



Guidance for Developing a HIP Brief

VERSION 2.0

June 2022



PREPARED BY

HIP Technical Advisory Group

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What is a High Impact Practice in Family Planning?

A high Impact Practices (HIP) is a measurable evidence-based family planning practice supported by the scientific and gray literature as having demonstrable impact in achieving various family planning outcomes including: *modern contraceptive uptake, reduction in unintended pregnancy, reduction in overall fertility, or one of the primary proximate determinants of fertility* (delay of marriage, birth spacing, breastfeeding and postpartum abstinence, or facilitating access to family planning services). A HIP is vetted by experts based on demonstrated magnitude of impact. A practice is considered a “High Impact Practice” if there is evidence of replicability and scalability (i.e. potential application in a wide range of settings). Sustainability and cost-effectiveness are also considered. Finally, it is also important that the practice can be measured.

Principles Underpinning the HIPs

- **Voluntarism** - Guarantee clients’ decisions are grounded in voluntary action and non-coercion.
- **Informed Choice** - Provide accurate, complete, correct, and comprehensible information so individuals and couples can make informed reproductive health and contraception decisions
- **Contraceptive Method Choice** - Make the broadest feasible range of contraceptive methods available and accessible, that are appropriate to the level of service.
- **Client-centered** - Create a safe, non-judgmental environment that respects and recognizes client reproductive intentions (delaying, spacing, or limiting pregnancy), lifestyles, and preferences throughout their lives.
- **High Quality** - Ensure availability of safe and high quality contraceptive products and build knowledge, skills, and competencies of care providers for provision of evidence-based family planning information and voluntary services.
- **Continuity of Care** - Build and sustain systems to support clients through an uninterrupted supply of contraceptives and related commodities, integrated services along the reproductive life course where feasible, referral systems, and follow-up care.
- **Equity** - Strive to identify and understand social, ethnic, financial, geographic, age-related, linguistic, and other barriers that may inhibit health seeking behavior and voluntary contraceptive use, and make programmatic adjustments to overcome these disparities.
- **Gender Equity** - Endeavor to be inclusive of women and men by removing barriers to their active engagement and decision-making recognizing the role of family planning in supporting more equitable power dynamics and health relationships.

Purpose of a HIP Brief

High Impact Practice (HIP) briefs are intended to facilitate the use of evidence to inform program investments in low and middle income countries. The HIP briefs provide an *unbiased* synthesis of the evidence and experience on implementing the practice to date.

Audience

The main audiences for the HIP briefs are decision and policy makers as well as program implementers and individuals managing family planning (FP) programs or investments. The briefs, however, are not intended to provide detailed program implementation guidance, but rather to support advocacy, program design, and oversight/maximize FP investments. The briefs are also intended to be used by researchers, particularly those looking for gaps in the evidence base (which are identified in the ‘Priority Research Questions’ section of the brief).

Length and Format

The total length of a HIP brief should be no more than 8 pages, not including references. The average number of words of HIP briefs is 3500 words (not including graphics, theory of change, or references). Some briefs include appendices that add further details relevant to the brief. The appendices are related to the brief and function as independent documents. Formatting details for HIPs briefs are included in the HIP Production & Dissemination Style Guide.

Evidence

The HIP briefs are intended to translate a wide variety of evidence and experiential learning into policy and program guidance. Where possible, quantitative data provides support for the rationale and evidence of the practice’s impact. Qualitative data can also be used to support and strengthen these arguments. Experiential and/or implementation learning is incorporated in the “tips” section of the brief. Original research should be used when available; however, a systematic review (such as a Cochrane review) can be used when conducted by a credible source.

Language

Briefs should be written in clear, plain language, without using jargon or technical words that may not be understood by a wide audience. Additionally, words like “integration,” “quality,” and “engagement” can be interpreted in a variety of ways and need to be clearly presented (defined

in the context of the brief) or avoided. HIP briefs do not reference branded models or tools in the main body of the brief, but they can describe specific interventions using common language that is easily understood by non-technical readers. Branded tools can be included in the “Tools and Resources” section of the brief.

