what's working*

elsewhere and determine what will work in our context. These are the kinds of things that HIP products have been helpful for me.

6. Suggestions for improvement

Participants made a number of suggestions to improve the dissemination and use of HIP products.

Increased dissemination

In general, participants said more work is needed to disseminate HIP products widely and increase their visibility. At the local level, they expressed the need to explore additional mechanisms and make systematic and intentional efforts such as developing and implementing a communications plan to reach all relevant organizations and professionals. For example, a participant in India expressed: "We need a 'dissemination strategy' so that HIP products are going beyond the national capital and reaching community-based organizations who are working at the grass-roots level." Another participant in India suggested: "We need to map grass-roots organizations working on family planning and reach out to them to join a global network like IBP, then they can easily access HIP products and other updates."

Several participants emphasized the importance of using the existing national structure. A participant in Ethiopia suggested:

> *The country has a technical working group for family planning as well as different technical working groups for adolescent girls and women. So, it is good to use those national platforms that sit in the MoH where different donor partners and implementing partners convene.*

A participant in Mali shared his ideas to cascade the dissemination effort:

> *I highly suggest some dissemination workshops at the central level with the key family planning actors. These workshops could then be replicated at the regional level. During these workshops, we would distribute the relevant briefs and planning guides to the districts and urge them to use them.*

A global-level participant commented: "There are sexual health associations, nurses associations, and other professional networks that must be reached." A participant in Kenya said: "We use email announcements to reach out from the national office to regional and county offices. We can share the links and direct them to the [HIP products] website."

In addition, participants suggested various ideas to strengthen HIP product dissemination by using different channels as follows:

- Basic or refresher training and seminars by the government (to incorporate HIPs into the national curriculum), implementing organizations, or civil societies to target the right audiences, including community health workers, midwives, and other service providers.

- Communities of practice and virtual discussions on HIP products at the country level.
- Targeted in-person outreach and on-site/physical dissemination for local-level family planning practitioners.

Several participants suggested adapting the content from HIP products into more digestible formats. A participant in Kenya explained:

> *If we have IEC materials to accompany HIP products, such as posters and leaflets, they can be distributed to resource centers and health facilities where health workers are. Or consider disseminating content from HIP products bit by bit in a short message format using social media or other digital platforms or apps.*

A participant from Nigeria also emphasized: "Social media is big, providing a great opportunity to share and improve people's knowledge. A growing number of people are seeking information using social media platforms."

Some participants talked about periodic and more frequent dissemination efforts via webinars. However, there were mixed opinions. A participant in Togo expressed:

> *It would be beneficial to have frequent and regular webinars to increase knowledge about the products existence as new staff members are joining, and they might not be aware of all the documents available to them.*

A participant in Colombia shared her concerns: "Webinars are excellent, but few are in Spanish, very few have simultaneous translation. It is often difficult to learn details of how to implement a practice from a webinar."

Increased use

Several participants emphasized the importance of working with the government to incorporate HIP products in the national system, policy, and curriculum. Similarly, a few participants talked about the need for donors and recipients to use HIP products to integrate relevant approaches into funding mechanisms. A participant in Burundi expressed:

> *Integrating the guidelines from these products in the national policies would be beneficial. I would like to reiterate my suggestion about increasing the availability of these HIP products within the ministry of health of the countries you serve. If you start from the top, more people in their network would be aware of the products, the same guidelines, and the products would be used at all levels of the health system.*

Some participants made suggestions related to documentation of HIP implementation, such as making the list of organizations, project examples, country comparisons, and regionally relevant experiences more prominent on the website and in HIP products, and (re)introducing tools to

showcase and monitor where HIPs are implemented to replicate successful initiatives. For example, a global-level participant commented:

> *I remember we used to have a map on the website showing countries implementing HIPs. I don't know what happened to it. If not a visual map, to monitor HIP products use, we could use a proxy indicator such as the number of downloaded documents from countries. It would be useful to guide our work as a proxy of implementation. We know 1,000 people downloaded documents does not mean that the government is implementing HIPs. At least, the number of downloaded documents being publicly available could be a good source of information for policymakers. It's not an extremely difficult thing to do. It will facilitate learning by the governments across the region.*

Participants also expressed the need to engage a wider audience, including implementing partners, such as field organizations and youth organizations, directly involved in the service delivery and capacity strengthening of health care providers and community volunteers. A global-level participant suggested: "When developing HIP products, we could consider engaging larger audiences beyond the technical working groups representing regions as we now have the advantage of meeting virtually."

