



High Impact Practices

Technical Advisory Group

Meeting Report

January 24–26, 2023

Hosted by UNFPA



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Background

Typically, TAG meetings are conducted at the end of the calendar year but due to two major conferences (ICFP and SBCC Summit) happening in November and December 2022, TAG members agreed to postpone the meeting until January 2023. The meeting was conducted in hybrid mode with participants being able to join in person and via a Zoom line. The in-person location of the meeting was New York City. UNFPA was the meeting host. Most HIP TAG members based in the USA joined in person. All HIP TAG members living outside of the USA joined via Zoom.

Day 1. Tuesday, January 24, 2023

Opening of Meeting - Welcome Remarks (Dr. Julitta Onabanjo, UNFPA)

Dr. Julitta Onabanjo thanked the TAG members for their participation and emphasized the importance of their work advocating for the advancement of the family planning field.

Presentation on UNFPA's New FP Strategy (Jennie Greaney)

UNFPA calls its new FP strategy *Expanding Choices, Ensuring Rights in a Diverse and Changing World*. It has three main components:

1. Strategy for Family Planning: Transformational future-fit visioning. Within this, there are eight strategic priorities:
 - a. Deepen integration
 - b. Improve quality
 - c. Expand access and availability
 - d. Increase sustainability
 - e. Enhance agency and address discrimination
 - f. Strengthen data
 - g. Build resilience and improve adaptation
 - h. Engage adolescents and youth
2. Acceleration Plan: Operational menu of options and actions
3. Policy Convenings and Briefs: Amplifying issues and keeping current

Discussion

- Being more intentional around High Impact Practices and more intentional around how people use the briefs.
- The focus on scaling up of existing programs is an example of how effective these programs are.
- The TAG appreciates the new framework, and UNFPA is well positioned to do a lot of this work.
- Are people only working to scale up briefs? What is the utility of the Strategic Planning Guides (SPGs)?

- WHO is also rethinking its SRH strategy, in which family planning plays a big role—it will be important to collaborate and show a unified front.
- Clarification on operational guidance.
 - Present contextualized evidence-based options and ask country offices to prioritize options. This process ensures everyone has a voice while providing direction.
 - Will be available online as an interactive tool.

Report Out on the October TAG Meeting (Laura Raney)

The three main agenda items and their respective results from the October meeting were:

1. Discuss and finalize criteria to select enhancement briefs: HIP Enhancement Criteria
Results
 - a. Suggestion that in the future the TAG revisit the briefs to see if they are aligned with the finalized criteria.
 - b. Consensus that HIP Product Table was good to have for the TAG and for potential authors, but perhaps not for the web. All TAG members should have access and comment (e.g., do products belong in the categories).
 - c. The small group that developed the HIP Product Table agreed to come back to a future TAG meeting with a recommendation on categories.
2. Use criteria to determine if the concept note submitted should become a HIP brief or not: “The application of Human Centered Design (HCD) in the development and implementation of family planning service delivery and social and behavior change programming.”
Results
 - a. Voted to not carry the HCD concept note forward.
 - b. While HCD is an important topic and is quite valuable, there are a plethora of resources on the topic.
 - c. Secondly, HCD somehow didn’t quite fit in with how we normally categorize what are either enhancements or the strategic planning guides.
3. Presentation and discussion on HIP Evidence Review Tool to determine whether a brief is promising or proven.
Results
 - a. Using the HIP Evidence Review Tool to determine whether a brief is promising or proven was put on hold due to the need to pull together existing information.

Products Under Development (three HIP briefs to update: CHW, Mobile Outreach, Educating Girls - how to focus, i.e., CHW and Task Sharing) (Maria Carrasco)

The three briefs the TAG needs to update are: (1) CHW; (2) Mobile Outreach; and (3) Educating Girls. TAG members volunteered to participate in the updating process.

- Mobile Outreach: Erin, Heidi

- CHW: Gamachis, Maggwa, Saad (Nasir from USAID could be a good member of the writing team)
- Educating Girls: Nandita, Medha (Jennie can help identify UNFPA staff working on this topic to be part of the TEG)

Maria also shared the list of briefs currently being worked on, which primarily involved existing brief translation (for the full list, please see the corresponding slide in the Appendix).

Discussion

- The three briefs are related, and it might be important to include task sharing in the briefs since many programs are already moving in that direction.
- There is some overlap between the SPGs and the HIPs (task sharing is an SPG). The role of the developing committees is to create some guard rails for the two deliverables.
- The Enabling Environment briefs are the social and economic factors that are less proximate to family planning, which provides some context for the Educating Girls brief purpose.
- Suggestion to use the International Community Health Workers Symposium in Liberia as platform to gather CHW brief evidence.
- The TAG needs a refresher on the HIPs Partnership's strategic plan to show how the HIP's work fits into the HIPs global vision.

Discuss and Finalize Guidance on Setting Up the Enabling Environment HIP Indicators (TAG members: Jay Gribble, Chris Galavotti, Sara Stratton, Barbara Seligman)

The group proposed a number of indicators to help guide people when writing the Enabling Environment briefs. First, for the three types of Enabling Environment HIPs (policy, legislation, and finances):

- Policy and regulatory, policy implementation, budgetary allocation, transparency, and accountability processes are in place to realize government commitments to rights-based FP
- Quality products and services are available to underserved groups (e.g., adolescents, gender diverse, lowest quintile, rural poor)
- Underserved groups voluntarily access quality products/services

Next, indicators related to institutions, collaborative governance, and management:

- Trust in services and responsiveness of services to needs of underserved populations
- Service users participate and have a voice in service design and monitoring
- Allocation of resources aligns with high-quality, equitable service delivery
- Capacity to develop/implement/monitor policies, manage supplies, generate/use data, and deliver high-quality, rights-based services

Finally, on the social and economic factors:

- Transformative norms (social, gender) that allow people to exercise their RH rights

- Economic conditions support people’s ability to exercise their RH rights
- Conditions to allow agency and decision-making

Discussion

- The proposed policy indicators do not seem specific enough to the Enabling Environment HIPs. For example, having policies does not mean that they are being implemented. Additionally, it is important to have indicators that monitor the negative aspects of the Enabling Environment.
- It would be helpful to have broader Enabling Environment indicators in addition to indicators that correspond with the three pillars of the Enabling Environment briefs. The more specific indicators could be informed by each brief’s Theory of Change (TOC).
- Next steps in this work will be to integrate updated general guidance into the [HIP Brief Guidance](#) document.

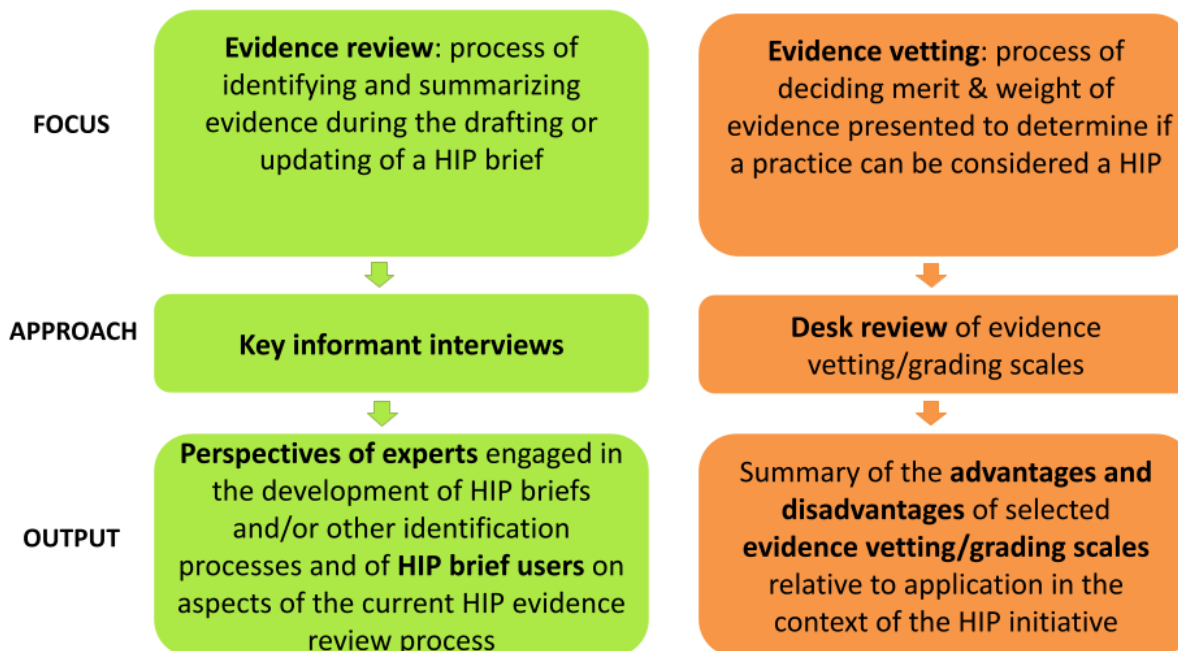
Presentation of the Strengthening HIPs Evidence Review Process (SHERP) (Saad Abdulmumin; Aurelie Brunei and Trinity Zan, R4S/FHI360)

A team from FHI 360 provided a summary of their activity titled: Strengthening HIPs Evidence Review Process (SHERP). The main objective of the activity is to inform recommendations to strengthen the HIP evidence review and vetting process. There will be two main areas of focus: evidence review and evidence vetting.

SHERP design



Inform recommendations for strengthening the HIP evidence review and vetting process



Discussion

- The TAG noted that this activity is pitched as making recommendations for the HIP evidence review and vetting process, yet the activity was not discussed with the TAG before it started, and the purpose implies that the TAG endorses the activity.
- The purpose of the “Evidence Review” part of this activity is meant to complement what is already happening with the current evidence review process to determine how to strengthen the evidence review process. In general, TAG members did not take issue with this part of the activity.
- Many TAG members raised concerns about the “Evidence Vetting” part of the activity since it was presented without any consideration of the current HIPs evidence review scale, which has been well vetted by the TAG. Furthermore, TAG members noted that this part of the activity is not needed and that there are other more pressing priorities.
- On the evidence vetting part of the activity, it is not clear how the activity will help to strengthen the evidence review process that currently exists. The TAG has been using an evidence vetting scale that was adapted by an evidence working group of the TAG specifically for the HIPs Initiative. TAG members felt that the current scale, which has been tailored for the HIP Initiative, is serving its purpose.
- A gap in the literature review process is that currently the HIPs are not including evidence in other languages.

- A TAG member asked about the implications of reviewing the current evidence vetting process for the existing HIPs briefs, which already went through an evidence vetting process. In other words, if the TAG decides to update the evidence vetting process based on input from SHERP, would this mean that all the HIP briefs have to be analyzed using the updated vetting process? This is an important question to consider.
- The TAG proposed activities that would be useful in lieu of the current focus of SHERP.
- TAG members noted that this activity clearly highlights the need to clarify roles and responsibilities of the HIP TAG and the HIP co-sponsor organizations. The need for SHERP was not discussed with the TAG yet it was presented as an activity for the TAG, given the TAG's role in evidence review and vetting.

Presentation on the HIPs Measurement Activity Implemented by R4S (Trinity Zan, R4S/FHI360)

The activity's goal is to develop and apply a replicable approach to measure HIPs implementation and arrive at consensus around measures. To achieve this, the project is assessing program implementation in seven countries at multiple levels:

- Vertical scale (institutionalization)
- Horizontal scale (geographic coverage)
- Reach to subpopulations disaggregated as feasible
- Quality of implementation
- Cost
- Consensus building around measures for HIP implementation

The research defines quality of implementation as the extent to which a HIP is implemented in accordance with the guidance in the HIP brief via the core components. It uses two dimensions to understand quality: (1) the policy-level intentions to provide a standard of care; and (2) the readiness to offer that standard of care. The final assessment will provide information on the percentage of implementation sites that receive a passing readiness score, which is the aggregate of the component scores (listed above). Questions in this approach include, "What are the priority components?" and "How much variation from the core components is allowed?"

Discussion

- Need to think about how to incorporate some of the advancements in self-care where there is not always an opportunity for counseling.
- When assessing HIP implementation quality, it is important to contextualize because success can differ by locality.
- The activity has two main expected results: 1) provide information about the quality of implementation and scale of the HIPs to allow HIP implementers to make adjustments; 2) provide an approach for HIP measurement to improve HIP understanding and inform the HIP goal to identify effective ways to monitor HIP implementation.

- A question remains around how to capture HIP implementation for programs that call them something different (e.g., TCI).

HIPs at ICFP and the SBCC Summit (Ados May, Laura Raney)

The presentation provided an overview of the IBP Track at the International Conference on Family Planning (ICFP) and the Social and Behavior Change Communication (SBCC) Summit. IBP has always promoted HIPs at conferences; however, they were much more intentional about it this time. To prepare for ICFP, IBP had many pre-event activities that included HIPs promotion. At ICFP, for the first time, there was a well-attended pre-conference meeting to discuss the HIPs, WHO tools, and other topics. During ICFP, there were eight interactive partner-led sessions—four in French, two in English, and one in Spanish—and the non-English sessions were extremely well attended. There were also a number of round tables where the HIPs were discussed. Additionally, there was a HIPs side event with a number of key speakers who elevated HIPs within their organizations and created a bond across organizations. Finally, during ICFP and shortly thereafter, there was a substantial increase in web engagement with Track content receiving over 1,000 page views. The specific purpose of this Track content was to provide people who could not attend ICFP with access to conference content. At the SBCC Summit,, HIPs held a launch side event to showcase the new SBC briefs. Additionally, there was strong engagement with TAG members and the general SBC community. Furthermore, all booth materials demonstrating excitement for the SBC HIPs were distributed.

Discussion

- Appreciation for all of the work that IBP did.
- Recognition of the importance of having sessions in languages other than English.
- Having more TAG members at IBP sessions would create opportunities for discussion and collaboration with those who want to be implementing HIPs.

HIP Production & Dissemination (Natalie Apar, Knowledge SUCCESS; Ados May)

HIPs website traffic steadily increased from fiscal year (FY) 2018 to FY2022, many of the people visiting the HIPs website are new users, and the majority of visits originate via search engines. There has been an increase in website traffic originating from South and Central America, demonstrating the importance of Spanish brief translation. Overall, there was a decrease in the proportion of English users between FY2018 and FY2022. Contrastingly, there has been a steady increase in both French and Portuguese users. The most accessed and the most downloaded HIP product in 2022 was the French Post Abortion Care brief. Regarding non-website-related reach in 2022, there were, on average, 235 participants per HIPs webinar; 1,162 podcasts; 90 Tweets about HIPs on average per month; and over

780 new newsletter subscribers. Finally, between January 2022 and January 2023, 32 peer-reviewed publications cited a HIP brief.

To prepare for ICFP, the P&D team issued a number of social media packages that focused on sharing the HIPs and encouraging organizations to Tweet about the HIPs at ICFP. They also created a webpage that shared dissemination packages and linked to other key packages. These resources had a high number of visits and downloads. The P&D team took a similar approach for the SBCC Summit.

Knowledge SUCCESS and USAID are starting to work with technical experts in the HIP partnership to develop curated lists of essential resources to support the implementation and scale-up of HIPs. This will make it easier for users to identify key resources for their programming. The list will be hosted on FP Insight.

Possible Topics for New HIP Briefs and Process Forward (Heidi Quinn, Barbara Seligman, Saad Abdulmumin, Saswati Das, Nandita Thatte)

Using the criteria of: (1) what is most relevant in the current SRH landscape; (2) do any of the topics address an existing gap; and (3) what is the urgency for a new HIP product on the topic based on the global landscape. The five proposed topics were:

- Self-care in Family Planning
- Family Planning/Reproductive Health Services in Crisis/Shock Situations
- Family Planning / HIV Integration
- Task Sharing
- Family Planning Counseling

Discussion

- There was discussion about whether we should develop a brief on counseling. There was a HIP brief drafted on this a few years back with research findings. It was not started as a brief on counseling but rather on interpersonal communication (IPC). In the confusion of what the purpose of the brief was, it was not finished. But it did have evidence linking counseling to uptake. There is also newer evidence, including from Indonesia demonstrating a dramatic decline in method discontinuation after improved counseling (3-prong research design). It will be important to reconsider a brief on counseling.
- Another issue the TAG has not looked at is health worker retention—there seems to be a Health Workforce topic for which briefs already exist, but the TAG has not combined.

The Ideal Number of Briefs (Maria Carrasco; Mario Festin; Jennie Greaney; Elizabeth Larson, USAID)

The group presented data from the website and from the HIPs Implementation and Scale-Up Study to provide insight into whether there is an ideal number of briefs. Data from the website included that the majority of users access the same 20 briefs and the need to further evaluate the Enhancement briefs. Data from the study included the possibility of the existence of misunderstandings around the HIPs, citation of HIPs type rather than individual HIPs, confusion between SPGs and HIPs briefs, and the request of tools for implementation of HIPs over new HIP briefs. The overarching recommendation of the presentation was that it may be time to reconsider the problem that HIPs are trying to solve and move from providing high-level information on practices that are high impact to “how-to” guides for implementation of the practices.

Discussion

- The TAG should tweak some of the HIPs resources so there are more apparent distinctions between the different HIP knowledge products. Given the names of the various resources, it is not surprising that people are getting them confused.
- Given how much money has been invested in family planning, it is surprising that there are not more HIPs. The high bar for evidence that is required before writing a brief may be too limiting.
- The SPGs and the Enhancements are especially confusing. SPGs were supposed to focus on specific populations and Enhancements were more general, but the TAG has moved away from that.
- A “What not to do” section could be beneficial for the briefs or at least ensuring that information of “what not to do” is included in the briefs.
- Need a system to collect data from the people who want to use the briefs so that the TAG knows their wants and needs.

Additional Discussion on TAG Roles and Responsibilities

- The TAG requests to be looped in more between official TAG meetings when the co-sponsors are having discussions regarding technical aspects of the HIPs, which is the purview of the TAG.
- The TAG would like better defined roles and responsibilities for the different groups that make up the HIPs partnership and the channels of communication between each.

Day 1 Recommendations

General

- Bring updated evidence review tool to June TAG meeting
- Re-share HIP strategic plan with the TAG and find a time to present it to TAG members. (Note [HIP strategic plan](#) was [presented by Heidi and Martyn](#) at the June 2022 TAG meeting)

Briefs in the pipeline

- TAG sub-groups were formed to inform the updates of the 3 briefs in the pipeline.¹
 - Mobile outreach: Erin, Heidi
 - CHW: Gamachis, Maggwa, Saad (Nasir from USAID could be a good member of the writing team)
 - Girls' Education: Nandita, Medha (Jennie can help identify UNFPA staff working on this topic to be part of the TEG)

EE indicator guidance

- Sub-group to reconvene to finalize updates to the current guidance included in the [HIPs Guidance to Develop a Brief](#).
 - TAG recommends that guidance focuses on how to come up with indicators outputs and intermediate outcomes sections of the theory of change included in the briefs.
 - The TAG recommends that an example for EE indicator is provided (See Table 3 in the [HIPs Guidance to Develop a Brief](#)).
 - In the case of the EE, it may be helpful to monitor the negative effect of some policies on FP as this can help with advocacy efforts. The sub-group should consider how to include this in the guidance.
- There is a big question about how to help implementers who are trying to monitor if they are being successful as they implement EE HIPs. No guidance was provided for this yet.
- The need to develop “core components” for the EE briefs was identified. Need to discuss possible ways to do this.
- Group members are: Jay, Christine, Sara, Barbara, and Erin.

SHERP

- It was agreed that the TAG will provide input on the way forward to FHI360 by the end of the TAG meeting (See recommendations on Day 2).

Decisions on new briefs

- The TAG approved that “task sharing” becomes a HIP brief (and stop being an SPG). This will require revision rather than simply relabeling.
- The SBC sub-group will convene to have further discussion on how a brief on counseling could be framed.