HIP Brief Categories

HIP briefs are categorized as:

Enabling Environment	Service Delivery	Social and Behavior Change
Enabling Environment HIPs address systemic barriers that affect an individual's ability to access family planning information and services.	Service Delivery HIPs improve the availability, accessibility, acceptability, and quality of family planning services.	Social and Behavior Change HIPs influence knowledge, beliefs, behaviors, and social norms associated with family planning.

In addition to the three categories above, there are *HIP Enhancements*. An enhancement is a tool or approach that is not a standalone practice, but it can be used in conjunction with HIPs to maximize the impact of HIP including implementation or increase the reach and access for specific audiences. Enhancements are held to different standards of evidence, focusing on examples of their contribution to enhancing the implementation of HIPs.

In addition to HIP briefs, the HIPs Partnership also develops other types of products, particularly [Strategic Planning Guides \(SPG\)](#), [Evidence Summaries](#), and [White papers](#). Guidance for developing these other products is covered in a separate document.

Proven vs. Promising Categorization

Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven or promising.

- **Proven:** Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
- **Promising:** Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.

The categorization is done by the HIP TAG using the HIP Criteria Tool. See [Guidance on the HIP Criteria Tool](#) for further details.

For a brief to be moved from being a “promising” practice to a “proven” practice, it needs to be updated with new/updated evidence. The updated articles included in the impact section of the brief are analyzed using the HIP Criterial Tool and the TAG makes the determination if the strength of the evidence merits a re-categorization of the brief.

HIP Brief Development Process

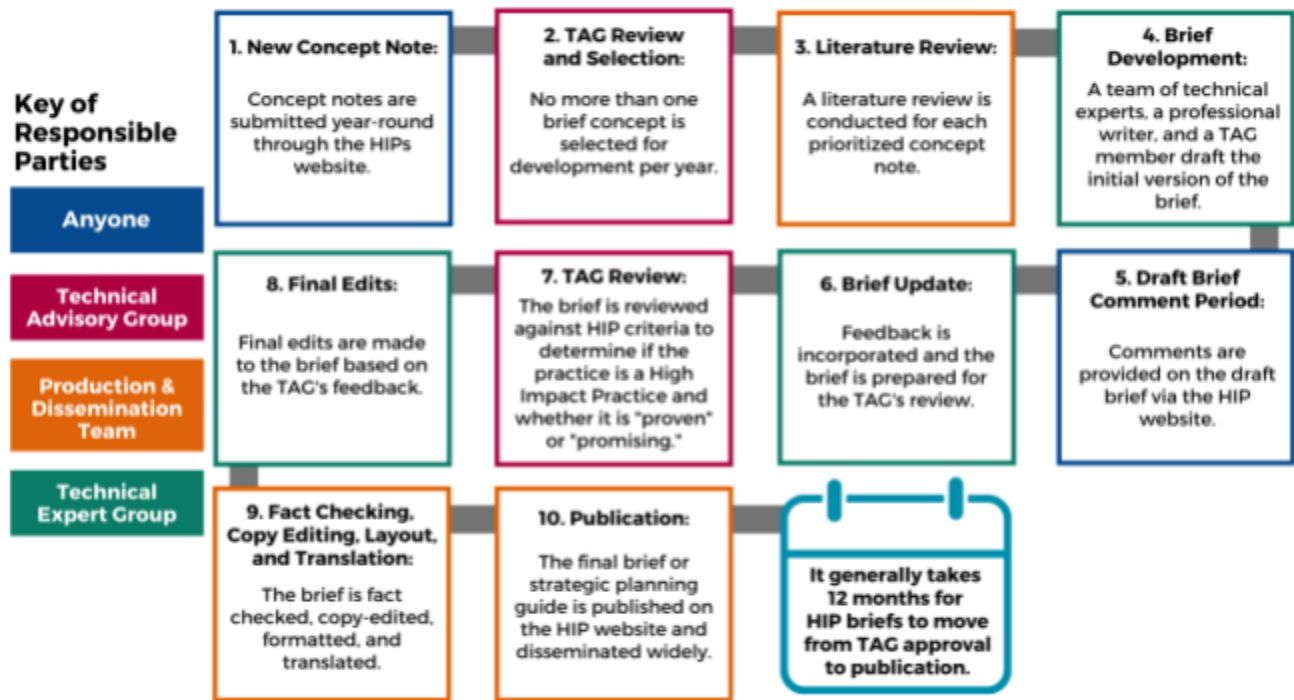
The development of HIP briefs entails a participatory process that ensures that HIPs are a state-of-the art synthesis of peer-reviewed and programmatic knowledge of what works in family planning.