There were various suggestions to consider different formats or auxiliary products to meet the needs of different levels of audiences as follows:

- Shorter documents for the decision-makers who need the key points
- Simpler or basic documents (not highly technical) for people working in the communities
- Additional sections, resources, tools, and models for those needing advanced guidance on HIPs
- Key messages up front (on the top of page) to capture the attention of readers
- Content localized or adapted to the needs of each region and country
- Forum on the website, where people connect with organizations doing similar work and interchange ideas, activities, and experiences
- Document search function on the website

Additionally, developing short videos, animated videos, audio recordings, presentations/slides, infographics, and other audiovisual materials was a popular suggestion made by various participants. Those accompanying tools' main purpose would be to introduce critical points and highlights from HIP products to get people interested in reading actual briefs and planning guides further. A participant in Pakistan expressed:

> *One should not get introduced to something new with a huge PDF document because one is likely to read a detailed thing once you should get interested in it, so I think high impact practices should have some very brief introductions, ideally through videos or animated infographics to cover why they should be reading more and perhaps that's where people could go out and explore the document.*

Regarding specific topics and focus areas, participants brought up ideas and suggestions as follows:

- Need to focus on urban and peri-urban settings and examples. Countries across the world are facing mass migrations, and urban settlements lack family planning services.
- Some products could be developed about governance and health system management to complement the technical documents that have already been produced.
- Some topics, such as supply chain management, seem too broad and need to be divided into sub-components, e.g., procurement process, logistics, systems, and transportation.
- Some promising practices, such as social franchising approaches (through private clinics) in some countries, may have not increased modern contraceptive prevalence rate. It needs to be supported by the evidence.

Finally, many participants commented on how this critical work should continue, and the global family planning community should maintain, update, and produce HIP products. A global-level participant expressed:

> *We also need to be strategic about prioritizing and distributing the efforts between HIP briefs and strategic planning guides. It is important to rely on various partners to bring forward ideas for new briefs and guides.*

DISCUSSION

This section links the key findings to each of the research questions to evaluate the HIP products, presents lessons learned from the evaluation activity, and discusses limitations.

Research question 1

Are the HIP products being used to enhance programming on the ground?

There is substantial evidence that various HIP products are used for decision-making purposes and informing policy, strategy, and practice by the majority of family planning experts and professionals in the countries selected for the evaluation activity. HIP product users represent multiple agencies and organizations, including the government, donor agency, professional association, and nonprofit organization. Their job functions commonly included policy makers, technical advisors, program officers, and network coordinators. Collectively, HIP product users—about 75 percent of participants—read and use a wide variety of HIP products. Regarding the categories, service delivery briefs are accessed more often compared to other HIP products. Many users either share HIP products electronically or knowledge gained from the products with their counterparts, stakeholders, and partners to ensure that HIPs are integrated into family planning programs, projects, and activities.

Research question 2

Is there any evidence of increased implementation of high-impact practices, and is there any evidence that the HIP products contributed to that?

Users generally agree that HIP products support the implementation of HIPs by presenting evidence-based information and programmatic guidance in a user-friendly format. Our evidence suggests HIP products' contributions to the enhanced use of HIPs. However, such an effect of HIP products in overall family planning achievements may be recognized as just contributory because the data, information, and knowledge gained from HIP products play small parts in the entire resources and tools supporting family planning efforts. To further examine the evidence of increased implementation of HIPs and direct contributions made by HIP products, a follow-up study with a more rigorous design may be considered.

Research question 3

If HIP products are not being used, why not?