- The TAG requests that the P&D team collect data on the HIPs website (via a pop-up) about possible practices that HIP website users may want to see in a HIP brief.
 - P&D team to work with Chris Gallavoti and Maria Carrasco to develop a research question that makes sense (considering that a HIP brief must summarize a practice that is high impact based on evidence—and is not the branded practice of only one organization).

Ideal number of HIP briefs

- The TAG agreed on the need to better distinguish SPGs from HIPs briefs and also ensure that the various HIP knowledge products are clearly distinguished. The evidence sub-group will finalize a table it started to distinguish the various HIP knowledge products, ensuring that the distinction between a HIP brief and a HIP SPG is clear and that this is reflected in the HIPs website. The sub-group requests TAG members to review the table and provide comments.
- There was no resolution on the ideal number of briefs. However, it was agreed that the HIP briefs should respond to existing needs. Many TAG members noted that the number, per se, is not relevant as long as the brief is addressing an existing need.
- The TAG agreed that it will be important to analyze the current briefs and see if any of them should be archived or combined with other briefs. A sub-group needs to be formed to look into this.

Possible new HIP products

- Erin noted that a document to map out how HIPs are connected to each other and how they may connect to CIPS or other relevant documents would be very helpful. A sub-group will explore the development of a product that helps to connect the various HIP briefs. The sub-group includes: Erin, Sara, Maggwa, Laura, Michelle.

Enhancing the collaboration between the HIP co-sponsors and the HIP TAG to ensure TAG is fully integrated in technical decisions

- The TAG agreed that ad hoc calls to discuss technical activities between TAG meetings should be organized in the future to ensure the TAG provides input into possible activities and ensures technical relevance and soundness.
- The TAG recommends that the SOW of the [co-sponsors](#) and the [TAG](#) are revisited as it is important to clarify points of separation and also points of interface (departing from the current descriptions on the HIPs website).

¹ Please note that on Day 2 the TAG changed the briefs that were approved for development.

Day 2. Wednesday, January 25, 2023

Vote on New Concept Note for SPG: Self-care, Submitted by WHO

Laura Raney (FP2030) shared the necessary background information for the vote on whether to develop a new SPG based on the concept note submitted by WHO. She first shared the score the concept note received for each of eight different criteria:

Question	Score
Is the topic both timely and strategic to current FP programs?	xx
Is the SPG topic broader than a specific practice and therefore not eligible to be a HIP?	xx
Is the SPG topic clearly articulated and will it be understood by program managers and implementers?	xx
Does the topic lend itself to being covered sufficiently in a SPG in a way that will help program designers and implementers? (or is the topic too broad for an SPG?)	xx
Is the topic of the proposed SPG conceptually distinct from other existing SPGs?	xx
Will an SPG on the topic provide enough information to guide program managers and implementers in a comprehensive strategic planning process about the topic?	xx
Would an SPG on the proposed topic fill a learning gap for the global community? How will an SPG be different from existing tools and resources?	xx
Is the gap to be filled by this SPG a priority for program managers and implementers globally?	xx

Laura then shared a number of comments reviewers had on the concept note to provide additional information for the TAG members before they voted on the concept note.

The TAG voted not to move forward with the concept note as is since it is more about implementation of WHO guidance on self-care than a HIP that covers self-care more broadly. TAG members, however, agreed that self-care should be developed as a HIP enhancement brief, with input from a range of groups working on the topic, in addition to WHO. The TAG revisited the three briefs to be updated/developed this year. The TAG reconsidered the briefs to update develop and it was agreed that the following briefs would be developed/updated:

- Mobile Outreach (brief update)
- Self-care (new HIP brief enhancement)
- Task Sharing (re-tool the task sharing SGP and convert this into a HIP brief enhancement)

Discussion

- Self-care is extremely relevant and would fit well as an Enhancement since it is not a single practice, and even though there may not be a lot of evidence, given that the practice is relatively new, there is likely enough to meet the standard of evidence for an Enhancement, showing how self-care is beneficial when linked to other practices.
- Development of the self-care HIP Enhancement brief should be guided by an expert group of people who are already working on this, including, but not limited to WHO.
- Mobile outreach is used universally to improve access to family planning.
- The urgency of task sharing is to clarify the categories of HIP knowledge products so it is easier to understand for the various audiences. The TAG should reframe it as an enhancement. There is growing evidence for where task sharing should be applied and for which people.
- While not among the topics being considered for updating/developing this year, the TAG noted that both the Educating Girls HIP brief and the Economic Empowerment evidence summary serve as advocacy resources; however, people are less interested in girl's education than in economic empowerment. There is a lot of data to support economic empowerment and the TAG should consider focusing on economic empowerment in the next tranche of brief updates.

FP Exemplars: Overview & HIPs Intersection (Jen Kidwell Drake, Gates Ventures; Emily Woolway, Gates Ventures; Eliza Laramee, Gates Ventures)

The presentation provided an overview of the current family planning–related work of Gates Ventures. The research aim is to “select countries that have achieved exceptional success relative to peers on key FP indicators and in those countries understand drivers of increased voluntary modern contraceptive use and examine the programs and policies that led to those increases.” To achieve this goal, the Exemplars in Global Health (EGH) team works with a Technical Advisory Group, global research consortium, and in-country research partners to answer the following questions:

1. What is the role of major ecological factors (e.g., politics, leadership, international agencies) in influencing the family planning landscape?
2. Which socio-economic development and contextual factors were especially impactful in increasing women's ability to exercise their rights and make their own choices about timing and method of contraception?
3. What are the drivers of success in terms of demand- and supply-side policies and interventions and what are their relative contributions? Can we establish the sequencing of policy and programmatic interventions (demand and supply) and establish pathways that led to accelerated change in the demand satisfied for FP and mCPR?

4. How were the rights of women and vulnerable groups (e.g., adolescent girls and boys, younger couples and those living in remote areas, those belonging to a particular religion or ethnic group) addressed?

EGH is currently implementing research in Malawi, Kenya, and Senegal, and will be expanding to Lao PDR, Bolivia, and Sierra Leone. EGH hopes to continue to collaborate with the HIPs Initiative by providing and coordinating to disseminate analytically backed, country-specific insights on HIPs and their implementation. This was part of the focus of a HIPs working meeting at ICFP where multiple teams came together to identify how to prioritize and scale HIPs and identify any remaining gaps.

Discussion

- There is a lot of attention on the service delivery HIPs because they are the easiest to measure. Enabling Environment—policy—is extremely important; however, those briefs are less used. This could be potentially due to the measurement issues. How does Gates Ventures envision integrating the Enabling Environment into their research?
 - The Enabling Environment is especially important for Gates Ventures, and it is difficult to strike a balance between the Enabling Environment and Service Delivery pieces. It is not difficult to document policy; however, it is difficult to understand how policies are working.
- Researchers do not always measure policies because they are very qualitative and never linear—there are positive and negative outcomes. How does Gates Ventures build this into their research?
 - This was the purpose of Gates Ventures using a mixed methods approach to their research.
- It will be important for the HIP TAG and Gates Ventures to continue to collaborate in the future. For example, TAG members were not aware of the HIPs working meeting at ICFP and could have provided useful input, given the technical focus of the HIP TAG and familiarity with the evidence. The research will benefit the HIP TAG and the HIP TAG can support the research.
 - The HIP TAG would like to know more about the practices the research is identifying that are not HIPs and use this information to inform its future work.

Listening Session with Lynette Lowndes, Organizational Consultant (in lieu of presentation on how to better define the TAG's role vis-à-vis the new HIP strategic plan)

The HIP co-sponsors have contracted with organizational development expert Lynette Lowndes to review the structure and operation of the HIP Initiative, including the TAG. The session was used to give TAG members an opportunity to share with the group and with consultant Lynette Lowndes their

thoughts on what they appreciate about the HIPs Initiative and an area that they note requires addressing. Below is a summary of the input provided.

What TAG members appreciate about the HIPs:

- The TAG is a well-respected group of experts and it is great to be a part of such an esteemed group of colleagues.
- The continuity and commitment brought by some people who have been supporting the HIPs or part of the HIPs Initiative for many years (some since its inception).
- The HIPs knowledge products are excellent.
- The HIPs have a strong brand that is expanding beyond the USA.
- The HIPs are more widely recognized as a global good.
- It is great that the TAG has diversified and that there are new members who are based in countries outside the USA.
- The current system of having an independent group of experts (the HIP TAG) vet and approve HIPs has worked well.

Areas that require clarification/strengthening/focused work:

- There needs to be clarification on what it means for the HIPs Initiative to be involved in implementation and the role of the TAG in this area (if any).
- It may not be efficient to include work related to implementation and scale up of HIPs as part of the work of the TAG. A separate group/structure might be better placed to work on this.
- The upcoming work to be implemented by consultant [Lynette Lowndes](#) (on clarifying roles and responsibilities of various HIPs structures) is exciting and an area that requires focus.
 - As part of this work it will be important to clarify the decision-making areas or domains of the TAG and co-sponsors. This will help to ensure TAG members are engaged in work/conversations/decisions that are in the roles and responsibilities of the TAG.
 - It is also important to clarify rules about attendance to meetings and the level of participation that TAG members should maintain to be members of the TAG.
 - There needs to be better communication between the TAG and the co-sponsors. This could be accomplished in a number of ways, such as by sharing co-sponsor meeting notes or including a TAG representative to the co-sponsor meetings, organizing interim TAG meetings (in addition to the June and December TAG meetings), etc.
 - There was a suggestion, well received by TAG members, to have a TAG chair (a rotating position) who is from a non-co-sponsor organization. Further discussion would be needed on the role and responsibilities of a TAG chair.
- It is important to determine how to support TAG members who are not financially supported by their organizations (to participate in the TAG).
- There is a need for more transparency on how new TAG members are identified and what role the TAG should play (currently the co-sponsors identify new TAG members).
- There is a continued need to enhance dissemination of HIP products.
- It is important to ensure that the HIPs Initiative remains focused on its core work, on what is core to the HIPs.

- We have significantly improved and strengthened the process of HIP development. It will be important to continue to think of areas for strengthening and for making the system more efficient.

Update on HIPs Measurement Work (R4S and D4I) and the Process to Establish a HIPs Measurement Framework (Aurelie Burnie and Trinity Zan, R4S/FHI360; Susan Pietrzyk, D4I)

The first presentation shared the preliminary results from a study being implemented by R4S that is currently being implemented on the measurement of HIPs with the goal of developing and applying a “replicable approach that measures essential aspects of HIP implementation to advance measurement, monitoring and decision-making related to implementing and scaling HIPs.” It is a mixed methods study that assesses the implementation of six HIPs (Immediate Postpartum Family Planning, Community Health Workers, Post-Abortion Family Planning, Pharmacies and Drug Shops, and Mass Media) across seven countries (Mozambique, Nepal, Uganda, Malawi, Burkina Faso, India, and Nigeria). The following represent the preliminary implications of the study results:

- There is a need for continued sensitization around the language and definition of HIPs.
- Core components may offer a valuable addition to the suite of HIP products.
- There is a clear need for measurement standards for HIPs to facilitate coordination and support prioritization and scale-up.
- Uptake of recommendations and replication of the approach warrant continued support and attention.

The second presentation shared an overview of qualitative assessment of quality and scale of implementation for three service delivery HIPs in Bangladesh and Tanzania being implemented by D4I. The three HIPs were Community Health Workers, Mobile Outreach Service Delivery, and Immediate Postpartum Family Planning, which were being implemented across seven different projects by a number of different organizations. The study used key informant interviews and the administration of core components checklists (based on the “how-to” second of the brief and stakeholder consultation) to assess the Monitoring, Evaluation, and Learning; Quality and Implementation; and Scale of Implementation of the seven projects. The study has identified a number of questions that remain to be considered after this study:

- Definitional: What “counts” as implementing a HIP?
- Specificity: HIP definitions and core components are highly specific, maybe to the extent that no project will every “truly” implement them in full?
- Design: How to approach providing guidance to USAID Missions in terms of increasing the integration of HIPs into the design and implementation of family planning projects?
- Awareness: Of the HIPs? And/or that HIPs monitoring is more implementation science than it is M&E and this might be a slightly new way for projects to think?

- Resources: It appears unlikely USAID projects can monitor HIPs with existing indicators; however, is it practical to expect projects would add indicators for HIPs?

Discussion

- There have been updates to the HIPs briefs since the research was developed. Core components are now part of the TOC and it appears that the research used the “Tips” section to develop the Core Components.
 - D4I and R4I used the HIPs brief as the guidance and because, at the time, there was not an articulation of the core components, they used the “Tips” sections because they are a *How To*, but they also looked at the brief as a whole and talked with experts.
- The contrast/differences between how the implementers and researchers were scoring things is important to note.
- This research raises a potential next step of beefing up the core components and creating a separate document that takes the core components and Tips for Implementation that can act as a guide for implementers. Also see the implementation guides on the [TCI website](#). There is no need to recreate the wheel if good resources are already available. Maybe need something from the HIP Initiative about how to use those other resources linked to the HIP briefs.
- This once again raises a question around implementation: what counts as implementing a HIP? There appears to be a need for a sub-group to figure out what counts as a HIP, how the core components fit into the HIPs.
- Since R4S is still in the research process, can they look at the new way the HIPs use the core components and integrate that into their research moving forward?
 - The challenge is that the measures are cascaded down to the survey tools, which have already been approved by the IRB, so it is difficult to change the approach.

Report Out on Recommendations for What Is Needed to Move the Pharmacies and Drug Shops Brief from Promising to Proven (Gael O’Sullivan, Chris Galavotti, Anad Sinha)

The purpose of the presentation is to answer the question of what is needed for the Pharmacies and Drug Shops brief to move it from promising to proven. The current brief has four research questions (available on the PowerPoint slide in the Appendix). From the four questions, what more robust research questions exist to move the brief forward:

- Quality counseling:
 - How to incentivize time spent on quality counseling, ensure viability of business model for pharmacists, ensure pharmacists are responsive to client needs without bias/stigma? Include evidence from emergency contraception and medical abortion.
 - Could digital channels support quality?
- Impact:

- Are there innovative ways to support delivery of expanded FP services that are attractive and viable (to generate sales) for private pharmacies and drug shops?
- Scalability and sustainability:
 - What are some innovative ways to sustainably scale FP service provision by pharmacies and drug shops (e.g., innovative financing accreditation)?
 - What are effective strategies for overcoming resistance to the integration of pharmacies and drug shops into the health system, including integration into supply chains, task-sharing plans and policies, and ensuring visibility of data from pharmacies and drug shops in the national health information system?

The presentation concluded with an overview of ongoing research to inform the effort, which is creating additional evidence for the brief, and asked for others to share any other research initiatives of which they are aware. The group recommended that the TAG revisit the brief and its supporting evidence in 2024.

Discussion

- Wait until more studies come out before starting the literature review.
- The real point of this brief is to expand access to reduce unmet need, so this should be more explicit in the research questions.

Follow-Up Discussion on SHERP

The TAG added a session to come up with feedback for the SHERP (Day 1 Presentation).

Question 1: Does the TAG need support on the evidence review process?

- The TAG has a process for the evidence review; however, it needs support to cast a wider net (languages, methodologies, who is doing the research, collaborating with existing networks of academic institutions).
- The TAG does not want the current evidence review process to completely change; however, it does welcome recommendations on how to improve the process.

Question 2: What does the TAG need to do with evidence vetting?

- What was proposed does not seem to be very helpful. The TAG has looked at many scales and does not think that there is another one out there that will be better than the HIP Evidence Scale that has been adapted for the HIP Initiative.
- If this is how they want to proceed, then the TAG does agree that it should not be portrayed to be part of the HIPs initiative.

Day 2 Recommendations

General

- The TAG noted the importance of finalizing the HIP product table and presenting the final table at the June TAG meeting. The group that has been working on this includes Erin, Michelle, Karen, and Maria. The group will send a draft to the TAG for input (via email).
- The TAG members noted the critical need to clarify the roles and responsibilities of the TAG, particularly in areas where there may be intersection with the group of co-sponsor organizations.

Concept note - SPG on self-care

- The TAG voted not to move forward with the SPG.
- The feedback to the writing team is as follows:
 - The TAG agreed that the topic of self-care in family planning is of critical importance.
 - The concept note was focused on a WHO document. HIP SPGs do not focus on a specific document. They present steps to reach a broad objective to advance family planning.
 - The concept note did not primarily focus on family planning.
- The TAG agreed that the topic of self-care in family planning is very relevant and timely. Thus, the TAG agreed that the topic of self-care should be developed as a HIP Enhancement Brief following the process outlined in the [Guidance for Developing a HIP Brief](#).
- A first step will be to conduct a literature review to determine if the evidence merits the development of a HIP enhancement brief. Maria and HIPs doctoral intern Elizabeth Larson will be working on the literature reviews.

Briefs to be updated/developed in 2023

- The TAG reviewed the current pipeline of briefs to be updated and voted on which three briefs to prioritize for development/update in 2023. The following 5 briefs were considered: Educating Girls, Community Health Workers, Mobile Outreach, Task Sharing, and Self-care. The 3 briefs chosen to be developed in 2023 are: Self-care (enhancement brief), Task Sharing (conversion from SPG to enhancement brief), and Mobile Outreach (service delivery brief).

Pharmacies and drug shops - Evidence needed to move the practice from promising to proven

- A sub-group noted that there are a number of studies underway that could inform updates to the Pharmacies and Drug Shops brief. The TAG recommended that new evidence should be reviewed in 2024 to determine if the brief should be moved from being a promising to being a proven practice. A discussion of the updated evidence should be included in a TAG meeting in **2024**.
- The presentation developed by the TAG sub-group and shared at the meeting will be shared by Maggwa with the PRH private sector group.

SHERP

- The HIP TAG noted that this SOW will not be useful, as it currently is. Therefore, the HIP TAG does not endorse this. If the group moves forward with this activity it should be removed from the HIP umbrella. [The TAG also noted that the organizations implementing the SHERP activity could move it forward with the SOW as is, since the TAG has no authority over what a donor funds. However, if this is the case, the activity will not be endorsed by the HIP TAG.
- The TAG recommends the SOW below for the SHERP activity. The recommendations focus on the two main areas where SHERP is designed to provide input: (1) evidence review, and (2) evidence vetting.

Evidence Review

- In the evidence identification process, one area that can be strengthened is determining how to better identify evidence in **other** languages. It would be helpful to determine how to more systematically include evidence in other languages into the HIP process. This should include recommendations on viable and cost-effective ways to make use of the evidence given that the Technical Expert Groups that are formed to update or develop briefs work in English.
- Recommendations on how to expand the evidence used by the HIPs into other languages should also entail looking into the possible role of networks of research institutions in the global south.
- An area of funding need at the moment is conducting the literature reviews for the three briefs that have been approved for update/development this year. It would be tremendously helpful for SHERP to conduct those literature reviews using the current evidence identification system and testing approaches to add literature in other languages. Such experience can inform recommendations in this area to be provided to the TAG at the June TAG meeting.
- The TAG also noted that under the label of “evidence review” the SHERP activity will undertake reviewing the current **process** of developing and updating briefs. The TAG agreed that it would be helpful to get input from recent TEG members on the **current process of brief development/update** (which is described in the [HIP brief development guidance](#)) to determine areas that can be strengthened. While the [HIP brief development guidance](#) already integrates at least some feedback from TEGs to make the process more efficient, additional input on updates to the guidance could be helpful. Recommendations should be provided taking into account current constraints on time and resources.

Evidence Vetting

- The TAG noted that the HIPs have an evidence scale (i.e., the HIPs Criteria Tool) that was adapted from a scale used for programmatic evidence on HIV/AIDS and has also been used for PAC and GBV. The scale was adopted for those topics based on review of a range of tools to assess strength of evidence. The HIP TAG has tailored this scale specifically for the HIP initiative and has incorporated it into a Excel file for use in development of HIP briefs. The scale, which has been used for a number of HIP Briefs, is currently being calibrated to determine proven/promising.
- The TAG noted that the exercise proposed by SHERP, assessing various scales and recommending one scale to be used by the HIPs is **not** helpful since resources and effort were already invested to develop and refine the current scale (i.e., the HIPs Criteria Tool).