HIP brief development and publication includes the following HIP groups and persons:

- **HIP technical expert group:** Comprised by 6-8 experts on the HIP developed in the brief, they are selected by the [HIP co-sponsors](#) through an [open application process](#).
- **HIP brief lead writer:** A consultant or a member of the HIP team leads the writing of the brief, preparing drafts based on input from the technical expert group.
- **HIP TAG members:** They select the concept notes that will be developed into briefs and review a final draft, making final recommendations to approve a brief for final publication. The TAG may approve the brief with the recommended changes or recommend that an updated draft be reviewed again by the full TAG or by a sub-group.
- **HIP brief Point of Contact (POC):** Works with the HIP technical expert group and HIP lead writer to shepherd the brief from development to publication. The POC is identified by the HIP co-sponsor organization coordinating HIP development and updates. The POC can come from any of the co-sponsor organizations.
- **HIP Production and Dissemination team:** They take the brief through the production (fact checking, copy editing, and lay out) and translation process, and organize and coordinate dissemination efforts via webinars and other processes.

Figure 1 shows the HIP publication journey and is further detailed below. It generally takes approximately 12 months for a brief to move from TAG approval to publication.

Figure 1 – HIP Publication Journey



1. New Concept Notes

- Stakeholders from organizations working in family planning and reproductive health are invited to submit concept notes to propose new high impact practices for consideration and selection by the TAG. All concept notes should be single spaced and include references. The first page of the concept note should include the following information:
 - Definition of the practice
 - Summary of the evidence base, including the practice's demonstrated impact on applicable family planning outcomes in a wide range of settings
 - Short justification of why the practice should be included as a in the HIPs and/or how the practice relates to existing HIPs. In the case of concept notes for enhancement briefs, it should be a description of how the enhancement practice can enhance the impact of other HIPs.
- A second page of the concept note should include the following information:
 - Name and contact information of the lead author
 - References
- The concept note should focus on a clearly defined *practice* that fits the definition of a "High Impact Practice" (See above).
- Concepts for HIP briefs should focus on a specific practice in one of these areas: service delivery, social and behavior change, enabling environment, or enhancements. Please refer to the [HIP list](#) and [HIPs website](#) for a list of existing HIP briefs in each of the four categories.

- All concept notes should be submitted through the HIPs website concept note [submission portal](#).

2. TAG Review and Selection of HIP Briefs

- To select new briefs for development, the TAG reviews new concept notes submitted through the HIPs website, generally in June and December during their semi-annual meetings or in interim meetings that may be organized as needed.. Additionally, in some instances, the TAG may form a subcommittee to explore a particular area of the scientific literature or topic that may require a new approach to summarizing it in HIP briefs. For example, the SBC briefs focusing on interventions addressing [social norms](#), [couples' communication](#), and [knowledge, beliefs, attitudes, and self-efficacy](#) were approved by the TAG after a year of deliberations of how to best summarize the SBC literature for the HIPs audience.
- HIPs are selected by the TAG using the rubric in Table 1 to grade all concept notes. Scores are used to *guide* concept note selections and are not the sole basis of selection.
- TAG members can author or co-author concept notes. In such cases TAG members recuse themselves from the deliberations on the concept note they submitted.
- The HIP brief topics selected by the TAG are turned to the HIP co-sponsor organizations who select/identify the HIP brief technical expert group members, the HIP lead writer, the HIP POC, and the HIP TAG member in the group.
- The authors of the concept notes not selected by the TAG are informed of the TAG decision via email and some are invited to resubmit their concept note on a case by case basis. This invitation does not guarantee approval.