A small segment of users is not using HIP products specifically for programming, even though they think of HIP products as valuable and relevant resources. Those users tend to read HIP products to keep their knowledge up to date with the latest evidence. They are already very familiar with the type of activities covered by HIP products or working in a country where most HIPs have been tested and well integrated in the national family planning program. Therefore, for them, the information presented in HIP products can be too basic or too general to address a specific context of the country. They think that HIP products' primary audiences are the professionals relatively new to the field or working in countries looking to strengthen their current family planning effort by incorporating HIPs. The majority of non-users have seen or heard of HIP products. Only two people said they had not known about the products before the interview. They typically relied on the country-specific research reports and policy briefs as their primary information sources.

Research question 4

Are they a global good available on a worldwide basis? (What does their use at the global level look like?)

The results indicate that HIP product users consider HIP products a global good that can be easily accessed, understood, and used by family planning professionals across different countries. Global-level users highly support the collective effort to update existing products and identify other HIPs to publish new products. They often serve the role of knowledge broker to country-level users by sharing the latest news about the HIP products and incorporating HIP products into guidelines and training materials targeting country-level users.

A small portion of users may still have some issues considering HIP products as truly a global good. For users in Latin America, it is the challenges associated with language because HIP products,

developed in English and then translated into other languages, may not adequately address the region's unique family planning and reproductive health context. It would be worth considering using Spanish to develop HIP products on the issues particularly relevant to the region. Another concern raised was the classification and description of evidence using proven and promising. These terms may not resonate very well with all audiences familiar with "evidence" or “evidence-based” practice that correspond to the guidelines enforced by international agencies such as WHO. In particular, it may not be apparent to audiences what "promising" practice indicates (e.g., weak evidence or mixed evidence). When proven and promising are translated into other languages, they could mean almost the same things.

Research question 5

What could we do to make them better and improve their utility to key stakeholders?

While users are satisfied with HIP products overall, they think the utility to key stakeholders can be strengthened further and have many useful suggestions. There is a sense that there are still other family planning professionals who may not currently have access to HIP products but can be greatly benefited by HIP products. Users recognize the importance of reaching audiences who are providing family planning services on the ground—including health officers, service providers, community health workers, and midwives—with HIP products presented in other easy-to-disseminate formats, such as developing social media graphics. In addition to enhancing dissemination and targeted outreach, some users also think it is critical to reflect the voice of those community-level audiences from the initial stage of HIP product development to increase relevance and usefulness.

Interview participants encourage the members of the HIP Partnership coordinating the development of HIP products to share findings from this evaluation activity widely, offer opportunities to review and discuss recommendations, and continue to reach out to users and collect their feedback.

Lessons Learned and Limitations

We captured several lessons that relate to the qualitative data collection and evaluation approach. There are also notable limitations in this activity. We hope that any future study on HIP products or similar initiatives can learn from them.

The sample size for each country is not large enough to make country-specific recommendations. If future studies aim to assess country differences we suggest approximately eight interviewees per country.

Because of the relatively small sample size, one member of the study team cleaned, coded, and analyzed the data. This approach ensured the consistency of data outputs and the quality of evaluation findings.

We made a deliberate effort to distinguish between the HIP product use and the HIP implementation both in the interview guide and while conducting interviews because the aim of the interview was to assess HIP products. However, we often noticed that participants started talking about HIPs as they elaborated on their HIP product(s') experiences. While we focused on and highlighted HIP product-related findings, readers of this report should know that the HIP implementation is not the purpose of this study and is only loosely covered throughout the report. It is important to note that HIP product users are also interested in monitoring, evaluating, and learning about HIP implementation experiences.

Finally, although we captured valuable insights from interview participants, these findings cannot be generalized to the entire study population or community (in this case, all HIP product users).

CONCLUSIONS

This evaluation of HIP products aimed to examine how HIP products are being used among health professionals at the country level and around the world. We successfully captured concrete examples to demonstrate how exposure to HIP products affects their knowledge related to HIPs and helps them strengthen the implementation of HIPs to inform policy, advocacy, project implementation, and strategy design. Users like the current format and layout and consider HIP products to be valuable resources. They want to extend the reach and utility of HIP products in the family planning community worldwide, including audiences at the community levels who may not currently have easy access to HIP products. To fully capitalize on the potential of HIPs being implemented even more widely, it is essential to effectively segment and target audience groups, learn about their specific needs, and continue to position and promote HIP products as highly credible resources.