Day 3. Thursday, January 26, 2023

Presentation and Inputs on Implementation and Scale-up— from a Qualitative Study on Family Planning HIP Implementation and Scale-up (Elizabeth Larson and Bethany Arnold, USAID; Maria Carrasco)

The Family Planning HIP Implementation and Scale-Up Study was a qualitative study that used a survey, in-depth interviews, and a focus group to understand how the HIPs partnership can better support FP program decision-makers and implementers to implement and scale up High Impact Practices in Family Planning. Elizabeth presented results on three different themes that arose from the analysis of the qualitative data: (1) HIPs knowledge; (2) type of support needed for improved HIP implementation; and (3) barriers to HIP implementation. The following table shows the barriers and the corresponding needed support to overcome them.

Barrier	Support Needed
Opposition from Government and Local Leaders	Governmental / Local Leadership Support
Lack of Guidance	Implementation & M&E Guides
	Contextual Adaptation
	Implementation Experiences

Health Systems	Financing
	Training / Skills
Attitudes / Norms / Beliefs	Cross-Cutting Engagement

Discussion

- This highlights the importance of context, which the HIPs do not address. An important question to answer is what are the best (correct) HIPs for a particular setting.
- The results highlight the importance of understanding what the HIPs mandate is. What should the HIP Initiative's role be regarding implementation? What is the role of the TAG in the overall HIPs Partnership?
- Since people are having trouble finding information, the HIPs Partnership needs to improve communication and make sure that things are clear on the website. There might be an opportunity to use human-centered design to update the website. This should include a user roadmap for the HIPs website.
- It is important to think more about the barriers (government opposition) versus the prerequisites for implementation (government support).

Reflections of the FP Field (What Is New, What to Consider for the HIPs, New Trends, etc.) in 2023 Based on ICFP and the SBCC Summit (Rodolfo Gomez)

The presentation shared results from the PAHO training at ICFP where they launched their new French-language module, meaning it is now available in English, Spanish, French, and Portuguese. Over 45,000 people are participating in the course, and they have already issued over 18,500 certifications. PAHO is now working to scale up their work, follow up with those who participated in their training, and update their content. Additionally, they will develop national implementation plans and will share the results from an analysis of current family planning national guidelines and policies and of self-care readiness.

Discussion

- A lot of the PAHO training can help to gain more evidence from Latin American countries.
- There could be some overlap between this and the training needs identified by the Implementation and Scale-Up Study.
- At the SBCC summit, there was a lot of discussion around artificial intelligence (AI) and how it can be used to drive behavior change.
- AI should be on the list of what to review in the future; however, there is currently not enough information.
- It is important to remember the potential of AI to create and exaggerate existing inequities.

- The TAG should start to think about the linkages between FP and climate change.
- There might be an issue with the digital health briefs because they are going to age faster than others.
- Need to continue to engage Latin America and South East Asia.

Presentation of HIPs Brief Guidance Document Including Brief Development/Update Process (Maria Carrasco, USAID)

Maria Carrasco (USAID) walked the TAG through the HIPs brief development guidance document. The document is located online following this link: [Guidance for Developing a HIP Brief](#).

Discussion

- Need to revisit whether the Enhancements need to be moved from how they are positioned in the Guidance document so that they no longer appear to be a brief type.
- Trying to come up with a threshold for promising versus proven—where will this go?
 - It will go in a separate document that is linked to in the Guidance Document.
- Can we have a place on the website where people can access the evidence that was used to review a brief?
 - The TAG is split on whether this should be available.
- Is there a regular time when the TAG does an open call for new concepts, and is it published on a website?
 - This has been done but could be improved.
- The TAG should collaborate with the co-sponsors to decide who participates on the writing group, and a TAG member should always be included in the writing group.

Group Reflections

The TAG members had a discussion on the effectiveness of having a hybrid meeting. There was consensus that the hybrid meeting was successful; however, having meetings completely in person is the gold standard.

Next Steps and Closing

The TAG meeting ended with a discussion of the location and dates for the next HIP TAG meeting.

Appendix A. Meeting Agenda

Agenda

Hybrid Technical Advisory Group Meeting

January 24, 25, 26, 2023

Objectives

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

Tuesday, January 24th: Sara Stratton, Chair

09:00 am – 4:30 pm New York | 3:00 pm - 10:30 pm Geneva | 5:00 pm - 12:30 am Nairobi | 7:30 pm - 3:00 am New Delhi

Time (New York)	Agenda Item	Reference materials
08:30 – 09:00	Sign-in to meeting	
09:00 -09:15	Opening of Meeting – Welcome Remarks Dr. Julitta Onabanjo, UNFPA	
09:15 – 09:45	Presentation on UNFPA’s new FP Strategy Jennie Greaney	Presentation
9:45 – 10:00	Report out on the October TAG Meeting & products under development (three HIP briefs to update: CHW, Mobile Outreach, Educating Girls – how to focus, i.e., CHW and Task Sharing) Laura Raney and Maria Carrasco	Presentation
10:00 – 11:00	Discuss and finalize guidance on setting up the EE indicators Jay Gribble (Chris Galavotti, Sara Stratton, and Barbara Seligman)	Presentation
11:00 - 11:20	Break	
11:20 - 12:00	Overview of the Strengthening HIPs Evidence Review Process (SHERP) and Updates on the HIPs Measurement Saad Abdulmumin, BMGF; Aurélie Brunei, and Trinity Zan, R4S/FHI360	Presentation

12:00 - 1:00	Lunch	
1:00 - 2:00	Discussion and input on FHI360 presentation	
2:00 - 2:30	HIPs at ICFP and the SBCC Summit Ados May and Laura Raney	Presentation
2:30 - 2:45	HIP Production & Dissemination Ados May and Natalie Apcar	Presentation
2:45 - 3:45	Possible topics for new HIP briefs and process forward Heidi Quinn (Barbara Seligman, Saad Abdulmumin, Saswati Das, Nandita Thatte, and Maria Carrasco)	Presentation
3:45 - 4:30	The ideal number of briefs Maria Carrasco, Jennie Greaney, and Mario Festin	Presentation

Wednesday, January 25th: Baker Maggwa, Chair

09:00 am – 4:30 pm New York | 3:00 pm - 10:30 pm Geneva | 5:00 pm - 12:30 am Nairobi | 7:30 pm - 3:00 am New Delhi

Time (New York)	Agenda Item	Reference materials
08:30 – 09:00	Sign-in to meeting	
09:00 -09:10	Review Recommendations from Day 1 Maria Carrasco	
09:10 – 10:45	Vote on new Concept Note for SPG: Self-care, submitted by WHO Laura Raney	Presentation
10:45 – 11:15	Break	
11:15 - 12:15	Report out on HIP Working Group at ICFP Jen Kidwell Drake , Emily Woolway , Eliza Laramée (Gates Ventures)	Presentation
12:15 - 1:15	Lunch	
1:15- 2:45	Presentation on how to better define the TAG's role vis a vis the new HIP strategic plan Lynette Lowndes	Presentation
2:45 - 3:30	Update on HIPs measurement work (R4S and D4I) and the process to establish a HIPs measurement framework Aurelie Brunei , and Trinity Zan (R4S/FHI360), Susan Pietrzyk (D4I/ICF)	Presentation1 , Presentation 2
3:30 - 4:30	Report out on recommendations for what is needed to move the Pharmacies and Drug Shops brief from promising to proven Gael O'Sullivan , Chris Galavotti , Anand Sinha	Presentation

Thursday, January 26th: Gael O’Sullivan, Chair

09:00 am – 12:00 pm New York | 3:00 pm - 6:00 pm Geneva | 5:00 pm - 8:00 pm Nairobi | 7:30 pm - 10:30 pm New Delhi

Time (New York)	Agenda Item	Reference materials
08:30 – 09:00	Sign-in to meeting	
09:00 -09:10	Review Recommendations from Day 2 Maria Carrasco	
09:10 – 10:00	Presentation and inputs on implementation and scale-up - from the qualitative study on Family Planning HIP implementation and scale up Beth Larson and Bethany Arnold	Presentation
10:00 - 11:00	Reflections on the FP field (what is new, what to consider for the HIPs, new trends, etc.) in 2023 based on ICFP and SBCC meetings Rodolfo Gomez (TBC)	short Presentation to start
11:00 - 11:30	Presentation of HIPs brief guidance document including brief development/update process Maria Carrasco	Presentation
11:30 - 11:45	Group Reflections Jennie Greaney	
11:45 - 12:00	Next Steps and Closing Maria Carrasco	

Appendix B. List of Participants

Name	Country based
Alice Payne Merritt	USA
Anand Sinha	India
Baker Maggwa	USA
Barbara Seligman	USA
Christine Gallavotti	USA
Erin Mielke	USA
Gael O'Sullivan	USA
Heidi Quinn	Kenya
Jay Gribble	USA
Jennie Greaney	USA
Karen Hardee	USA
Maria Carrasco	USA
Mario Festin	Philippines
Medha Sharma	Nepal
Michelle Weinberger	USA
Nandita Thatte	Switzerland
Rodolfo Gomez	Uruguay
Roy Jacobstein	USA
Saad Abdulmumnin	USA
Sara Stratton	USA
Saswati Das	India
Caroline Kabiru	Kenya
Gamachis Shogo	Sierra Leone

Appendix C. Presentations



EXPANDING **CHOICES** ENSURING **RIGHTS**

in a diverse and changing world

UNFPA Strategy for Family Planning
2022–2030



“A world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind”

UNFPA’s vision for family planning



UNFPA Strategy for Family Planning, 2022–2030



What's new?



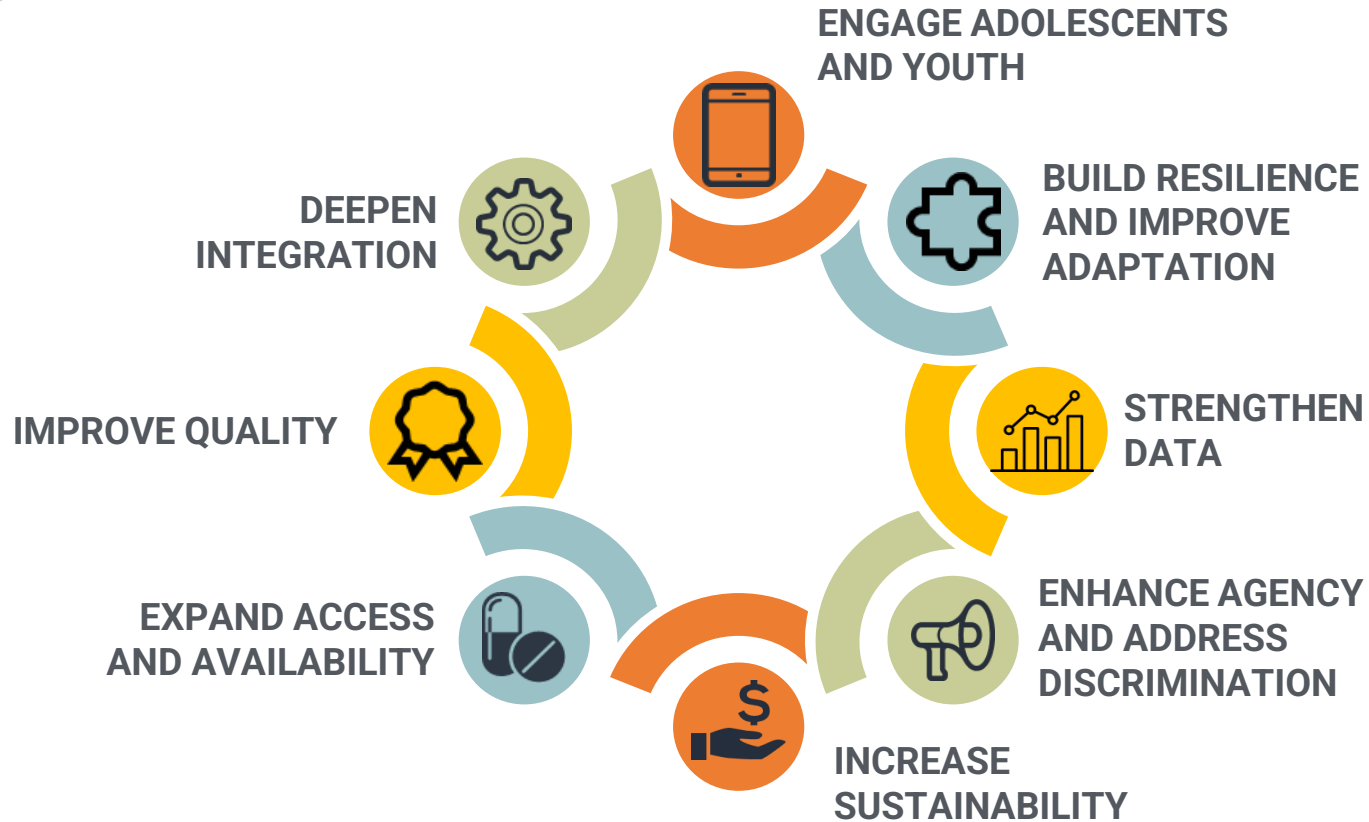
- Defines the **role of UNFPA in family planning leadership** in a diverse and changing world
- Calls for more **purposeful partnerships**, with country commitment and resources
- Tackles **emerging issues and megatrends**, such as low fertility rates and climate change; explores UNFPA's role in subfertility and infertility care
- Positions family planning across the **humanitarian–development–peace nexus**
- Intensifies the focus on **adolescents and youth**
- Identifies **evidence-based opportunities to accelerate** reduction in the unmet need for family planning
- Provides **more operational guidance** to support countries in diverse contexts
- **Aligns with the SDGs** timeline and data measurement **and looks beyond 2030** to the future of FP with self-care, new contraceptive methods, and resilient health systems with sustainable financing



UNFPA Strategy for Family Planning, 2022–2030



Strategic priorities





UNFPA Strategy for Family Planning, 2022–2030

Principles and approaches



A human rights-based approach to family planning

UNFPA will uphold and realize human rights including the right to decide the number, spacing and timing of children, the rights to health and life, the right to non-discrimination and the right to private life.

THIS SUPPORTS

Gender-transformative approaches

Gender equality, women's empowerment and women's rights are integrated into all that UNFPA does.

Leaving no one behind and reaching the furthest behind

This includes a commitment to equality and non-discrimination.

Accountability, transparency and efficiency

Last Mile Assurance tracks supplies. SDG 3.7.1 and 5.6.1 reporting shows results.



UNFPA Strategy for Family Planning, 2022–2030



Key roles and shifts

KEY ROLES AND SHIFTS

Accelerating towards 2030 by shifting how we work

- **Build** leadership for family planning across the organization
- **Integrate** family planning across technical priorities and breakdown silos
- **Accelerate** the shift from funding to sustainable financing
- **Enhance** UNFPA programming effectiveness and efficiency

Procuring
quality-assured RH commodities for quality services, health systems strengthening

Leveraging partnership,
coordination and collaboration to accelerate family planning

Generating data and evidence
for policy, programming, accountability, knowledge management

UN global lead
Brokering, convening and facilitating SRHR expertise and technical advice and building capacity

Advocacy and policy
Providing evidence-based guidance, strengthening normative role



ROLES in family planning

HUMAN RIGHTS-BASED
GENDER TRANSFORMATIVE
LEAVE NO ONE BEHIND



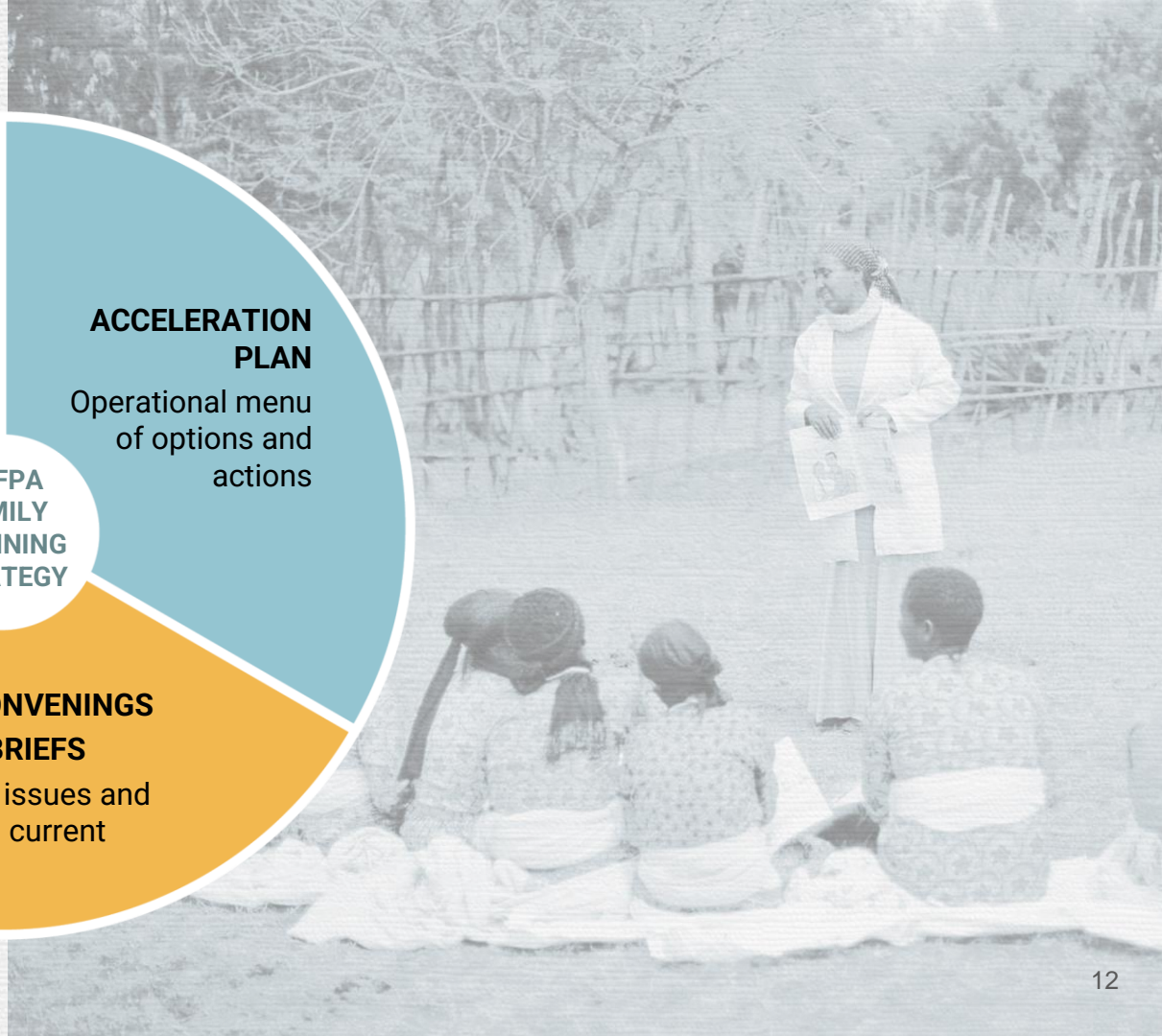
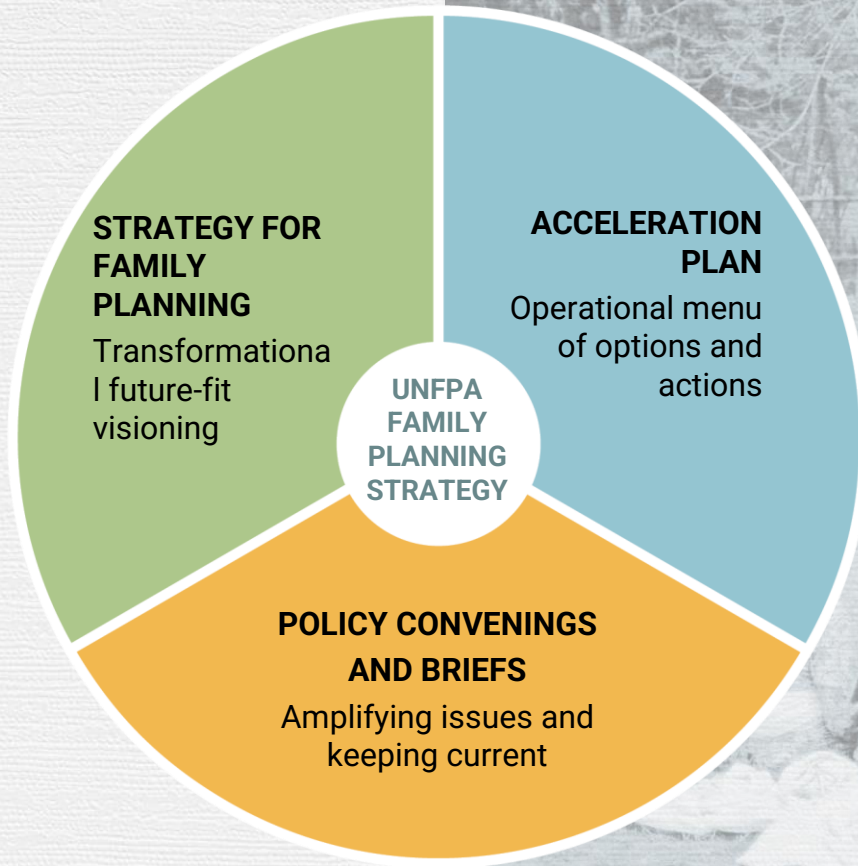
UNFPA Strategy for Family Planning, 2022–2030

Components of the strategy





COMPONENTS OF THE STRATEGY





UNFPA Strategy for Family Planning, 2022–2030

Acceleration plan

Operational menu of options and actions



Operational menu of options and actions

1

Clear results framework

2

Opportunities to scale up high impact practices

3

Context specific modes of engagement

4

Roles, responsibilities and accountability framework

5

Set of tools and resources

6

Subset of menu of options of interventions

LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

STRATEGIC PRIORITY 4: INCREASE SUSTAINABILITY

Build the case for increased and sustained budget allocation for family planning.	Track and monitor family planning expenditures and funding flows.	Conduct fiscal space analysis and broad financial policy analysis in the context of health systems strengthening and UHC.
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LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

STRATEGIC PRIORITY 5: **ENHANCE AGENCY AND ADDRESS DISCRIMINATION**

Identify and support approaches for strengthening women's and girls' leadership and expand their agency to make decisions related to sexual and reproductive health.	Advocate for/contribute to increase comprehensive knowledge of sexual and reproductive health and rights, and promote shared responsibility of family planning between partners.	Encourage partners to implement community-level action to engage men and boys.
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LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

STRATEGIC PRIORITY 6: **STRENGTHEN DATA**

Support countries to periodically undertake a national census to track and validate their sexual and reproductive health results in support of national outcomes including those linked to the implementation of the ICPD Programme of Action.