Table 1 – Concept note grading rubric

Criteria	Score (1-5)
Is the practice clearly defined for a HIP brief?	
Is the concept distinct from existing HIP briefs?	
Does the concept relate well to existing HIPs briefs?	
Is the evidence sufficiently rigorous and relevant to consider the practice as a HIP?	
Would a HIP brief/SPG describing the proposed HIP fill a learning gap for the global family planning community?	
Is the gap a priority for stakeholders?	
Does the practice have the potential to be implemented at scale or has it been implemented at scale?	

Is there evidence on replicability, scalability, sustainability, and/or cost-effectiveness to support this practice as a High Impact Practice?	
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3. Literature Review

- HIP briefs provide a high-level synthesis of the peer-reviewed and gray literature. Thus, a literature review is a critical input for all HIP briefs. The inclusion and exclusion criteria, search words, and time period for the literature search are developed with support from a researcher and/or librarian, in collaboration with the HIP brief Point of Contact and the Technical Expert Group members. The literature review focuses on identifying articles in the gray and peer-reviewed literature providing evidence of impact of the HIP on various family planning outcomes, in particular those relevant for the brief.
- Standard exclusion criteria for all HIP literature searches are as follows.
 - Exclude studies NOT implemented in low- and middle-income countries
 - Exclude studies that only focus on ONE contraceptive method
 - Exclude studies outside of the agreed upon time period. For new briefs, the time period should be open to avoid missing any seminal articles that may have been published many years back. For brief updates, the time period should start at around the time the previous brief was published to date.
- A summary of key articles found via the literature review is provided to the Technical Expert Group via an Excel file that identifies the articles that assess a link between the practice and family planning outcomes. The Excel file should include a tab detailing the methodology used. The Excel file should provide the following information:
 - Citation
 - Abstract
 - Country
 - Summary of the Evidence/Evidence of Impact
 - Implementation experience
 - Other relevant information
 - URL (if full text is available)
 - Key document (yes/no), which notes if the document includes information to be included in the impact section of the brief.

4. Brief development

- The Technical Expert Group in collaboration with a HIP TAG member and the HIP POC work with a professional writer to develop the brief. The team typically meets every two weeks to review drafts of the brief and discuss changes to existing drafts. The writer is the main person responsible for developing the content following guidance and input from the group.

5. Draft Brief Comment Period

- A completed draft is posted on the HIPs website and disseminated by the HIP Production and Dissemination team to request public comments on the draft. Public comments are submitted through a portal on the HIPs website. The public commenting period is open for 10 business days. The due date may be extended if less than 3 commenters have provided comments. After the due date, the comments are shared with the technical expert group to either include, or exclude, the public's proposed comments.

6. Brief Update Responding to Public Comments

- After receiving the public comments from the HIPs POC, the Technical Expert Group works with the writer to integrate all relevant public comments into the brief draft. The Group keeps track in a separate document of how the comments have been addressed and the updates are integrated into an updated draft of the brief.

7. TAG Review

- The HIP TAG reviews the updated draft at one of its bi-annual meetings and provides comments on the brief. Typically two TAG members are designated as brief discussants and prepare a short presentation with their comments. The full TAG discusses and agrees on recommendations. For new briefs and updates of promising practices, the TAG also reviews a draft of the HIP Criteria Tool and follows the steps to complete the tool (see [HIP Criteria Tool Guidance](#)).

8. Final Edits

- The technical expert group and writer integrate the comments from the TAG and develop a final version of the brief.

9. Production: Fact Checking, Copy Editing, Layout, and Translation

- The HIP Production and Dissemination team (P&D) takes the final version of the brief through a process of fact checking, copy editing, and layout. The HIPs writer works with the writing team to address any fact checking comments.