APPENDIX

A. The number of times that each HIP product was mentioned

Topics	Count of Topic
SD: Immediate Postpartum Family Planning	9
SD: Postabortion Family Planning	8
SD: Social Franchising	6
SD: Community Health Workers	5
SBC: Community Group Engagement	4
EE: Supply Chain Management	4
SPG: Engaging Men and Boys	4
SPG: Adolescents	3
SD: Mobile Outreach Services	3
EE: Domestic Public Financing	3
SD: Family Planning and Immunization Integration	3
SBC: Digital Health for Social and Behavior Change	2
SPG: Humanitarian Cycle	2
SBC: Mass Media	2
HE: Adolescent-Responsive Contraceptive Services	2
SPG: Task Sharing	2
SD: Drug Shops and Pharmacies	2
EE: Educating Girls	1
HE: Digital Health for Systems	1
HE: Family Planning Vouchers	1
EE: Galvanizing Commitment	1
Grand Total	**68**

B. Interview Guide

English

Personal Information

1. First, I'd like to ask a few questions about your work.
    a. What is the name of your organization? What is its purpose?
    b. What is your job title and function?
    c. In what country are you based?

FP Information (for both users and non-users as a warm-up)

2. What kind of family planning/reproductive health (FP/RH) information or guidance does your organization need, specifically to help strengthen voluntary family planning programs and contraceptive use in [the country you work in]?

3. What are the barriers to using FP/RH information or guidance for making decisions or policies? (Probe for both individual-level and organization-level as appropriate.)

4. What can be done to address these barriers?

Use of HIP Products

5. Please tell us which specific HIP products you recently used. How did you become aware of those HIP products?

6. Please tell me more about your use of HIP products [or insert a particular HIP Brief name]:
    a. Why did you use <u>those HIP products</u> [or insert a particular HIP Brief name]?
    b. When and how often did you use <u>them</u> [or insert a particular HIP Brief name]?

    Note: If the respondent has used multiple HIP products, ask s/he about each product <u>up to three</u>.

    c. For what purpose, e.g., inform policy, advocacy, project implementation, design training, etc.? (if not already answered by Q6-a)

7. As a result of using HIPs, what changes, if any, have you seen in your family planning programs? Please give a specific example.

8. Do you think HIP products have contributed to increased or strengthened implementation of high impact practices? Why/why not? If yes, which HIP products.

Alternative: What are the benefits of using HIP products?

9. Have you had any difficulty identifying HIP products on the website? (Probe: finding them on the website, searching for relevant subject matters. NOT about the connectivity related issues)

10. Have you shared any HIP products? If yes, how? (Probe: with co-workers, partners, other stakeholders, using the weblink, PDF, or printed PDF.)

    Alternative: How do you share HIP products?

11. Have you had any difficulty understanding the contents of HIP Products? (Probe: if the contents are not written in a way that is easy to digest. This could include language comprehension or technical/professional level.)

12. Do you know of others who have used the HIP products (in other countries or organizations?) If so, how have they been used?

13. Do you know anyone who is not aware of HIP products that could likely benefit from their use? (Probes: your colleagues, program stakeholders, etc.)

14. How did you originally hear about HIP products? (Elaborate from answers to Q5.)

15. Can you tell me how HIP products are disseminated to relevant organizations or professionals in your country?

16. What strategies do you think could be implemented to increase the use of HIP products?

Non-Use of HIP Products (for people who indicated Yes to QIV in screening)

17. Can you describe some of the reasons for not using HIP products? (Probes: not relevant, not helpful, not clear about objectives or purposes, not understanding how to integrate into their work, etc.)

Closing

18. What suggestions do you have for how HIP products could be improved to increase sharing and use? In regard to layout, design, content, dissemination, etc.?

19. If you could make one change in the HIP products, what would it be?

20. What else would you like to add to our conversation?

French

Informations personnelles

1. Tout d'abord, j'aimerais vous poser quelques questions sur votre travail.
    a. Quel est le nom de votre organisation ? Quel est son objectif ?
    b. Quels sont votre titre et votre fonction ?
    c. Dans quel pays êtes-vous basé ?