Establish mechanisms for routine data quality audits and corrective action to ensure contraceptive and supply chain data in HMIS and LMIS data are timely, accurate and complete.

Encourage academia, civil society organizations and research partners to undertake implementation research to identify and address barriers and bottlenecks of family planning services provision.

LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

STRATEGIC PRIORITY 7: **BUILD RESILIENCE AND IMPROVE ADAPTATION**

Secure adherence to minimum international standards through implementation of the MISP during the onset of a crisis.

Support humanitarian actors to integrate emergency reproductive health supplies into the logistics management information system.

Encourage implementation of strategic purchasing mechanisms by contracting out services to private or NGOs or through performance/ results-based financing programmes during crisis.

LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

STRATEGIC PRIORITY 8: **ENGAGE ADOLESCENTS AND YOUTH**

Advocate for and support the implementation of comprehensive sexuality education (CSE) and operationalize promising practices.	Link health and education systems through CSE, behaviour change communication (BCC) programming and services where possible.	Encourage diversification of channels used to engage young people.
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Thank you



Agenda for October 2022 HIP TAG

1. Discuss and finalize criteria to select enhancement briefs: HIP Enhancement Criteria
2. Use criteria to determine if the concept note submitted should become a HIP brief or not: [“The application of Human Centered Design \(HCD\) in the development and implementation of family planning service delivery and social and behavior change programming.”](#)
3. Presentation and discussion on HIP evidence review tool to determine whether a brief is promising or proven (Karen and Michelle)

1. HIP Enhancement Criteria

- Should be agnostic, not an approach used by only one organization.
- Needs to clearly enhance or augment at least 2 or more HIPs
- Needs to say something about scalability, sustainability, and cost effectiveness, however these aren't criteria
- Programmatic evidence of successfully linking the enhancement to HIPs
- Can research methodologies be enhancements? Need to show a clear link to programmatic implementation of HIPs; research itself would not work as an enhancement, would it?

Discussion results:

- Suggestion that in the future the TAG revisit the briefs to see if they are aligned with the finalized criteria.
- Consensus that HIP Product Table was good to have for the TAG and for potential authors, but perhaps not for the web. All TAG members should have access and comment, e.g., do products belong in the categories.
- The small group that developed the HIP Product Table agreed to come back to a future TAG meeting with a recommendation on categories.

2. Vote on Enhancement Brief Concept Note

“The application of Human Centered Design (HCD) in the development and implementation of family planning service delivery and social and behavior change programming.”

- Voted to not carry the HCD concept note forward.
- While HCD is an important topic and is quite valuable, there are a plethora of resources on the topic.
- Secondly, HCD somehow didn't quite fit in with how we normally categorize what are either enhancements or the strategic planning guides.

3. HIP Evidence Review tool

HIP Evidence Review Tool to determine whether a brief is promising or proven was put on hold due to the need for a research intern to pull together existing information.

HIP briefs to update in 2023: Community Health Workers, Educating Girls, Mobile Outreach

Community Health Workers – 2015

HIP: Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

Community Health Workers

What is the proven high-impact practice in family planning service delivery?

Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

Background

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. CHWs are particularly important to reducing inequities in access to services by bringing information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant or otherwise inaccessible.



A community health worker in Togo with his lockbox of medication and supplies.

"...CHWs provide a critical link between their communities and the health and social services system."

—Shutta et al., 2010

CHWs "provide health education, referral and follow up, case management, and basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in navigating the health and social services system" (ILO, 2008). The level of education and training, the scope of work, and the employment status of CHWs vary across countries and programs. CHWs are referred to by a wide range of titles such as a "village health worker," "community-based distributor," "community health aide," "community health promoter," "health extension worker," or "lay health advisor."

Integrating CHWs into the health system is one of several **proven** "high-impact practices in family planning" (HIPs) identified by a technical advisory group of international experts. A proven practice has sufficient evidence to recommend widespread implementation as part of a comprehensive family planning strategy, provided that there is monitoring of coverage, quality, and cost as well as implementation research to strengthen impact (HIPs, 2014). For more information about other HIPs, see <http://www.fphighimpactpractices.org/overview>.

Educating Girls - 2014

HIP: Keep girls in school to improve health and development.

Educating Girls

What is the high-impact practice in family planning for creating an enabling environment?

Keep girls in school to improve health and development.

Background

Investments that promote keeping girls in school, particularly in secondary school, have far-reaching and long-term health and development benefits for individuals, families, and communities. Data consistently demonstrate a strong and positive relationship between increased formal educational attainment among girls and healthier sexual and reproductive behaviors, including contraceptive use (DHS Program, 2012; Lloyd, 2005; Mboop and Saha, 1998). Educating girls helps improve gender equity by increasing agency and empowering girls to engage in decision-making that affects their families and the development of their communities. Benefits of girls' education extend beyond individual achievement to influence household economics. On average, for every additional year of education, an individual's wages increase by an estimated 10% (EFA Global Monitoring Report team, 2014).

Access to high-quality contraceptive services for young people plays a key role in helping girls avoid an unintended pregnancy in order to pursue their educational goals. Describing program approaches that allow young men and women to access and use contraception effectively is outside the scope of this document. The purpose of this brief is to describe the relationship of girls' education on family planning and reproductive health and behaviors; highlight evidence-based practices that increase girls' enrollment, retention, and participation in school; and provide recommendations for how the **health sector** can help support keeping girls in school.

Many girls and boys continue to miss out on the potential benefits of school. In 2011, 57 million children globally were not in school. More than one-half of the world's out-of-school children live in sub-Saharan Africa (EFA Global Monitoring Report team, 2014). Although gender disparities in education are narrowing, UNESCO estimates that only 29% of primary-school-age children live in countries that have achieved gender parity (that is, equal participation for girls and boys in school) at the lower secondary level, and only 15% live in countries with gender parity at the upper secondary level (Fiske, 2012). Governments and their partners can invest in structural changes that facilitate access to formal education, such as equitable gender norms, economic empowerment, and promoting healthy behaviors.



Mobile Outreach - 2014

HIP: Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods.

Mobile Outreach Services

What is the proven high-impact practice in family planning service delivery?

Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods.



Background

Mobile outreach services address inequities in access to family planning services and commodities in order to help women and men meet their reproductive health needs. Outreach models allow for flexible and strategic deployment of resources, including health care providers, family planning commodities, supplies, equipment, vehicles, and infrastructure, to areas in greatest need at intervals that most effectively meet demand.

Evidence demonstrates that mobile outreach services can successfully increase contraceptive use, particularly in areas of low contraceptive prevalence, high unmet need for family planning, and limited access to contraceptives, and where geographic, economic, or social barriers limit service uptake. When mobile outreach services are well-designed, they help programs broaden the contraceptive method mix available to clients, including increasing access to long-acting reversible contraceptives (LARCs) and permanent methods (PMs). LARCs and PMs are typically unavailable in most rural or hard-to-reach areas due to lack of skilled providers, commodities, and equipment. Mobile outreach service delivery addresses these access barriers by bringing information, services, contraceptives, and supplies to where women and men live and work, generally free-of-charge or at a subsidized rate. Mobile outreach programs can also leave a lasting legacy that strengthens existing health systems when the model includes developing and supporting local health workers' knowledge and skills to provide a wider range of methods.

Various models of mobile outreach service delivery have been implemented successfully at large scale. Distinctions between models are based on who is providing the services, where services are being delivered, and what type of arrangement underpins the relationships and shared responsibilities between public and private/nongovernmental sectors. Mobile outreach services are implemented by, or in collaboration with, local public health authorities, strengthening the existing health

HIP products under development

Briefs/SPGs Updates & New in Progress

- Faith SPG
- Rights SPG
- Postabortion FP
- FP for persons with disabilities

Complete and undergoing translations

- Economic Empowerment Evidence review (F)
- HIP List (F)
- New SBC - Overview Brief (S,P,F)
- New SBC - Knowledge, Attitudes, Beliefs(F)
- New SBC - Couple Communication (F)
- New SBC - Social/Community Norms (F)
- Leading, Managing, and Governing (S,P,F)
- Policy (S,P,F)
- Strategic Social Accountability (S,P,F)
- Immediate postpartum FP (S,P,F)
- FP/imz integration (F)

Questions

HIP

FAMILY
PLANNING
HIGH IMPACT
PRACTICES



fphighimpactpractices.org



HIP Enabling Environment Indicators

Sara Stratton, Chris Galavotti, Barbara
Seligman, Jay Gribble

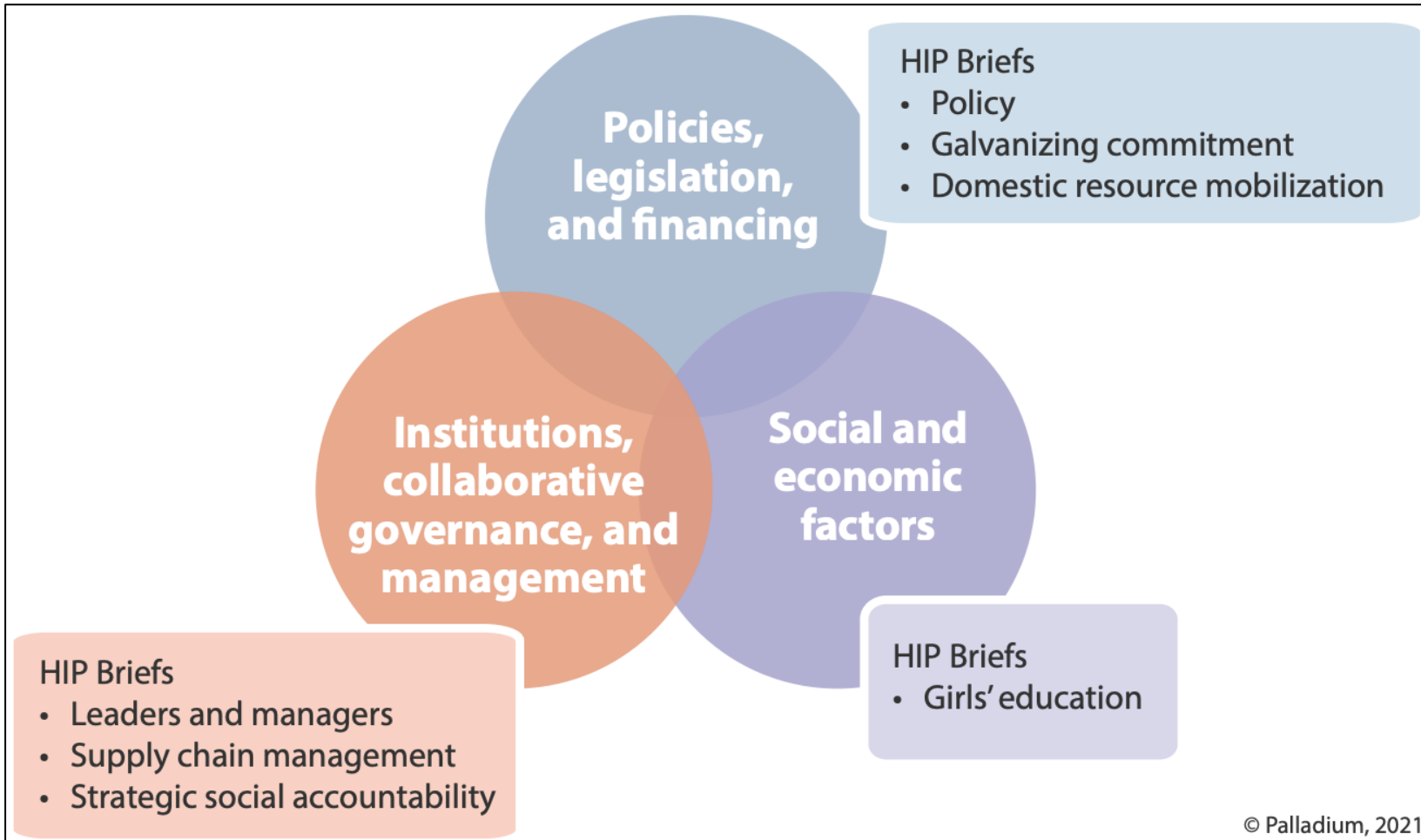
January 24, 2023



Existing EE HIPs

- Leading & Managing
- Supply Chain Management
- Social Accountability
- Girls' Education
- Comprehensive Policy Process
- Galvanizing Commitment
- Domestic Resource Mobilization

Framework in EE Overview Brief




From HIP Guidance Document

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




Policies, legislation and finances

- Policy and regulatory, policy implementation, budgetary allocation, transparency, accountability processes are in place to realize government commitments to rights-based FP
 - Quality products and services are available to underserved groups (e.g., adolescents, gender diverse, lowest quintile, rural poor)
 - Underserved groups voluntarily access quality products/services
- 




Institutions, collaborative governance, and management

- Trust in services and responsiveness of services to needs of underserved populations
 - Service users participate and have a voice in service design and monitoring
 - Allocation of resources aligns with high quality, equitable service delivery
 - Capacity to develop/implement/monitor policies, manage supplies, generate/use data, and deliver high quality, rights-based services
- 




Social and economic factors

- Transformative norms (social, gender) that allow people to exercise their RH rights
 - Economic conditions support people's ability to exercise their RH rights
 - Conditions to allow agency and decision making
- 



Comments and Discussion



9/3/20XX

Presentation Title

R4S

**Research for
Scalable Solutions**

SMART-HIPs

Supporting Measurement And Replication
Techniques of High Impact Practices (HIPs)

SHERP

Strengthening HIPs Evidence Review Process

Advancing Measurement and Supporting Evidence Review Processes for Family Planning High Impact Practices

Project updates

January 2023



HIP work overview



Inform recommendations for strengthening the HIP evidence and review process

SHERP

Strengthening HIPs Evidence Review Process



Advancing measurement, monitoring, and decision-making related to HIP implementation

SMART-HIPs

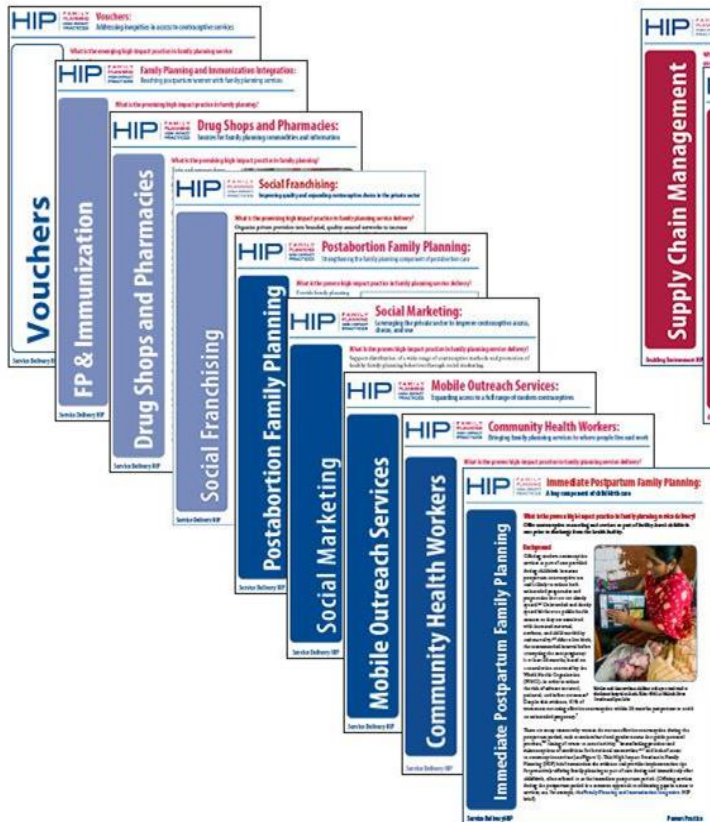
Supporting Measurement And Replication
Techniques of High Impact Practices (HIPs)