10. Publication

- The final brief is published on the HIPs website. The P&D team sends the brief via various listservs and dissemination channels and prepares a social media package that is shared with HIP partner organizations. The P&D team also organizes a webinar to disseminate the brief.

Updating Outdated Briefs

Ensuring that the HIP briefs reflect current evidence and learning is a priority. Each year, up to three briefs will be recommended by the HIP TAG and approved by the HIP co-sponsor organizations for in-depth update. The selection will be based on one or more of the following considerations:

- Input from stakeholders through a consultative process about a new focus needed for the brief. For example, the Policy HIP brief was updated in 2021-2022 with a focus on policy implementation based on input from stakeholders from various countries gathered via in-depth interviews.
- New compelling scientific evidence that should be integrated into a brief, particularly when the new evidence will help to strengthen the brief and/or move the practice from a promising to a proven practice (for the SBC and the Service Delivery briefs). For example, the second version of the Family Planning and Immunization Integration brief integrated new research on the practice.
- New program evidence noting a shift on how the family planning community is approaching a specific practice. For example, the Adolescent Responsive Contraceptive Services brief focused on emphasizing the importance of services for adolescents that were integrated into the health system.
- Evolution of a practice and the previous brief being outdated.

The items above can be presented by a TAG member or representatives from the group of experts that worked on the brief or were selected by the co-sponsors to be the technical experts making recommendations on the brief. The “in-depth” update will consist of a process similar to new brief development. However, the group updating the brief will have a point of departure using the existing brief. Groups are encouraged to maintain any relevant portions of the “old” version of the brief.

HIP Brief Content

The structure and content of the briefs will vary slightly depending on the type of HIP (enabling environment, service delivery, social and behavior change, or enhancement). In general, a HIP brief includes 12 key elements (See Table 2).

Table 2 - Brief sections and inclusion in the different types of HIP briefs

Brief Section	Service Delivery	Social & Behavior Change	Enabling Environment	Enhancements
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Title	x	x	x	x
High Impact Practice	x	x	x	x
Background	x	x	x	x
Theory of Change	x	x	x	Optional
Why the practice is important (or what challenges the practice helps to address)	x	x	x	x (How can this practice enhance HIPs?)
Impact	x	x	x	x
Tips	x	x	x	x
Tools and resources	x	x	x	x
Indicators	x	x	x	x
Priority research questions	x	x	x	x
References	x	x	x	x
Citations	x	x	x	x

When referencing a specific activity or intervention within a brief, authors should mention the country of implementation. However, authors should NOT include implementing organizations or projects as this list can be long, cause confusion, and clutter the writing. Specific branded tools can be referenced in the “Tools and Resources” section where appropriate.

Title

In the main title, mention the focus or name of the practice. In the subtitle (after a colon), focus on what the practice is intended to accomplish or why it is important.

- Example: “Leaders and Managers: Making Family Planning Programs Work”
- Length: No limit but it is important to keep succinct

High Impact Practice

This section phrases in clear wording the high impact practice developed in the brief. It starts with a verb. A draft of the wording of the HIP should be the first step completed before updating or developing a brief.

- Example: Train and support pharmacies and drug shops to provide family planning information and a broad range of quality contraceptive methods.
- Length: No limit but it is important to keep succinct

Background

This section explains in broad, general terms the importance of the practice and what it entails. Additionally, the practice and any other key concepts are defined. If needed, this section also describes what is NOT included in the practice. In this section, and throughout the brief, it is important to avoid truisms such as overly general statements that do not provide important information (i.e., family planning knowledge is important). Further, there is standard language that should be included at the end of the background section. See the [HIP Production & Dissemination Style Guide](#) for standard language.

- Example: In the [Social Norms brief](#) there is a definition of social norms as well as a clear articulation of the characteristics of the characteristics of interventions addressing norms encompassed by the brief.
- Length: Approximately 1 page long

Theory of Change (TOC)

The TOC is a key element of the service delivery, social and behavior change and enabling environment HIP briefs as it provides a graphic representation of the logical thinking of the team in terms of how the HIP can help to lead to various family planning and/or sexual and reproductive health outcomes. TOCs are not required in the enhancement HIP briefs. There are slightly different templates for the different types of briefs, as shown below.