Informations sur la PF (pour les utilisateurs et les non-utilisateurs en guise d'échauffement)

2. De quel type d'information ou d'orientation en matière de planification familiale/santé reproductive (PF/SR) votre organisation a-t-elle besoin, en particulier pour contribuer à renforcer les programmes de planification familiale volontaire et l'utilisation des contraceptifs dans [le pays où vous travaillez] ?

3. Quels sont les obstacles à l'utilisation des informations ou des orientations de la PF/SR pour la prise de décisions ou l'élaboration de politiques ? (Sondez à la fois au niveau individuel et au niveau de l'organisation, selon le cas).

4. Que peut-on faire pour relever ces défis ?

Utilisation des produits PHI (pour les personnes ayant indiqué Oui à QII lors de la sélection)

5. Veuillez nous indiquer les produits PHI spécifiques que vous avez utilisés récemment. Comment avez-vous pris connaissance de ces produits PHI ?

    [Si vous êtes sur Zoom, partagez l'écran, affichez la page des produits PHI et faites défiler vers le bas. Notez que nous nous concentrons sur les résumés et les guides de planification]
6. Veuillez m'en dire plus sur votre utilisation des produits PHI [ou insérer l'intitulé d'un résumé des PHI particulier] :

    a. Pourquoi avez-vous utilisé ces produits PHI [ou insérer l'intitulé d'un résumé des PHI particulier] ?
    b. Quand et à quelle fréquence les avez-vous utilisés [ou insérez l'intitulé d'un résumé des PHI particulier] ?

    Remarque : Si la personne interrogée a utilisé plusieurs produits PHI, posez-lui des questions sur chacun d'entre eux, jusqu'à trois.

    c. Dans quel but, par exemple, informer sur la politique, la défense des intérêts, la mise en œuvre de projets, la formation à la conception, etc. (si la réponse à la question 6-a n'a pas encore été donnée)

7. Quels changements avez-vous constatés, le cas échéant, dans vos programmes de planification familiale suite à l'utilisation des PHI ? Veuillez donner un exemple précis.

8. Pensez-vous que les produits PHI ont contribué à accroître ou à renforcer la mise en œuvre de pratiques à fort impact ? Pourquoi, pourquoi pas ? Si oui, quels produits PHI.

9. Avez-vous eu des difficultés à identifier les produits PHI sur le site web ? (Sondez : les trouver sur le site web, rechercher des sujets pertinents. PAS sur les questions liées à la connectivité)

10. Avez-vous partagé des produits PHI ? Si oui, comment ? (Sondez : avec des collègues, des partenaires, d'autres parties prenantes, en utilisant le lien internet, le PDF ou le PDF imprimé).

11. Avez-vous eu des difficultés à comprendre le contenu des produits PHI ? (Sondez : si le contenu n'est pas rédigé de manière facilement assimilable. Il peut s'agir de la compréhension de la langue ou du niveau technique/professionnel)

12. Connaissez-vous d'autres personnes qui ont utilisé les produits PHI (dans d'autres pays ou organisations ?) Si oui, comment ont-ils été utilisés ?

13. Connaissez-vous quelqu'un qui ne connaît pas les produits PHI susceptibles de bénéficier de leur utilisation ? (Questions exploratoires : vos collègues, les parties prenantes du programme, etc.)
14. Comment avez-vous entendu parler des produits PHI ? (Précisez à partir des réponses à la question 5).

15. Selon vous, quelles stratégies pourraient être mises en œuvre pour accroître l'utilisation des produits PHI ?

Non-utilisation de produits PHI (pour les personnes ayant indiqué oui à la QIV lors de la sélection)

16. Pouvez-vous décrire certaines des raisons pour lesquelles vous n'utilisez pas les produits PHI ? (Questions exploratoires : pas pertinent, pas utile, pas clair sur les objectifs ou les buts, ne comprenant pas comment s'intégrer dans leur travail, etc.)

Clôture

17. Quelles sont vos suggestions sur la manière dont les produits PHI pourraient être améliorés pour accroître le partage et l'utilisation ? En ce qui concerne la mise en page, la conception, le contenu, la diffusion, etc.