R4S

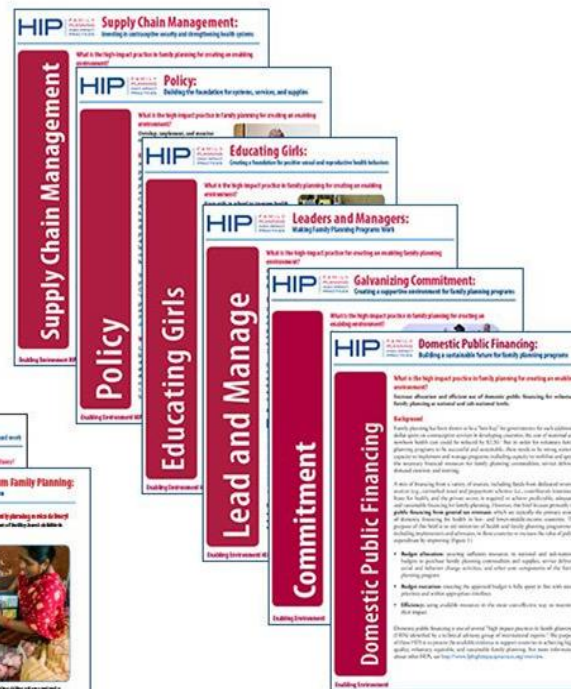
**Research for
Scalable Solutions**

SHERP project overview

Service Delivery



Enabling Environment



Social and Behavior Change



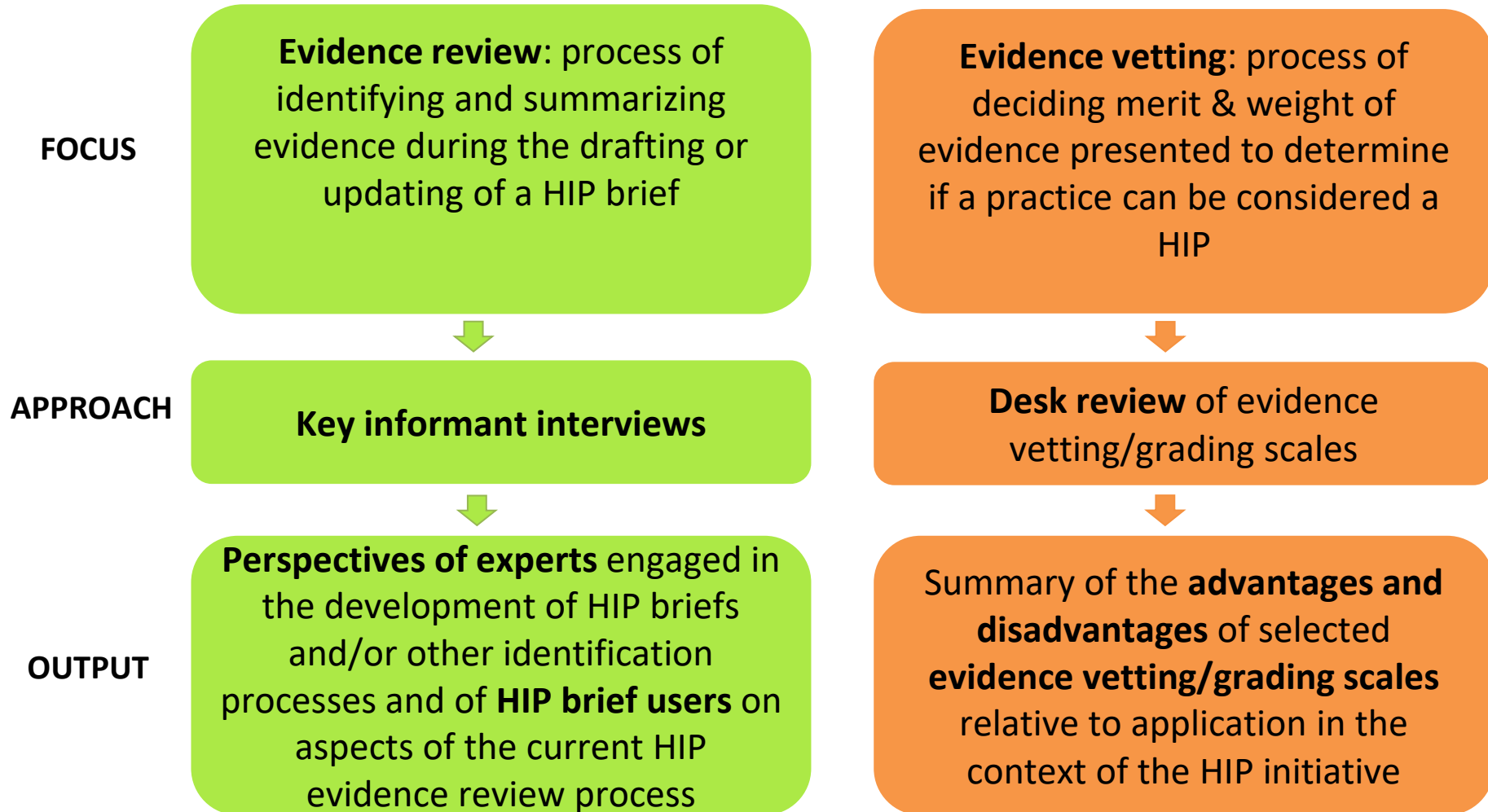
HIP Enhancements



SHERP design



Inform recommendations for strengthening the HIP evidence review and vetting process



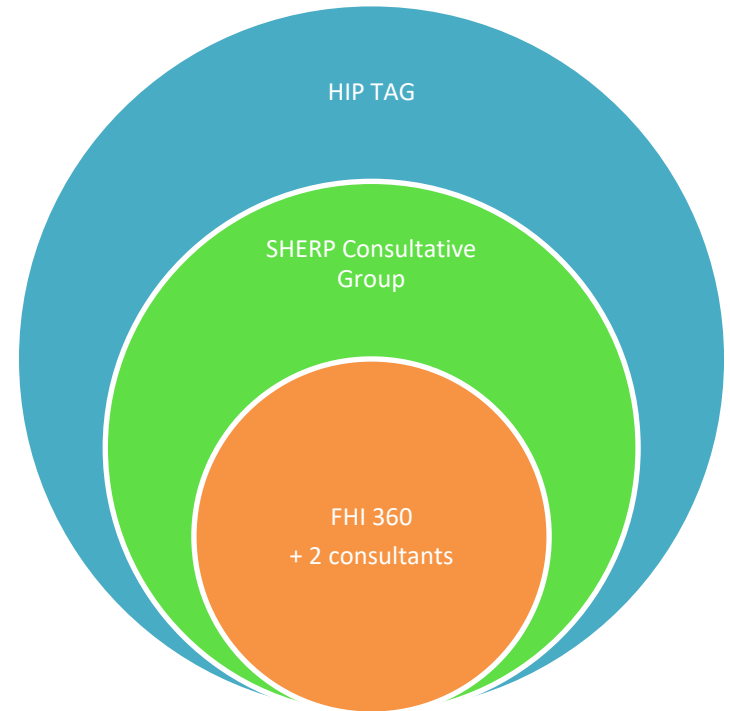
Guiding principles

- Ensuring that the **evidence review** process is **efficient, unbiased, country-informed** and that it allows for **regular updates** to reflect the most recent evidence available.
- Taking into account that evidence for some practices may be **nascent or limited**.
- Optimizing alignment with other **existing evidence vetting/grading scales** as relevant and feasible.

Consultative and participatory process

- Touchpoints with the TAG:
 - Feedback on activity design
 - Review of findings and development of recommendations

- SHERP Consultative Group:
 - More touchpoints
 - Review KII guides
 - Evidence scale selection
 - Presentation of results
 - Consolidate TAG recommendations



- Proposed composition
 - Co-sponsors
 - HIP TAG member
 - TEG member
 - External evidence review expert

KIIs about the evidence review process

- 20-25 KIIs
- 4 categories of key informants
 1. Experts engaged in the writing/development of HIP briefs
 2. Experts engaged in other evidence identification and review processes
 3. HIP TAG members
 4. HIP brief users
- Suggestions for key informants are welcome – please send to juliesolo08@gmail.com

Themes	Specific areas to address in questions	KI groups
Describing the HIP process of evidence identification and review	<ul style="list-style-type: none"> Setting criteria to guide development of search terms (efficiency of process, dealing with aspects that make it difficult to define search terms) Identifying evidence repositories/databases (efficiency, ensuring diversity in geographies and types of evidence) Bias in the process (how has bias entered into the process, how has it been addressed) Roles in the process (is there clear guidance on roles?) Deciding when and how to update a brief 	1, 3
Overall strengths and weaknesses of the process	<ul style="list-style-type: none"> What has worked well? What are remaining gaps or challenges? 	1, 3
Making changes in the process	<ul style="list-style-type: none"> How have changes been made in the past? Perceived barriers and facilitators to adjusting current HIP evidence review and vetting process 	1, 3
Learning from other evidence identification and review processes	(ask questions from process, strengths and weaknesses, and making changes in terms of processes that the KI knows about)	2
User perspectives on the HIP briefs	<ul style="list-style-type: none"> HIP briefs used and how (does the evidence meet the needs for how the briefs are used?) Clarity of briefs Perceptions of quality and relevance of the evidence (including strength of evidence, representativeness of evidence, bias, level of detail) Additional needs or recommendations for how evidence is presented in HIP briefs Updates to briefs (Do they refer to updates of briefs? What kinds of updates would be useful?) 	4

Desk review of existing evidence vetting/grading scales

Considerations for scale identification and relevance

- Time requirements
- Flexibility to incorporate designs beyond RCTs, including qualitative studies
- Applicability to practices for which evidence may be nascent or limited
- Ability to incorporate other dimensions besides impact that are relevant to implementation and scale-up

Identification of
existing scales



Selection of subset
of 4-5 scales



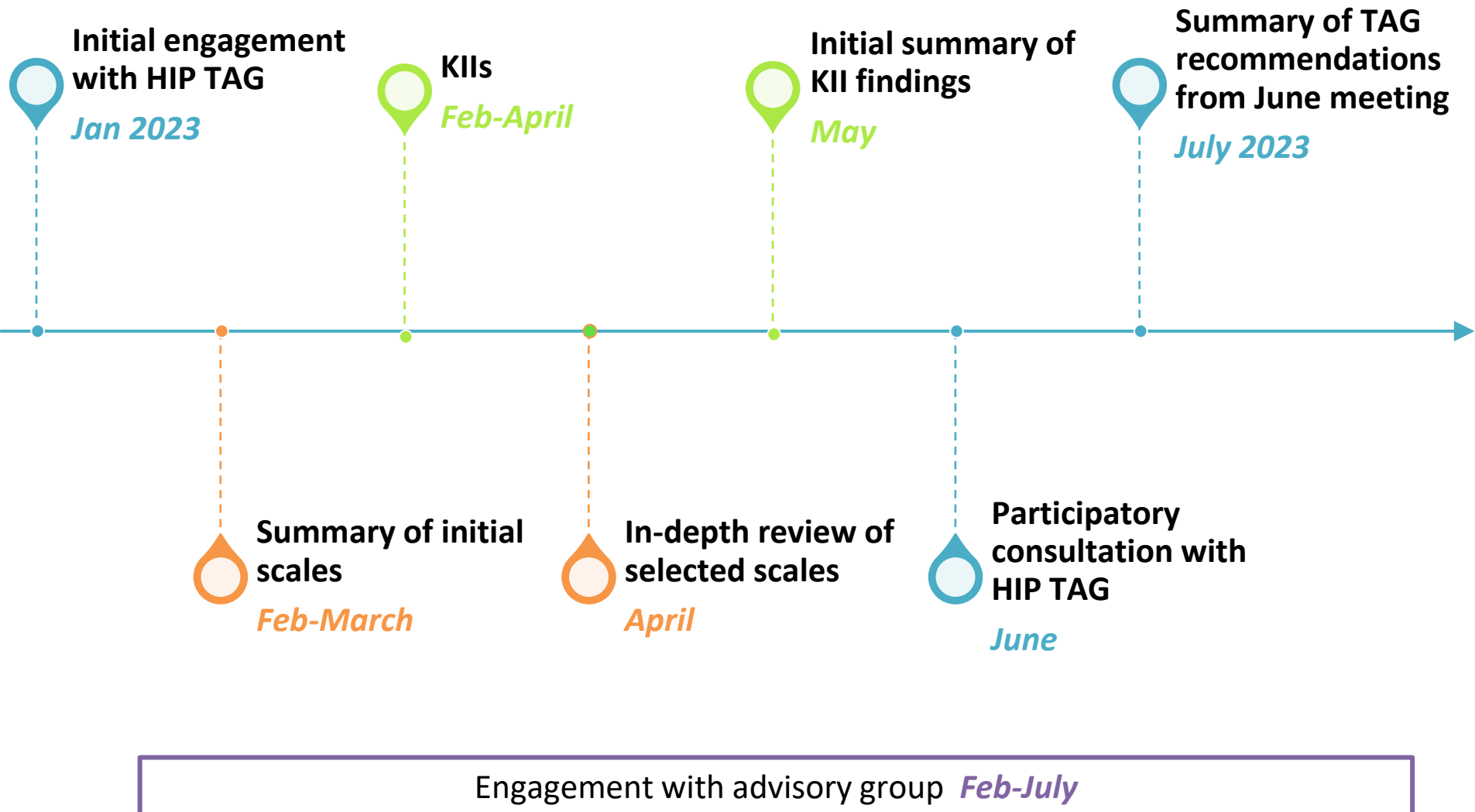
Summary of key
features of ~10
scales



In-depth review of
potential advantages
and disadvantages
and approaches for
grading evidence



Timeline: SHERP



Feedback

KIIs

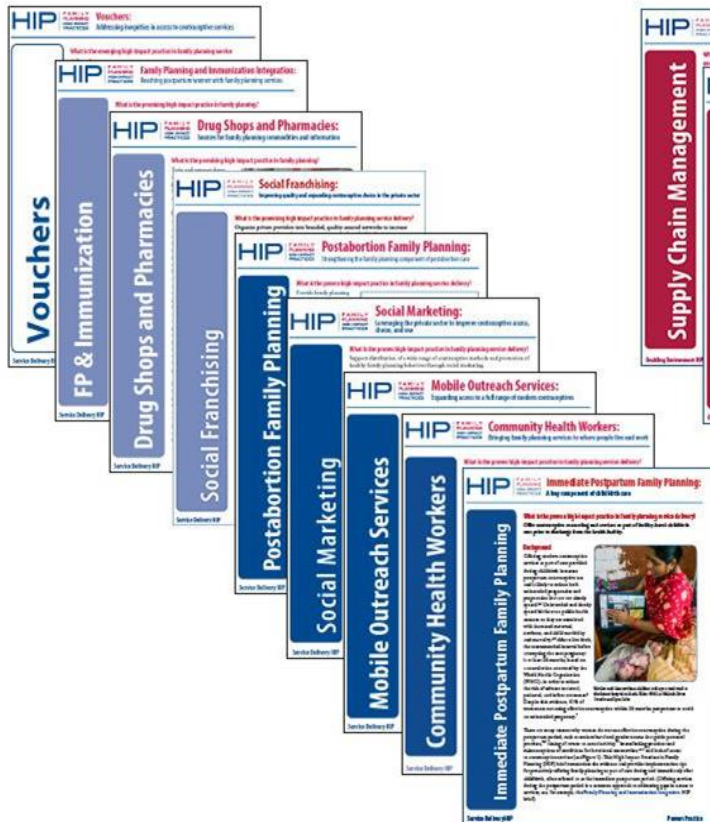
- Reactions to categories of key informants?
- Feedback on topics for KII guides?

Desk review

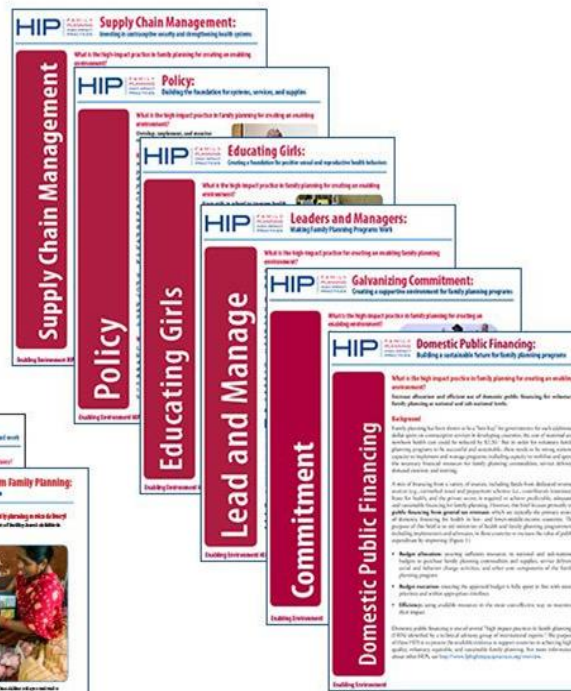
- Reactions to criteria for scale identification and relevance?
- Suggestions on scales to include?

Update on R4S/SMART-HIPs

Service Delivery



Enabling Environment



Social and Behavior Change



HIP Enhancements



R4S/SMART-HIPs: Goal and objectives



To develop and apply a replicable approach that measures essential aspects of HIP implementation to advance measurement, monitoring and decision-making related to implementing and scaling HIPs.

Assessment of selected HIPs across 7 countries

1. Measure the **vertical** and **horizontal scale** of implementation of selected HIPs.
2. Measure the **reach** of selected HIPs to sub-populations by age, urban/rural location, and other dimensions of equity, as feasible and relevant.
3. Assess **quality of implementation** of selected HIPs, including policy-level intention and readiness to offer the intended standard of care and/or to adhere to SBC industry standards.
4. Estimate the **costs** of implementing and sustaining implementation and identify the cost drivers and efficiencies for selected HIPs.

Consensus-building

5. Develop and **recommend measurement standards** for HIP implementation and scale-up, including the definition of core components and indicators, through an iterative consultative process with country and global stakeholders.

Project scope

	IPFP	CHWs	PAFP	PDS	MM
USAID-funded Research for Scalable Solutions (R4S) Project					
Mozambique					
Nepal					
Uganda					
R4S replicability					
Malawi	1 HIP TBD				
BMGF-funded Scaling Measurement and Replication Techniques (SMART-HIPs) Project					
Burkina Faso					
India					
Nigeria					
SMART-HIPs assessment in Ouagadougou Partnership countries					
Regional	ALL HIPs				

Service delivery HIPs

IPFP = Immediate Postpartum Family Planning

PAFP = Post-Abortion Family Planning

CHWs = Community Health Workers

PDS = Pharmacies and Drug Shops

Social and behavioral change HIP

MM = Mass media

Measuring quality of implementation

QUALITY OF IMPLEMENTATION: Extent to which a HIP is implemented according to the guidance in the HIP brief, with a focus on policy-level intention to provide an explicit standard of care and readiness to offer the intended standard of care at the service delivery level or to adhere to SBC industry standards at the level of mass media implementation (client-provider interaction and client-level outcomes are not part of our scope).