- Example: See Table 3 and 4.
- Length: Approximately 1/2 page long

Table 3 – Service Delivery and Enabling Environment TOC

Barriers	HIP	Service delivery change Outputs (core components of the HIP)	Intermediate Outcomes/Benefits	HIP Outcomes (<i>specific to the HIP</i>)
Guidance - Service delivery ad enabling environment briefs				
List specific barriers to achieving various generic or overarching FP outcomes that the HIP helps to address	Write in the High Impact Practice	List the “core components” of the HIP. The core components are the elements essential to the HIP and that should be present to call the practice a HIP	Write the intermediate outcomes or benefits in the pathway to get to the HIP outcome that should result	Write the main outcome(s) that should directly result specifically from this HIP. Do not include generic FP outcomes such as increasing CPR or reducing unintended pregnancies

			from implementing the HIP	
Example (Service delivery brief: Immediate Postpartum Family Planning)				
<ul style="list-style-type: none"> Health staff bias Lack of knowledge, skills and support Methods and supplies not conveniently located Clients' concerns and limited knowledge and methods 	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility	<ul style="list-style-type: none"> Documentation and monitoring to ensure voluntarism & informed choice Plans for contraceptive uptake later during postpartum period Ensures adequate supplies and availability 24 hours/day, 7 days/week 	<p>Improved understanding of fertility and contraceptive options during the postpartum period</p> <p>Increased social support for IPPFP use</p>	Increased use of Immediate Postpartum Family Planning

Table 4 – Social and behavior change TOC

Barriers	HIP	Changes	Outcomes	Impact (<i>specific to the HIP</i>)
Guidance -- Social and behavior change				
List specific barriers to achieving various generic or overarching FP outcomes that the HIP helps to address	Write in the High Impact Practice	List the changes that the HIP will bring	Write the main outcome(s) that should directly result specifically from this HIP	Write the impact expected from the implementation of this HIP. Ensure tying to what is highlighted in the impact section of the brief.
Example (Social and behavior change brief: Promoting healthy couples' communication)				
<ul style="list-style-type: none"> Social norms that deter discussion about and use of contraception. Perceived or real lack of agency to make reproductive health decisions Gender inequities 	Implement interventions that address social norms to support an individuals' or couples' decision-making power to meet their reproductive intentions	<ul style="list-style-type: none"> Increased acceptability of discussing contraception Increased social support and decreased backlash for contraceptive use Increased perception that contraceptive use is common 	<ul style="list-style-type: none"> Increased couple communication about fertility intentions and contraception Increased adolescent use of FP/RH services 	<ul style="list-style-type: none"> Improved healthy timing and spacing of pregnancies Fewer unintended pregnancies Fertility intentions achieved

Why is this practice important? Or What challenges can this practice help to address?

Depending on what is more suitable for the brief, in this section the group can choose to either answer the question of “Why is this practice important?” or “What challenges can this practice help to address?” In this section, the SBC briefs that focus on interventions that address a behavioral determinant (such as norms of couples' communication) summarize the literature connecting the behavioral determinant to relevant family planning outcomes.

- Example: Most readers acknowledge and understand the importance of policies to advance family planning goals. Thus, in the Policy brief, this section answers the question of “What challenges can this practice help to address?”
- Length: Approximately 1.5 pages long
- Types of briefs with this section: All, except enhancement briefs

What is the impact?

The impact section summarizes the literature, showing the evidence of the practice on relevant family planning and/or reproductive health outcomes. HIP briefs are NOT systematic reviews. Thus, this section does NOT include every possible existing article on the impact of the HIP but it offers a *well-balanced, unbiased* synthesis of the evidence. This entails including articles that had mixed or null effect, if any.

A table and graphs are typically used to highlight evidence from multiple studies or to illustrate impact over time. Since there is not enough space to include numerous studies in the HIP brief, some briefs include an appendix with tables further summarizing the literature. Tables summarizing evidence should clearly identify if the study showed impact, no impact, or mixed results on the intended family planning/reproductive health outcomes.