18. Si vous pouviez apporter un changement dans les produits PHI, quel serait-il ?

19. Que souhaitez-vous ajouter à notre conversation ?

Spanish

Información personal

1. En primer lugar, me gustaría formular algunas preguntas sobre su trabajo.
    a. ¿Cuál es el nombre de su organización? ¿Cuál es su propósito?
    b. ¿Cuál es su cargo y función?
    c. ¿En qué país trabaja?

Información sobre planificación familiar (para usuarios y no usuarios como introducción)

2. ¿Qué tipo de información u orientación sobre planificación familiar/salud reproductiva (PF/SR) necesita su organización, específicamente para ayudar a fortalecer los programas de planificación familiar voluntaria y el uso de anticonceptivos en [el país en que trabaja]?

3. ¿Cuáles son las barreras para usar la información u orientación de PF/SR para tomar decisiones o políticas? (preguntar a nivel individual y a nivel de organización, según corresponda.)

4. ¿Qué puede hacer para abordar estas barreras?

Uso de productos de PAI (para las personas que indicaron Sí a la PII en la selección)

5. Mencione qué productos específicos de PAI ha utilizado recientemente. ¿Cómo se enteró de esos productos de PAI?

    [Si está en el Zoom, comparta la pantalla, muestre la página de productos de PAI y avance hacia abajo. Tenga en cuenta que nos enfocamos en las reseñas y las guías de planificación]

6. Cuénteme más sobre su uso de los productos de PAI [o insertar el nombre de una reseña PAI en particular]:
    a. ¿Por qué usó esos productos de PAI [o insertar el nombre de una reseña PAI en particular]?
    b. ¿Cuándo y con qué frecuencia los usó [o insertar el nombre de una reseña PAI en particular]?

    Nota: Si el encuestado ha usado varios productos de PAI, preguntar sobre cada producto hasta tres.

c. ¿Con qué propósito, por ejemplo, informar sobre políticas, promoción, ejecución de proyectos, diseño de capacitación, etc.? (si no se ha respondido ya a la pregunta 6-a)

7. Como resultado del uso PAI, ¿qué cambios, si los hay, ha observado en sus programas de planificación familiar? Proporcione un ejemplo concreto.

8. ¿Cree que los productos de PAI han contribuido a aumentar o fortalecer la aplicación de prácticas de alto impacto? ¿Por qué o por qué no? En caso afirmativo, qué productos de PAI.

9. ¿Ha tenido alguna dificultad para identificar los productos de PAI en la página web? (Preguntar: encontrarlos en la página web, buscar temas relevantes. NO sobre las cuestiones relacionadas con la conectividad)

10. ¿Ha compartido algún producto de PAI? En caso afirmativo, ¿cómo? (Preguntar: con compañeros de trabajo, asociados, otras partes interesadas, usando el enlace web, PDF o PDF impreso).

11. ¿Ha tenido alguna dificultad para entender el contenido de los productos de PAI? (Preguntar: si el contenido no está escrito de forma que sea fácil de comprender. Esto podría incluir la comprensión del lenguaje o el nivel técnico/profesional)

12. ¿Conoce a otras personas que hayan utilizado los productos de PAI (en otros países u organizaciones)?

13. ¿Conoce a alguien que no conozca los productos de PAI que podría beneficiarse con su uso? (Preguntar: sus colegas, los participantes del programa, etc.)

14. ¿Cómo se enteró originalmente de los productos de PAI? (desarrollar a partir de las respuestas a la P5.)

15. ¿Qué estrategias cree que podrían aplicarse para aumentar el uso de los productos de PAI?

No usar productos de PAI (para las personas que indicaron Sí a PIV en la selección)

16. ¿Puede describir algunas de las razones para no usar los productos de PAI? (Preguntar: no es relevante, no es útil, no tiene claros los objetivos o propósitos, no entiende cómo integrarlos en su trabajo, etc.)

Cierre

17. ¿Qué sugerencias tiene sobre cómo se podrían mejorar los productos de PAI para aumentar el intercambio y el uso? En cuanto a la disposición, el diseño, el contenido, la difusión, etc.?

18. Si pudiera hacer un cambio en los productos de PAI, ¿cuál sería?

19. ¿Qué más le gustaría añadir a nuestra conversación?