Articulating core components

- Review HIP brief for “how to” guidance
- Develop draft core components (CC) aligned with existing quality frameworks
- Consult with HIP Technical Expert Groups to validate & revise CCs

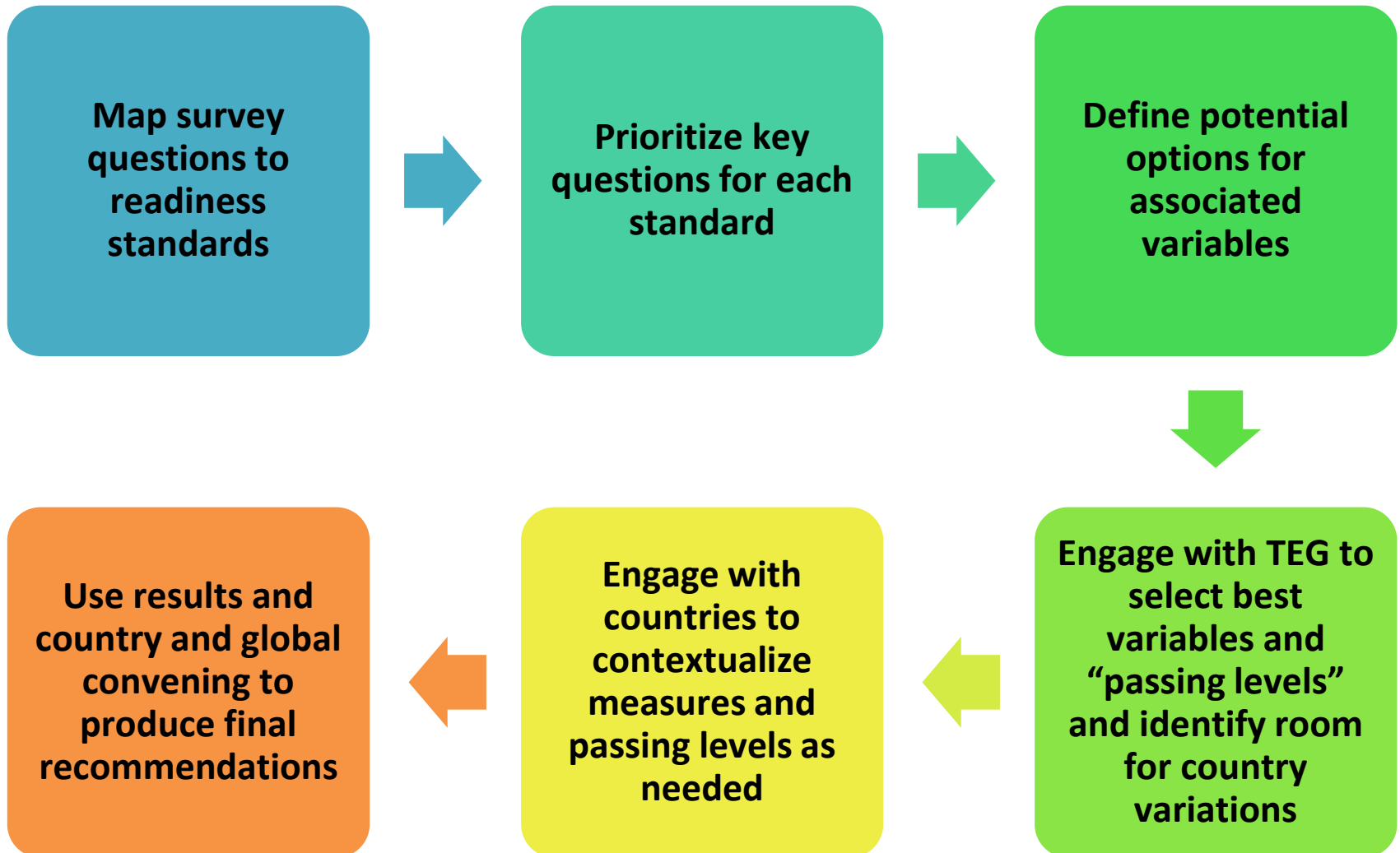
Example: Postabortion Family Planning Core Components

1. Essential supplies, equipment, and methods necessary to providing high-quality PAFP are consistently available to all clients desiring a method while receiving PAC.
2. Health workers across cadres are trained and demonstrate competency in delivering client-centered PAFP counseling and service provision, inc. LARC.
3. All clients can access counseling and provision or referrals for other services, inc. GBV and STI screening, at the same time and place as PAFP and PAC.
4. Appropriate facility staff are available to provide PAFP services and products, inc. LARC, prior to client’s discharge.
5. There is adequate monitoring, reporting, and tracking of the provision of counseling and PAFP services.
6. Health facility leadership and staff actively promote PAFP.

Core components and Standards


POSTABORTION FP (PAFP)			
QUALITY DOMAINS	CORE COMPONENT	POLICY STANDARDS	READINESS STANDARDS
Technical competency (availability of trained and competent health workers)	Health workers across cadres are trained and demonstrate competency in delivering client-centered PAFP counseling and service provision, including LARC methods.	Facility leadership uses national guidelines and a training curriculum that includes client-centered PAFP counseling and service provision, including LARC methods.	Health workers, including nurses and midwives, have received training and have achieved competency in: 1) client-centered, respectful care that is free of discrimination based on age or type of abortion undertaken/received; 2) the screening, counseling, including return to fertility, and provision of a range of FP services appropriate for PAC, including LARC methods; and 3) support for follow-up care.

Process for defining measures for readiness score





From core components to standards to surveys

Core component: Health workers across cadres are trained & demonstrate competency in delivering client-centered PAFP counseling and service provision, inc. LARCs.



Readiness Standard: Health workers, inc. nurses and midwives, have received training & have achieved competency in: 1) client-centered, respectful care that is free of discrimination based on age or type of abortion undertaken/received; 2) screening, counseling, including return to fertility, & provision of a range of FP services appropriate for PAC, inc. LARCs; & 3) support for follow-up care.



Facility Assessment:

- Does this facility have personnel trained to offer family planning services to women after receiving post-abortion care and before discharge from the facility?

Provider questionnaire:

- Have you received dedicated training for post-abortion family planning in the last 2 years/ 24 months?
- What contraceptive methods are appropriate to give clients during a post-abortion visit if there are no complications or infection?

Prioritizing questions and identifying potential variables

Readiness Standard: Health workers, inc. nurses and midwives, have received training & have achieved competency in: 1) client-centered, respectful care that is free of discrimination based on age or type of abortion undertaken/received; 2) screening, counseling, including return to fertility, & provision of a range of FP services appropriate for PAC, inc. LARCs; & 3) support for follow-up care.



Facility Assessment:

- Does this facility have personnel trained to offer family planning services to women after receiving post-abortion care and before discharge from the facility?

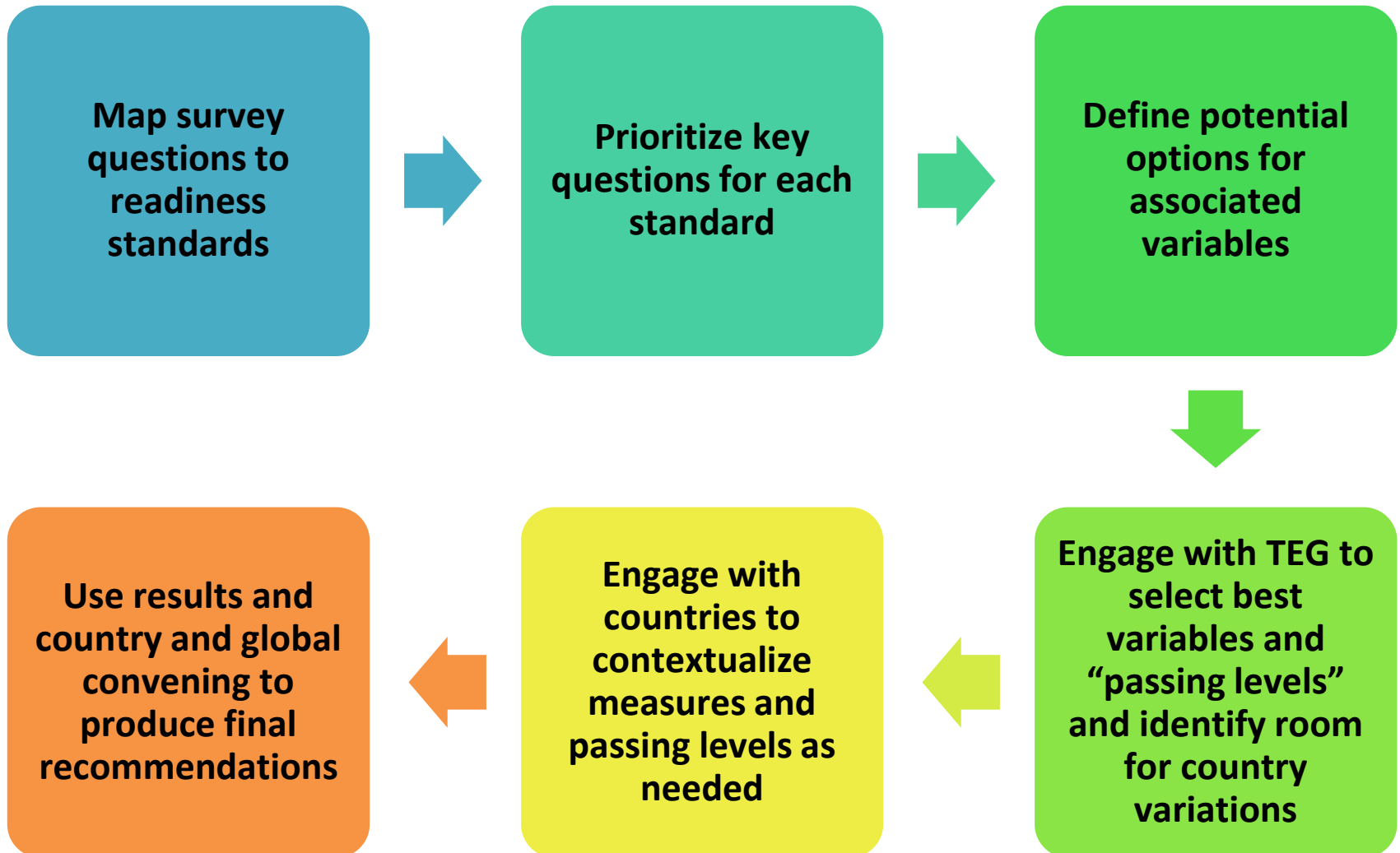
Should the measure include whether different cadres have been trained?



Provider questionnaire:

- Have you received dedicated training for post-abortion family planning in the last 2 years/ 24 months?
- What contraceptive methods are appropriate to give clients during a post-abortion visit if there are no complications or infection?

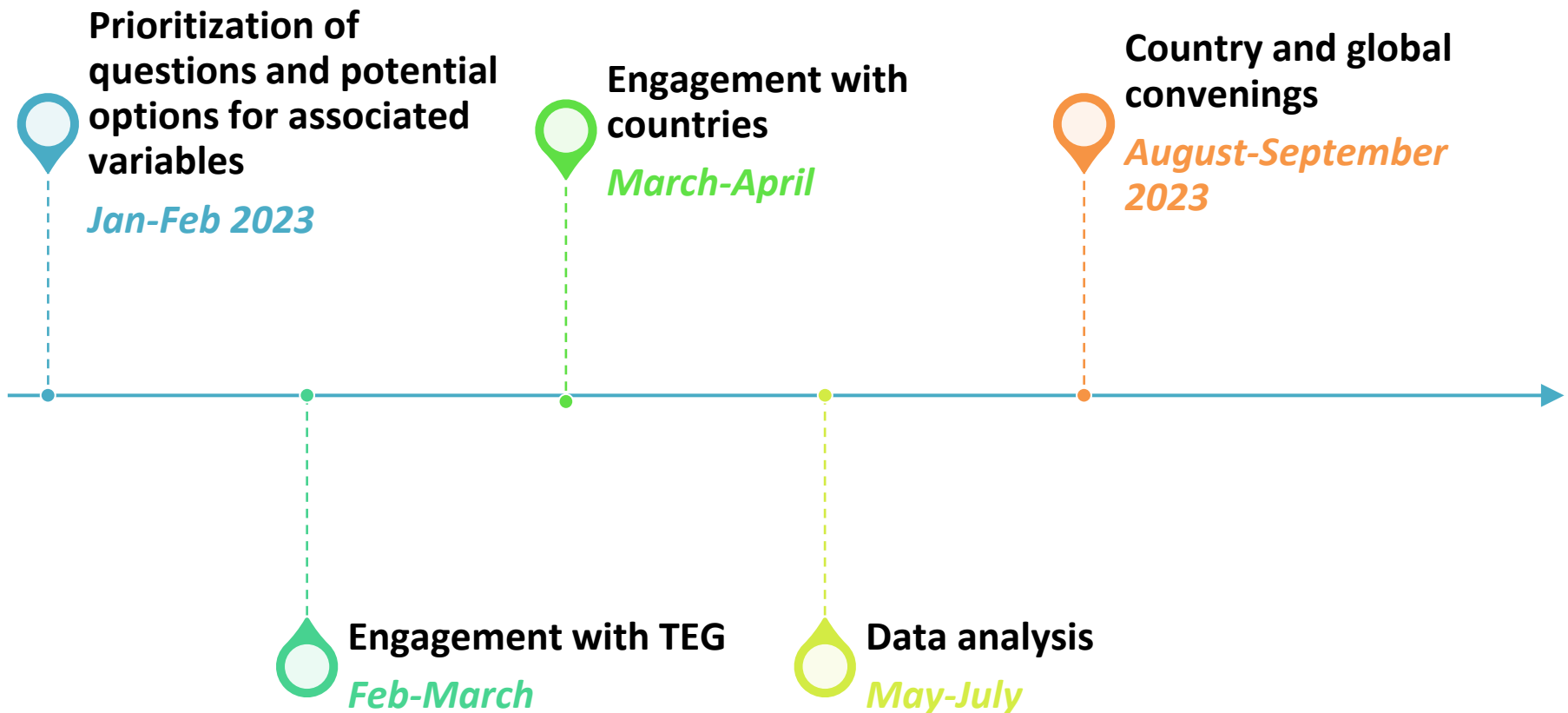
Process for defining measures for readiness score



From measures to readiness score for service delivery HIPs

- Assessment design based on estimating the proportion of health facilities/CHWs/pharmacies/drug shops that attain a passing readiness score
- Readiness score will aggregate component scores
- Component scores will be based on readiness standards associated with core components
 - Should be based on essential questions, with other questions providing descriptive context
 - Need to reconcile global vs. country expectations

Timeline: SMART-HIPs



Feedback

- Do you have any additional suggestions related to the proposed approach?
- How much room do you think there is for contextualizing measures at the country level?
- How might we collectively finalize the core components for the HIPs?

ICFP 2022: IBP Track Program Implementation Subcommittee



Timeline 2022



The Partnership

- Over 200 partners joined the IBP Track Program Implementation Subcommittee
- Organizing Committee
- Session co-leads
- WHO Fellows and Youth Trailblazers
- Members and Presenters

IBP Track Program Implementation Subcommittee Members:

The IBP Track Program Implementation at ICFP2022 was organized with the valuable contributions of the following:

Organizing Committee

Ados May	Barnabas Abok	Emily Sonneveldt	Landy Aniela Kus	Pritha Biswas
Aissatou Thiaye	Bethany Arnold	Fatim Nikiéma-Traoré	Liz Futrell	Priya Emmart
Allison Bodenheimer	Carolyn Ekman	Ginette Hounkanrin	Mohamed Sangare	Rodolfo Gomez
Amanda Cordova-Gomez	Célestin Compaore	Jeannie Greaney	Molly Moesner	Sarah Brittingham
Anne Ballard Sara	Djenebou Diallo	Jimmy Nzau	Nandita Thatte	Sylvia Wong
Anne Pfitzer	Elise Petitpas	Kirsten Krueger	Paul Philippe Nguessan	Trinity Zan

WHO/IBP Network Fellows and Youth Trailblazers

Anna Kukundakwe	Esi Asare Prah	Nzisa Kioko	Pearson Malisau	Tanaka Chirombo
Anup Adhikari	Laura Tomas Ramos	Oury Kamissoko	Reine Stéphy Thiombiano	Yousuf Alwari
Bénél Agossou	Narayani Tripathi	Paul Philippe Nguessan	Sesilia Shirima	

Subcommittee Members

Aanu' Rotimi	Cecile Yougbare	Ibrahim Innocent	Marjorie Mbule	Sarah Kessler
Abdoulaye Ousseini	Célestin Compaoré	Ibrahim Moussa	Marriam Mangochi	Sarah Onyango
Abdulmumin Saad	Christine Amy Collé Mbaye	Innocent Grant	Martin Gutierrez	Shamim Juma Ali
Abou Maimouna Diallo	Christine Simiyu	Isabelle Bicaba	Mary Lyn Gaffield	Shuaib Shuaib Musa
Adedamola Adebayo	Christopher Lindahl	Isidore Sinkondo	Mathea Pielmeier	Simon Binezero mambo
Aicha Kanté	Cletus Asare	Jeff Jordan	Mathea Roemer	Sophie Chabeda
Aissata Fall	Daniel Mumbia	Jen Kidwell Drake	Mbathio Diaw Ndiaye	Stanley idika ukpai
Alessandra Aresu	Daoudou Idrissou	Jennifer Holloway	Meg Sheahan	Stembile Mugore
Alison Malmqvist	Dela Bright Gle	Joachim Chijide	Milka Dinev	Stephanie Tholand
Alison Pack	Dorine Thomissen	Julie Thorne	Mohamad Brooks	Sudhir Kumar Satpathy
Amadou Oussenl	Duang-ramon Paaptanti (Bee)	Jutomue Doetein	naglaa fathy lithy	Susan Tino
Amina Dorayi	Eleonor Unsworth	Kabir Singh	Nathalie Kapp	Sylvain Faye
Anatole Manzi	Elhakim Ibrahim	Kate Dieringer	Neeta Bhatnagar	Tamar Khomasuridze
Anita Makins	Eliya Zulu	Katelyn Bryant-Cornstock	Nihal Said	Thiaba Sembène
Ann Marjorie Mbule	Emily Woolway	Kaya Sy	Nnaemeka Jasper Nduagu	Turnie Komanyane
Aoife O'Connor	Erica Belanger	Kayode Afolabi	Ousman Ouédraogo	Ufuoma Festus Omo
Aparna Jain	Erika Martin	Kellie Welborn	Papa Diouf	Ulrika Rehnstrom Loi
Asantesana Kamuyango	Esrat Jahan	Khadija Kalam	Patricia Mahecha	Veloshnee Govender
Atoyese Dehinbo	Fatima Kandine	Kimberly Whipkey	Peter Mutanda	Venantius Bbaale Kirwana
Belmar Franceschi	Fatimata Kané	Kizanne James	Polly Walker	Vikas Kaushal
Ben Bellows	Fatimata Sow	Kristen Little	Poonam Muttreja	Violet Murunga
Ben Light	Fatou Bintou Mbow	Laouali Amadou	Pritha Biswas	Vlorian Molliqaj
Ben Moulaye	Fatou Diop	Laura Hurley	Rebecca Wilkins	Wahidul Islam
Beth Balderston	Gabrielle Appleford	Laura Raney	Rebecka Lundgren	Wamala Nicholas Kisaakye
Beth Fredrick	Gail Knudson	Leanne Dougherty	Reginalde G Masse	Wanjiru Mathenge
Bill Ryerson	George Barigye	Leigh Wynne	Reshma Naik	Yasmin Chandani
Bless-me Ajani	Grace Gayoso Pasion	Mahfuza Mousumi	Rita Kabra	Yohannes Dibaba Wado
Boniface Bushie	Griffins Manguro	Malayah Harper	Roasanne Rushing	Yvette Ribaira
Boniface Ushie	Habibur Rahman Talukder	Mamoudou Barro	Romeo Menendez	Zahid Hossain Khan
Brighten Muzavazi	Hala Naufal	Mamoutou Diabate	Rosanne Rushing	Zahid Memon
Brittany Moore	Halima Lila	Manjulaa Narasimhan	Sanchika Gupta	
Caroline Kabiru	Harjyot Khosa, IPPF- India	Marguerite Ndour	Sandy Joseph	
Carrie Martin	Hayate Ayea	Marie Ba	Sarah Harlan	
Catherine Kirk		Marie Syr Diagne	Sarah Jane Holcombe	

Activities at a Glance



Program Implementation at ICFP2022 agenda at a glance

SUNDAY 13 NOVEMBER

PRE-CONFERENCE

HILTON PATTAYA -
SEABOARD 3, FLOOR 17

8:30 AM - 5:00 PM

Engage - Create - Innovate - Document: Implementation, storytelling, social media and engagement with decision-makers

Monitoring Implementation of Family Planning Practices

RECEPTION

HILTON PATTAYA -
SEABOARD 1-2, FLOOR 17

5:00 - 7:00 PM

A Night to Celebrate Partnerships in Program Implementation

TUESDAY 15 NOVEMBER

INTERACTIVE SESSIONS

PATTAYA 16 - PEACH CONVENTION CENTER, LEVEL 6

10:15 - 11:35 AM FR Outils pratiques pour l'engagement communautaire et la prestation de services à base communautaire

11:50 - 1:10 PM EN Take It to Scale: Engaging with the Experts

2:40 - 4:00 PM EN Using the FP Goals: Identifying Opportunities and the Estimated Impact of Different Scale-Up Scenarios

4:15 - 5:35 PM SP Recursos y herramientas de FP/SR para y desde América Latina y el Caribe

ROUNDTABLE SESSIONS

ROYAL SUMMIT CHAMBER A -
ROYAL CLIFF BEACH HOTEL

1:25-2:25 PM

TABLE #15 FR Les résultats de recherche de qualité sur la PF et leur utilisation pour informer les politiques et programmes dans la région de l'Afrique de l'Ouest

WEDNESDAY 16 NOVEMBER

INTERACTIVE SESSIONS

PATTAYA 16 - PEACH CONVENTION CENTER, LEVEL 6

10:15 - 11:35 AM FR Outils et innovations de création de la demande pour booster l'utilisation des contraceptifs

11:50 - 1:10 PM EN Translating HPPs (and More!) into Inclusive Service Delivery at Scale

2:40 - 4:00 PM FR La gestion des connaissances pour la PF en pratique

4:15 - 5:35 PM FR Comment les mobilisations multi-acteurs font avancer les DSSR

ROUNDTABLE SESSIONS

ROYAL SUMMIT CHAMBER A -
ROYAL CLIFF BEACH HOTEL

1:25-2:25 PM

TABLE #7 EN FP and Comprehensive Abortion Care Toolkit for primary health care providers

TABLE #8 FR Approches féministes des DSSR

TABLE #9 EN AYSRH program experiences in Asia

TABLE #10 EN WHO handbook: Critical Considerations and Actions for Achieving Universal Access to SRH in the Context of UHC through a Primary Health Care Approach

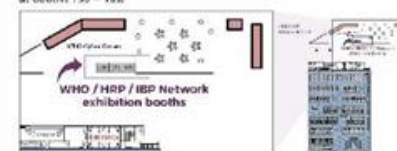
TABLE #11 EN Niv: The Digital Health Marketplace

TABLE #12 EN WHO/IBP tools and resources on FP/SRH

TABLE #13 EN WHO's Guideline on self-care interventions for health and well-being

Visit our exhibition area at ICFP!