- Example: The [Family planning and immunization integration](#) brief provides a table summarizing the literature. The table includes articles with null findings. Additionally, models found in the literature are summarized into distinct categories.
- Length: Approximately 2 pages long

Frequently asked questions - Impact section

Below are answers to frequently asked questions from groups who have worked on the impact section.

- **Is there a cut off in terms of the age of the articles to include as references?**

The more recent articles with more recent evidence are preferable. There are, however, seminal articles that should be included even if they are “older” such as a seminal randomized controlled trial or an influential study about the given HIP’s impact that has informed future studies.

- **What should be the geographic origin of the articles?**

Articles from low- and middle-income countries (LMICs) should be prioritized and, ideally, there should be references from Asia, Latin America, and Africa. If research in LMICs does not exist to make a particularly important point in a part of the impact section, it is acceptable but not ideal, to include some literature from high income countries.

- **Can articles not identified in the original literature search be included?**
-

Yes, as relevant and appropriate.

- **What type of evidence can be included in this section?**

The evidence in the impact section should come from peer-reviewed journals and well reviewed research reports (even if not published in peer-reviewed journals). In certain types of briefs, such as enhancement briefs, the evidence will point to an initial positive impact of the practice (See Adolescent Responsive Contraceptive Services brief).

- **If there is a significant number of articles that were reviewed but that do not all fit in the evidence section given space limitations, what should we do with that information?**

The information could be included as an appendix, ideally summarized in a table to facilitate navigation. See the [Social Norms brief](#) for an example.

- **What do you do about articles that are in the pipeline and not yet published but have relevant and important information?**

Mention that important new studies are being published and alert the reader that the evidence is forthcoming. If a groundbreaking article is coming in the near future (i.e., two months or so), wait to release the brief so that the evidence can be included.

- **Taking into consideration that this is not a systematic review, how do we make sure we do good justice to the literature, providing an unbiased summary?**

The collective experience of the technical expert group is key to determine key themes to highlight in the impact section. The technical expert group will have to decide which key results/outcomes from the practice the group would like to highlight in the impact section.

As a rule of thumb, a key question to determine the inclusion or exclusion of an article is: Does the evidence in this article represent a trend elsewhere in the literature that this article can help to bring forward or further illuminate?

- **Is it OK to include qualitative articles in the impact section?**

Yes. Qualitative articles can provide insights not available in quantitative articles, particularly on issues of acceptability. For example, in the case of the [Promoting healthy couples' communication brief](#), the literature on covert use of FP is primarily qualitative but is a key consideration included in that brief.

- **Can we include a Master's or a PhD thesis/dissertation?**

Yes. If it is a well-done master's thesis on a cutting-edge topic, inclusion is OK. It is more likely, however, that a PhD dissertation would be more helpful (as they tend to be more rigorous). A thesis should be included if it adds critical information not covered in other articles. .

- **Should the impact section be different for the different types of HIP briefs (i.e., service delivery, SBC, enabling environment).**

For all types of briefs, this section summarizes the literature. However, there will be differences among the different types of briefs based on the amount, quality, and type of evidence available. In general, there is more direct evidence linking the HIP to family planning and reproductive

health outcomes for service delivery briefs and social and behavior change briefs. Some of the enabling environment briefs and some of the enhancement briefs will likely have less evidence showing a direct impact on the practice on reproductive health outcomes and/or the evidence will be linking the practice with more distal outcomes.

How to do it: Tips from implementation experience

This section offers tips for implementation of the HIP based on existing reports or evidence or based on the experience of the Technical Expert Group. The section includes examples and references where possible. The information provided does not get into the “weeds” or details of implementation but makes broad but insightful implementation recommendations that could be applicable across settings.

Below is some general guidance to complete this section.

- ❖ Include approximately 10 tips.
- ❖ The section can be organized in subsections to facilitate reading.
- ❖ Prioritize the tips that are unique to this HIP and make sure to go beyond truisms or widely accepted knowledge/information. For example, instead of merely noting the need to conduct monitoring and evaluation (M&E) for the HIP, provide further detail of anything specific about M&E that should be included.
- ❖ Provide examples for different regions of the World (focusing on low and middle income countries).
- ❖ Whenever possible, align the tips with the Theory of Change.
- ❖ Include tips that work but also tips of activities that do NOT work. For example, the Family Planning and Immunization Integration brief includes a tip noting that integration should not happen during mass immunization campaigns.
 - Example: The tips in the [Adolescent Responsive Contraceptive Services](#) brief are organized using the WHO health systems building blocks. The tips in the [Supply Chain](#) brief are organized in subsections as well.
 - Length: Approximately 2.5 pages long

Indicators

Each HIP brief should include 2 or 3 indicators to measure the high impact practice. This will require that the team prioritizes key indicators from many possible options.

- The indicators should ideally be **validated** indicators.
- The indicators should be relatively easy to collect (not requiring significant additional resources).

Below is guidance to select indicators for the different categories of HIP briefs.

Service Delivery Indicator Guidance

- The suggested indicators should be amenable to be collected via **routine systems** (such as DHIS or other monitoring and evaluation systems). This is preferred rather than indicators collected via large scale surveys, which do not happen regularly.

SBC Indicator Guidance

- Indicators should focus on the **benefits** and **changes** sections of the theory of change. Groups should prioritize which items from the **benefits** and **changes** sections of the theory of change to focus on
- For the items chosen, the groups should indicate how to collect the indicator.
- When possible, the name and reference for any suggested scales should be provided.
- The suggested indicators should ideally be collected via routine systems such as exit surveys or other routine data collection systems (implemented by outreach workers or at health clinics). This is preferred rather than indicators collected via large scale surveys, which do not happen regularly. Thanks to new technologies short scales (i.e., a few questions to measure a behavioral determinant) can be collected more regularly via phone surveys.

Enabling Environment Indicator Guidance

This group of briefs encompasses a wide range of technical areas. Some lend themselves more easily to quantitative measurement than others and this should be considered as writing groups consider the suggested indicators to include in the HIP brief.

- Indicators should point to whether the existing political and financial commitments are appropriate to implement the enabling environment HIPs prioritized by the government.
- The suggested indicators should provide a measure of the level of government engagement and/or leadership in implementing the HIP.
- The extent to which high level family planning/reproductive health planning documents (i.e. policies, FP2030 commitments, CDCS, etc.) integrate any type of HIPs into their design and implementation.

Tools and Resources

This section includes a list of approximately 3 to 5 resources, with hypertext link to the resource and a short explanation of how the resource can help to implement, measure, or provide further details on the HIP.

The resources to be included should be selected based on the following criteria:

- ❖ Be diverse in terms of their origin/source
 - ❖ Assist with implementation, monitoring and evaluation, or measurement/assessment of the HIP
 - ❖ Assist with training relevant to the HIP
-

❖ Provide a case study of implementation of the HIP

- Example: The [Postabortion Family Planning HIP](#) includes the following tools:
Postabortion Care e-learning course and Postabortion Care resource site.
- Length: Approximately half page long

Priority Research Questions

This section includes 3 priority implementation science research questions. Research questions should be prioritized to fill implementation research gaps to improve understanding of how to best implement, measure, or scale up the HIP. For promising practices, answering the research questions included in the brief should help to move the practice from a promising to a proven practice. For proven practices, there should already be evidence of the impact of the practice on FP outcomes. Thus, rather than including questions related to the practice's impact, questions should focus on existing research gaps that could help further the implementation and scale up of the practice.

References

Writing teams should choose a consistent citation style of their choice. The P&D team will update the reference style using the format in the [HIP Production & Dissemination Style Guide](#).

Suggested Citation

See the [HIP Production & Dissemination Style Guide](#) for standard language.

Acknowledgements

See the [HIP Production & Dissemination Style Guide](#) for standard language regarding acknowledging the authors and contributing organizations and reviewers into the brief.