Stop by WHO, HRP and the IBP Network at booths 152 - 153



USEFUL LINKS

- ICFP IBP Track Program Implementation Subcommittee: icfp2022.org/program-implementation
- WHO/IBP Network: ibpnetwork.org
- High Impact Practices: highimpactpractices.org
- WHO Department of Sexual and Reproductive Health and Research (SRH): www.intteamssexual-and-reproductive-health-and-research-brh/

CURATE AND SHARE CONFERENCE RESOURCES

We have partnered with FP Insight (fpinsight.org), a free, resource discovery and curation tool built by and for family planning and reproductive health (FP/RH) professionals. Modeled after social media sites such as Pinterest, this digital platform provides users with a space where they can save all of their favorite family planning material and discover new resources for their work, through interactive newsteeds.

FP Insight has over 900 users from over 75 countries and serves as an excellent space for FP/RH professionals to find, save, organize and promote information to a wider FP/RH audience.

To access collections of resources for each of the respective sessions in the IBP Track, visit: ibpnetwork.org/page/fp-insights

SHARE YOUR SRH KNOWLEDGE THROUGH STORYTELLING

The IBP Network believes in the power of a good story. Learn how to use the art of storytelling to document your knowledge of what works in FP/SRH programming, and to convey how effective interventions make a real difference in people's lives.

Read **Implementation Stories** on local use of global evidence: ibpnetwork.org/page/implementation-stories

Download our **list of resources** on how FP/SRH efforts can be supported by stories that stick: ibpnetwork.org/page/storytelling-resources



Illustration: Cover Art, Dugan's Creativity, courtesy of Dugan's Creativity and Illustration by Dugan's Creativity

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icfp2022.org/program-implementation



Program Implementation at ICFP2022

Piste de mise en oeuvre IBP à la CIPF

13 - 17 NOVEMBER 2022



INTERNATIONAL CONFERENCE ON
FAMILY PLANNING
PATTAYA CITY, THAILAND - 14-17 NOVEMBER 2022

Pre-conference

- Two-part all day event
- 75~100 participants
- Implementers, Donors, Government of Thailand
- HIPs, WHO Tools, others

Pre-conference

13 NOVEMBER 2022

LOCATION: HILTON PATTAYA - SEABOARD 3, FLOOR 17

This one-day meeting will bring together family planning experts working in program implementation. Participants will come together to learn about innovative approaches, discuss the importance of monitoring implementation, and share promising strategies to address current and future challenges in family planning program implementation. The pre-conference is organized in two parts:

Engage - Create - Innovate - Document

08:30 AM - 12:00 Noon

The WHO/IBP Network and UNFPA are organizing this event to highlight innovative approaches to implementation, creative techniques to document evidence on FP/SRH programs, and opportunities to engage with policy makers and parliamentarians to make commitments and investments in FP/SRH.

This session will be comprised of a technical panel, followed by a Learning Exchange Lab, in which participants can select to deep-dive into one of the following topics:



LUNCH - 12:00 PM - 1:00 PM

How Do You Know When You're Doing It Right? Monitoring Implementation of Family Planning Practices

1:00 PM - 5:00 PM

This interactive session, organized by FHI 360, aims to move the community toward harmonized measurement standards for implementation of FP practices to further support scale-up and impact.

The session will be comprised of plenaries and Knowledge Café roundtables, and will include the following aspects of monitoring of implementation:



RECEPTION

A Night to Celebrate Partnerships in Program Implementation

Une soirée pour célébrer les partenariats dans la mise en œuvre du programme

13 NOVEMBER 2022, 5:00 - 7:00 PM

LOCATION: HILTON PATTAYA - SEABOARD 1- 2, FLOOR 17

Join us for a celebration to showcase the achievements of the IBP Track Program Implementation Subcommittee in planning, organizing and implementing a successful track at ICFP2022 and to celebrate the contributions from all who are part of the Subcommittee.

Joignez-vous à nous pour une célébration visant à mettre en valeur les réalisations du sous-comité de mise en œuvre de programme de la piste IBP dans la planification, l'organisation et la mise en œuvre d'une piste réussie à l'ICFP2022 et à célébrer les contributions de tous ceux qui font partie du sous-comité.

- Interactive & Partner led
- Trailblazers & WHO Fellows
- 4 Sessions in French, 2 in English and 1 in Spanish
- 75 participants per session
- Local voices and experiences
- HIPs disseminated in various languages and formats

Updated August 2022

FP Insight ICFP Collections by the numbers



- Collections assembled: **17**
- Track content received over **1000-page views**
- Average web engagement time on each collection around **3 minutes** and 11 secs (the industry standard is around 2 minutes)
- **Highlights:** Aïssatou's [collection](#) in **French** on “KM in Practice” was the highest performing collection, closely followed by the **Spanish** language collection
- Overall when looking at the individual ICFP/IBP resources shared, posts that focused on the **HIPs** and program scale-up were the most popular and continue to show up in our trending news feed 3 months later due to a high number of clicks

Session FP Insight Collections

How to find the collections:

1. Go to www.fpinsight.org
2. Search “IBP Track” in the search bar
3. Using the yellow Categories toolbar on the left, select “Collections”
4. Explore!



IBP Track: Translating HIPs (and More!) into Inclusive Service Delivery at Scale (5 posts)

This collection is for the ICFP IBP track session on the Service Delivery High Impact Practices. This space will be a space to share resources around the session and highlight successes, challenges, lessons learned implementing service delivery HIPs, particularly the HIPs on immediate postpartum family planning (IPFP) and postabortion family planning (PAFP). The session will also provide a platform to showcase the new Family Planning Training Resource Package (TRP) and Spanish-language virtual training resources from PAHO. The session will be multilingual in French, Spanish and English, conducted in a knowledge cafe style that allows participants to rotate between 3 tables and exchange on country experiences implementing service delivery HIPs, and adaptations needed to make service delivery HIPs more inclusive and/or more applicable in fragile settings, and those affected by climate change, conflict and outbreaks.

International Conference on Family Planning

POST
Immediate Postpartum Family Planning Counseling and Services - HIPs

POST
Postabortion Family Planning Care and Services - HIPs

POST
Training Resource Package for Family Planning

TRP – Training Resource Package for Family Planning offers curriculum components and tools for trainers to design, implement, and evaluate family planning and reproductive health training.

<https://www.fptraining.org/>

POST
Pratique a haut impact pour la PFPP immediate

Merci a l'USAID pour leur investissement a rendre les PIH disponibles en langues multiples

Lors de la session IBP sur les Pratiques a Haut Impact pour renforcer la prestation de services, nous aurons des stations en francais, y compris sur cette PIH sur la PF en

Dissemination Products



fphighimpactpractices.org

Maximizing Family Planning Investments to Create the Greatest Impact

New Releases!

- Leading and Managing (Update)
- Strategic Social Accountability (New)
- Comprehensive Policy Processes (Update)
- Enabling Environment Overview (Update)
- Social Behavior Change Overview (Update)
- Promoting Healthy Couples' Communication to Improve Reproductive Health Outcomes (New)
- Social Norms (New)
- Knowledge, Beliefs, Attitudes, and Self-efficacy (New)
- Contraceptive Method Introduction to Expand Choice (New)
- Meaningful Adolescent and Youth Engagement (New)

Coming soon

- Engaging Faith-based Leaders in Family Planning (New)

Key HIP resources include:

- Evidence Briefs
- Short Video
- Webinars
- Strategic Planning Guides

Engage with the HIPs:



ibp network

Program Implementation at ICFP2022

Piste de mise en oeuvre IBP à la CIPF

13 - 17 NOVEMBER 2022



HIP FAMILY PLANNING HIGH IMPACT PRACTICES Family Planning High Impact Practices List

What is a High Impact Practice in Family Planning?

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format. A HIP is measurable and it should have demonstrable impact in achieving various family planning outcomes including: modern contraceptive uptake, reduction in unintended pregnancy, reduction in overall fertility, or at least one of the primary proximate determinants of fertility (delay of marriage or sexual initiation for adolescents, birth spacing, exclusive breastfeeding and postpartum abstinence). Vetting criteria also include: replicability, scalability (i.e., potential application in a wide range of settings), sustainability, and cost-effectiveness. HIPs are categorized as:

Enabling Environment	Service Delivery	Social and Behavioral 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 Behavioral Change HIPs influence knowledge, beliefs, behaviors, and social norms associated with family planning.

Enhancement

A HIP enhancement is a tool or approach that is not a standalone practice, but it is often used in conjunction with at least two or more HIPs in the other three areas to maximize the impact of HIP implementation or increase the reach and access for specific audiences. The intended purpose and impact of enhancements are focused and, therefore the evidence-based impact of an enhancement is subjected to different standards than a HIP.

Service delivery and social and behavioral change HIPs can further be enhanced according to the strength of the evidence base for each practice as per:

Proven	Sufficient evidence that there is a case
Promising	Good evidence is needed to fully address the research context

The power of a good story in SRH

How can we capture how access to sexual and reproductive health services makes a difference in people's lives? How can we advocate for interventions that work? Explore how evidence can be synthesized and shared through the art of storytelling and powerful narratives that stick.



READ THE 15 IBP IMPLEMENTATION STORIES ON FP/HR PROGRAMMING

- ENGLISH: <https://ibpnetwork.org/page/implementation-stories>
- SPANISH: <https://ibpnetwork.org/page/in-espanol>
- FRENCH: <https://ibpnetwork.org/page/francais>

READ THE 5 IMPLEMENTATION STORIES ON IMPROVING ACCESS TO COMPREHENSIVE ABORTION CARE including information, abortion management, and post-abortion family planning

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Creating the Greatest Impact

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

Meaningful Adolescent and Youth Engagement and Partnership in Sexual and Reproductive Health Programming: A Strategic Planning Guide



INTERNATIONAL CONFERENCE ON FAMILY PLANNING
PATTAYA CITY, THAILAND • 14 - 17 NOVEMBER 2022

ABOUT PROGRAM

Creating the Greatest Impact

High Impact Practices (HIPs): Supporting Strategic D...

41%

Watch on YouTube

Introduction des pratiques à haut impact en planification familiale (PHIs)

Take It to Scale! Engaging with the Experts

15 NOV 11:50 - 1:10 PM

Program Implementation at ICFP2022

Recursos y herramientas de PF/SR para y desde América Latina y el Caribe

15 NOV 4:15 - 5:35 PM

Program Implementation at ICFP2022

Outils pratiques pour l'engagement communautaire et la prestation de services à base communautaire

15 NOV 11:50 - 1:10 PM

Program Implementation at ICFP2022

Reflections

- Create spaces for partners to contribute their experience: Francophone sessions a success
- Pre-conference a good event to consider replicating
- HIPs useful as guiding principles for technical sessions
- Communications plan early in the process
- TAG Members participation in preconference and sessions
- Closely follow logistics to ensure smooth delivery
- Hard copies of briefs were not collected by participants as in previous conferences

HIP

FAMILY
PLANNING
HIGH IMPACT
PRACTICES

**Scalable Family
Planning Solutions:
High Impact
Practices in Focus**

HIPs side event at ICFP – Wed. 16, 7-9 pm

Speakers:

- Dr. Pascale Allotey, Director, Sexual & Reproductive Health and Human Reproduction Programme, WHO
- Dr. Alvaro Bermejo, Director General, IPPF
- Dr. Samukeliso Dube, Executive Director, FP2030
- Dr. Julitta Onabanjo, Director, Technical Division, UNFPA
- Ellen Starbird, Director, Office of Population and Reproductive Health, USAID
- Ann Starrs, Director, Family Planning, Bill & Melinda Gates Foundation
- Dr. Salma Ibrahim Anas, Director, Family Health Services, Federal Ministry of Health, Nigeria
- Dr. Bashir Issak, Head, Department of Family Health, Ministry of Health, Kenya

Panel 1: Family Planning Service Delivery



Ann Starrs
Director, Family Planning
Bill & Melinda Gates Foundation



Dr. Julitta Onabanjo
Director, Technical Division
UNFPA



Dr. Alvaro Bermejo
Director-General
IPPF

Panel 2: Country and WHO Perspectives



Ellen Starbird
Director, Office of
Population and
Reproductive Health
USAID



Dr. Bashir Issak
Head, Department of
Family Health
Ministry of Health, Kenya



Dr. Salma Ibrahim Anas
Director, Family Health
Services
Federal Ministry of
Health, Nigeria



Dr. Pascale Allotey
Director, Sexual &
Reproductive Health and
Human Reproduction
Programme
WHO



What Do You Think?

How can we inform other decision-makers about HIPs? How can we share the HIPs with other decision makers?

How should HIPs be disseminated for implementation? What resources are needed for HIPs implementation? How can the global community best support HIPs implementation?

What additional materials would be useful to spread the word about HIPs?

Who would benefit from knowing about HIPs?

HIPs Vision

A global family planning community where High Impact Practices in FP are highly valued as global public goods, in demand, adopted, and scaled up by partners, including the public and private sectors, to improve, sustain and strengthen rights-based family planning programs for all.

Key Takeaways

- The speakers elevated HIPs within their organizations and created a bond across their organizations.
- They spoke of their commitment to improving their work using the HIPs.
- It was fantastic to hear from the MOH representatives from Nigeria and Kenya on the work that they are doing and will continue to do using the HIPs.
- BMGF provided financial assistance and technical support: funded Global Health Strategies who worked with Laura on the event.

SBCC Summit 2022 Dec. 5-9, Marrakech



HIPs Event at SBCC Summit 2022

SBCC SUMMIT SIDE EVENT: NEW SBC FOR FAMILY PLANNING HIPs LAUNCH

Objectives:

1. To share with SBC practitioners and public health decision makers or policy makers working to advance family planning the suite of new SBC HIP briefs
1. To showcase the new HIP SBC briefs with SBC practitioners. The briefs are an innovative way to summarize SBC evidence to facilitate evidence utilization in SBC programs



Evidence for SBC Impact: Launching the new SBC High Impact Practice Briefs for Family Planning

Evidence utilization is a challenge across public health and particularly in SBC. High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.

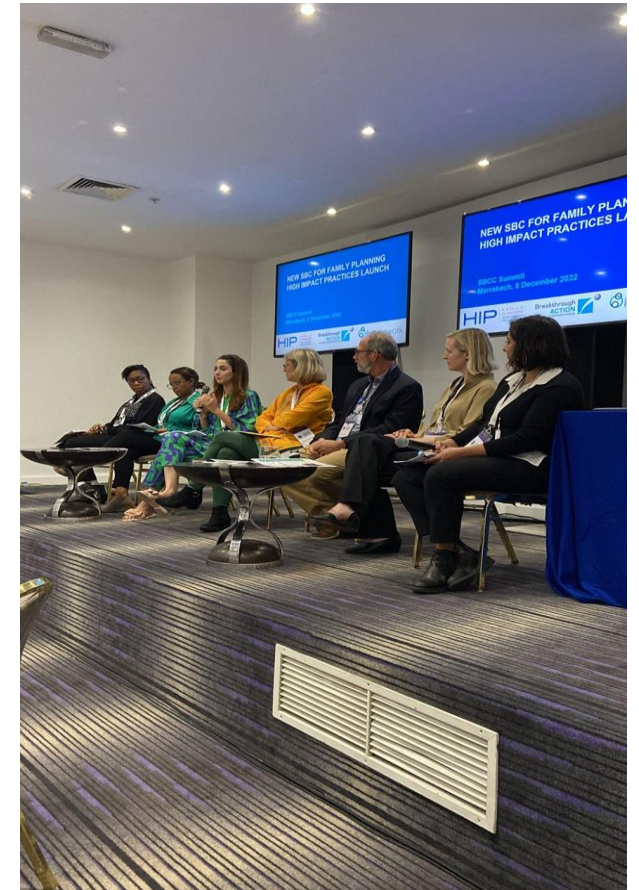
Breakthrough ACTION and the [HIPs Partnership](#) will be hosting a launch event during the [2022 SBCC Summit](#) to share critical evidence and tips for implementation from three new HIPs briefs on SBC that document proven practices to help individuals and couples achieve their reproductive intentions and desired family size. These new products can form the basis of new and impactful SBC programs to advance family planning outcomes and support advocacy to establish SBC priorities. The event will also spark new ideas for synthesizing SBC evidence to achieve other health objectives. Visit the [event page](#) for more details.

When: Thursday, December 8, 2022, from 6:30 to 8:30 PM

Where: Karam 1, Palais des Congrès in Marrakech, Morocco

The Partnership

- **Brief introduction to HIPs and the SBC Overview**
 - Nandita Thatte, WHO/IBP Network
- **Author's Perspective on each brief**
 - Lynn Van Lith, JHU-CCP - Knowledge, Attitudes and Beliefs
 - Rob Ainslie, JHU-CCP - Couple's Communication
 - Rebecka Lundgren, UCSD - Social Norms
- **Experts from the field Perspective on the practice**
 - Laraib Abid, MASHAL (Pakistan) - Knowledge, Attitudes and Beliefs
 - Esete Getachew, JHU-CCP (Ethiopia) - Couple's Communication
 - Hortense Me, USAID-West Africa Regional Office - Social Norms
- **Questions/Discussion**
- **Audience engagement**
- **Networking**



Reflections

- Hard copies of each brief and USB drives made available. All taken!
- Early planning with Breakthrough Action, authors and speakers
- The summit provided a conducive environment for the HIPs SBC launch
- TAG members engaged and present
- Engaged colleagues from the larger SBC community
- Webinar series in 2023 to follow up on launch in Marrakech



Dissemination Products for SBCC Summit

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

SBCC Overview: Integrated framework for effective implementation of the social and behavior change high impact practices in family planning

Introduction

The purpose of this overview brief is to explain what social and behavior change (SBCC) for family planning is, and why it is important in supporting individuals and couples to achieve their reproductive intentions, including their desired family size. This brief provides a framework to show how the SBCC High Impact Practices (HIPs) work together to strengthen family planning programs, and offers tips on how to choose and implement SBCC programs.

SBCC is an evidence-driven approach to improve and sustain change in individual behavior, social norms, and the enabling environment. SBCC programs follow a systematic process (e.g., the *2Diagnosis or SBCC, Plan, Change*) to design and implement interventions at the individual, community, and societal levels that support the adoption of healthy practices. These programs employ a deep understanding of human behavior, the drivers on theory and practice from a variety of fields, including communication, social psychology, anthropology, behavioral economics, sociology, human-centered design, and social marketing.

Evidence shows that SBCC interventions are an essential component of high-quality family planning programs but remain underutilized. Investment in SBCC interventions enhance these efforts to service delivery and play a role in being a more effective SBCC intervention can be used to address a range of behavioral determinants influencing the uptake and continuation of modern contraceptive methods so that individuals and couples can achieve their reproductive intentions. These factors include social and gender roles and norms, *social norms*, and healthy couples' communication and other personalized factors perceived personal and social costs, method-specific barriers to use (e.g., myths and misconceptions and fear of side effects), perceived low risk of getting pregnant, weak, inconsistent, or substandard family planning and, *gender*, *disapproval of providing pregnancy*, SBCC interventions play an important role in improving contraceptive use, improving perceptions about good quality services and trust in the health system, and reinforcing linkage with other health issues and creating a supportive community and national environment for family planning. As such, SBCC complements the area of service delivery and the enabling environment to create a set of interconnected HIPs that work together to strengthen family planning programs.

A framework for the SBCC HIPs

The SBCC HIPs include on-brief that document proven and promising practices to help individuals and couples achieve their reproductive intentions and desired family size. These include two levels that explain how to understand and address different determinants of family planning behavior, and those that help to identify a mix of channels to reach your audience (Figure 1).

Understand and Address Determinants

These HIP briefs outline intervention approaches that address the determinants of SBCC at different levels of the social ecological model, which recognizes that determinants of health behavior exist on multiple levels, on individual, and extend beyond the individual. Specifically, socio-ecological models highlight that interpersonal relationships, community systems, and social and gender norms all influence individual choices and behaviors.

Proven Practice

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Promoting healthy couples' communication to improve reproductive health outcomes

What is the proven high-impact practice in family planning?

Implement interventions demonstrated to encourage couples to discuss family planning/reproductive health and make equitable, joint decisions to reach fertility intentions.

Background

Couples' communication is a form of interpersonal communication that entails the exchange or sharing of information, thoughts, ideas, intentions, and feelings between social partners. Couples' communication is influenced by policies, attitudes, values, culture, social and gender norms, and the individual's immediate environment. There are many forms of interpersonal communication that could result in uptake of modern contraception or improved reproductive health outcomes, e.g., between women or women, man to man, parent to child, provider to client, provider to provider, mutual adult to adolescent. This brief focuses on improving healthy couples' communication to improve reproductive health outcomes.

Since the 1990s, the family planning field has recognized the importance of couples' communication in the voluntary uptake of modern contraceptive methods.^{1,2} Several studies show a positive association between couples discussing their fertility intentions with joint decision making or whether or when to have children (Schwartz et al., 2021; Naji-Sharjah, 2021; Shattuck, 2011).^{3,4}

In the last decade, evidence has emerged on the importance of ensuring interventions promoting healthy couples' communication, with a focus on improving the quality of those discussions^{5,6,7} and addressing gender inequalities. Supporting healthy couples' communication can increase the uptake of modern contraceptive use while meeting the HIP principle of "gender equality," or "interventions 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 healthy relations." Recently, there has been attention to power related to social decision making and healthy sexual relationships (e.g., consent, bodily autonomy, pleasure), with a need to "better support couples in building trusted skills to increase intimacy and communication."^{8,9}

Access to modern contraceptive methods and reproductive autonomy are fundamental human rights.¹⁰ Individuals must be able to access contraception in their individual right. Involvement of the male partner should not prevent women from choosing contraception free from the influence of a male partner.¹¹ Therefore, while promoting healthy couples' communication to improve reproductive health outcomes is a proven HIP, it is critical to ensure that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children."^{12,13}

Proven Practice

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Social Norms: Promoting community support for family planning

What is the proven high-impact practice in family planning?

Implement interventions that address social norms to support an individual's or couple's decision-making power to meet their reproductive intentions.

Background

An individual's or couple's decisions and behaviors around conception and reproductive health are influenced not only by their individual knowledge, beliefs, and attitudes but also by the informal norms of the community where they live known as "social norms." Social norms define acceptable and appropriate actions within a given group (Box 1). They are sustained and enforced by people whose opinion matter to an individual (e.g., social partners, friends, peers, family or community leaders). These individuals are known as reference groups. Individuals who do not act in accordance with social norms may face sanctions, such as ostracism or loss of status. Social norms that affect an individual's or couple's decisions and behaviors around conception and reproductive health include norms related to who has the power to make decisions, when and how many children to have, who is allowed and when it is appropriate to engage in sexual activity and who is allowed and when it is appropriate to seek health services.¹

Some social norms change quickly, such as expectations and rules on use of mobile phones. Others are more persistent, such as the belief and women are expected to play. Experts note that social norms can be powerful in influencing behavior among marginalized populations. Young people may be social participants in critical life decisions in which adults are given decision-making power over adolescents.² Bad norms, such as higher education or economic status, are more likely

Box 1. Types of social norm

- Descriptive social norm about what other people "do" in your community, may not having one."
- Injunctive social norms about what other people or disapproval of (earn approval for couples to use contraception on their own terms. If parents may punish the child."

Knowledge, beliefs, attitudes, and self-efficacy

Social and Behavior Change

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Knowledge, beliefs, attitudes, and self-efficacy: strengthening an individual's ability to achieve their reproductive intentions

What is the proven high-impact practice in family planning?

Implement interventions to strengthen an individual's ability to achieve their reproductive intentions by addressing their knowledge, beliefs, attitudes, and self-efficacy.

Background

Accurate knowledge about family planning has long been understood as a critical factor to reach various family planning goals¹ and essential to informed choice.² Furthermore, inaccurate knowledge about family has been associated with unintended pregnancies.³ Experts believe that individuals with accurate knowledge that goes beyond knowing a few contraceptive methods, such as knowledge of family or contraceptive side effects, are more likely to use and less likely to discontinue using family planning to fulfill their fertility intentions. In addition to knowledge, other individual factors influencing someone's ability to reach their fertility intentions include **beliefs**, **attitudes**, and **self-efficacy**.⁴ Several theories highlight the role of these factors in behavior change, including the theory of planned behavior,⁵ social learning theory, and the *Health Belief Model*.⁶ These theories highlight the role of these factors in behavior change, including the theory of planned behavior, social learning theory, and the *Health Belief Model*.

Figure 1. Knowledge, beliefs, attitudes, and self-efficacy definitions⁴ and example

Example:

- Knowledge:** Accurate understanding of effectiveness of different types of modern contraceptive methods.
- Beliefs:** Beliefs about ideal family size.
- Attitudes:** Disapproval of contraceptive methods.
- Self-efficacy:** Confidence in one's ability to use a contraceptive method.

Knowledge, beliefs, attitudes, and self-efficacy are closely related and influence each other (Figure 1). For example, beliefs in myths and misconceptions about contraception

Social and Behavior Change

Proven Practice

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Family Planning High Impact Practices List



Maximizing Family Planning Investments to Create the Greatest Impact

New Releases!

- Leading and Managing (Update)
- Strategic Social Accountability (New)
- Comprehensive Policy Processes (Update)
- Enabling Environment Overview (New)
- Social Behavior Change Overview (Update)
- Promoting Healthy Couples' Communication to Improve Reproductive Health Outcomes (New)
- Social Norms (New)
- Knowledge, Beliefs, Attitudes, and Self-efficacy (New)
- Contraceptive Method Introduction to Expand Choice (New)
- Meaningful Adolescent and Youth Engagement (New)

coming Soon

- Engaging Faith-based Leaders in Family Planning (New)

Key HIP resources Include:

- Evidence Briefs
- Short Video
- Webinars
- Strategic Planning Guides

Engage with the HIPs:

#HIPs4FP

fhphimpactpractices.org/engage-with-the-hips/



High Impact Practices (HIPs): Supporting Strategic D...

41%

9%

Watch on YouTube



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Creating the Greatest Impact

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

Acknowledgements

Special thanks to:

Breakthrough Action and Joanna Skinner, for the leadership in planning the event

BMGF and Saad Abdulmumin, for their support with the USB drives

TAG Members: Nandita Thatte, Alice Payne Merritt, Gael O'Sullivan and Christine Galavotti

HIP

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HIP

F A M I L Y

P L A N N I N G

H I G H I M P A C T

P R A C T I C E S

HIP Production and Dissemination (P&D) Data Review

January 24th, 2023

Natalie Apcar, Knowledge SUCCESS

Ados May, WHO/IBP Network

HIP

FAMILY
PLANNING
HIGH IMPACT
PRACTICES

Agenda

Website Usership

Top 10 HIP Products

HIP Webinars and Podcasts

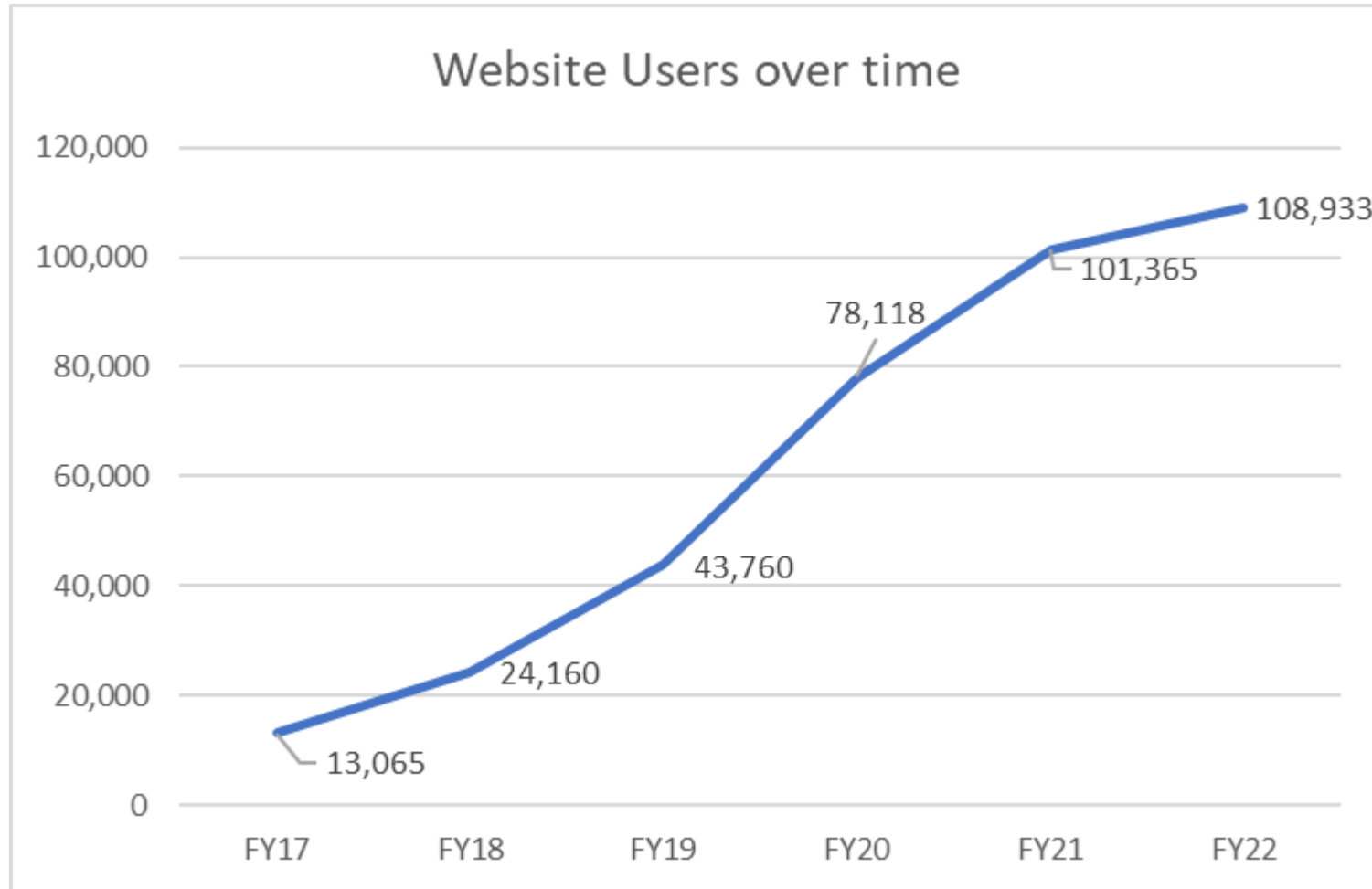
Twitter Engagement

HIP Newsletter

HIPs in Peer-Reviewed Literature



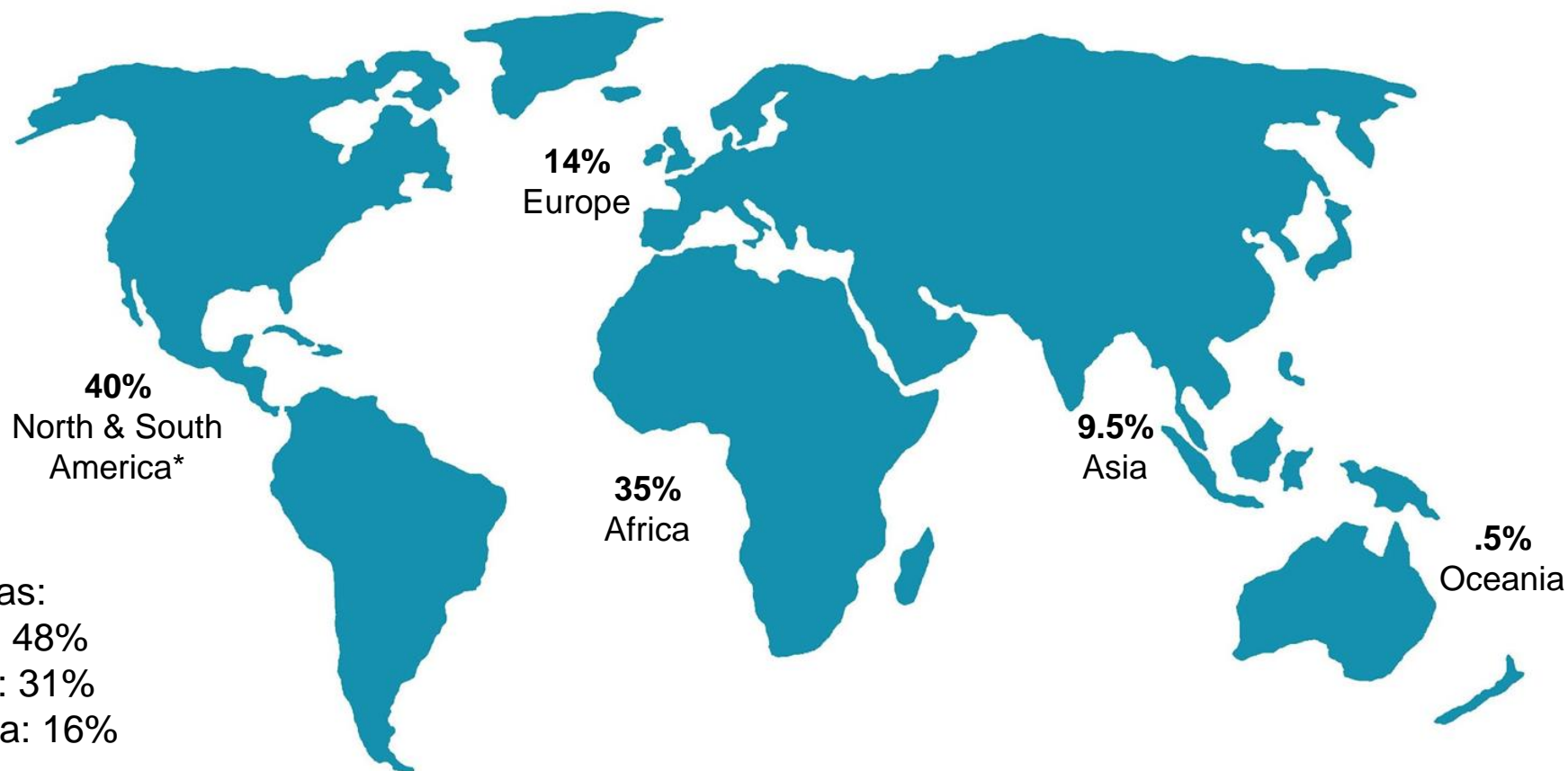
Website Users FY2018 – FY2022



Quick Analytics

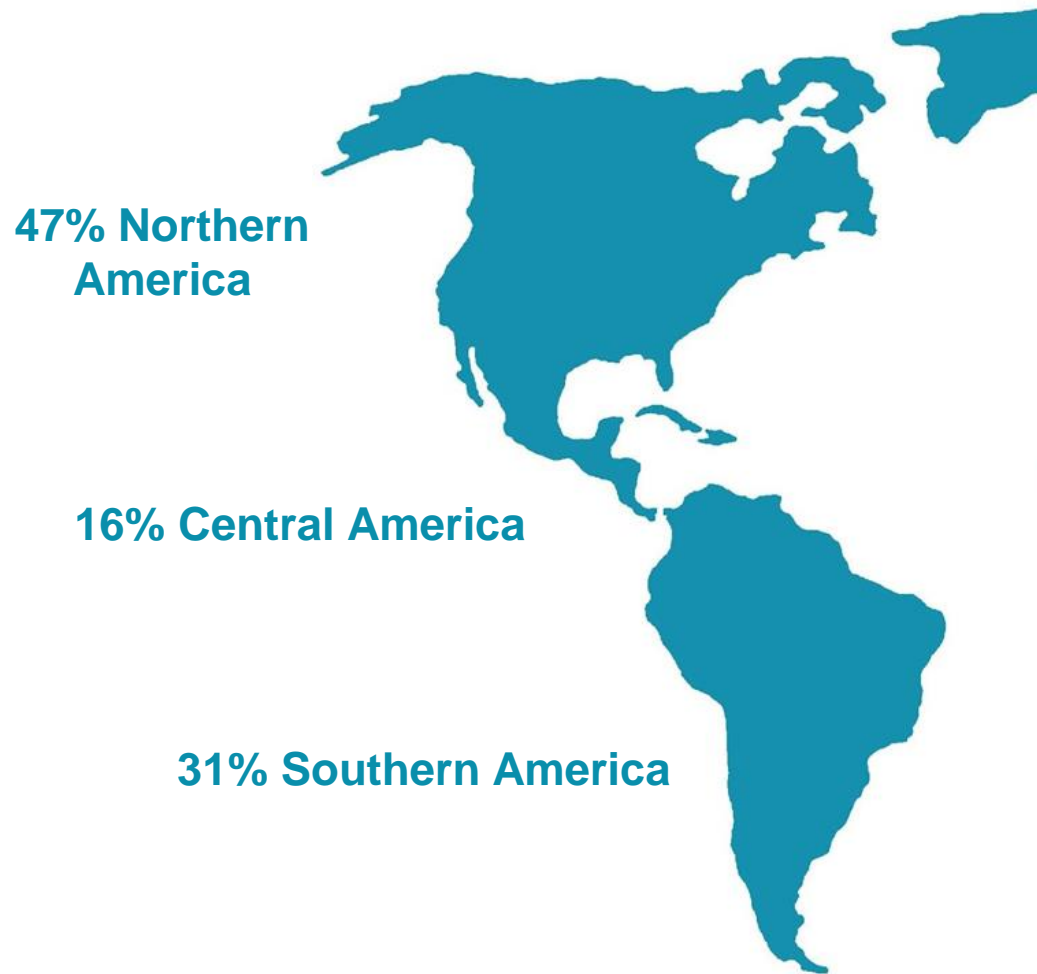
FY22	
Users	108, 933 (88% are new users)
Sessions	139,316
Pageviews	196,784
Avg session duration	1 min 15 sec

Website Users by Region FY22



*Of the Americas:
North America: 48%
South America: 31%
Central America: 16%
Caribbean: 5%

Website Users by in the Americas FY22



Countries with highest
population of users (*other than
US*):

Colombia (5,346)

Mexico (4,248)

Website Users in Africa FY22

Countries with highest
population of users:

Nigeria (3,878)
Cameroon (3,469)

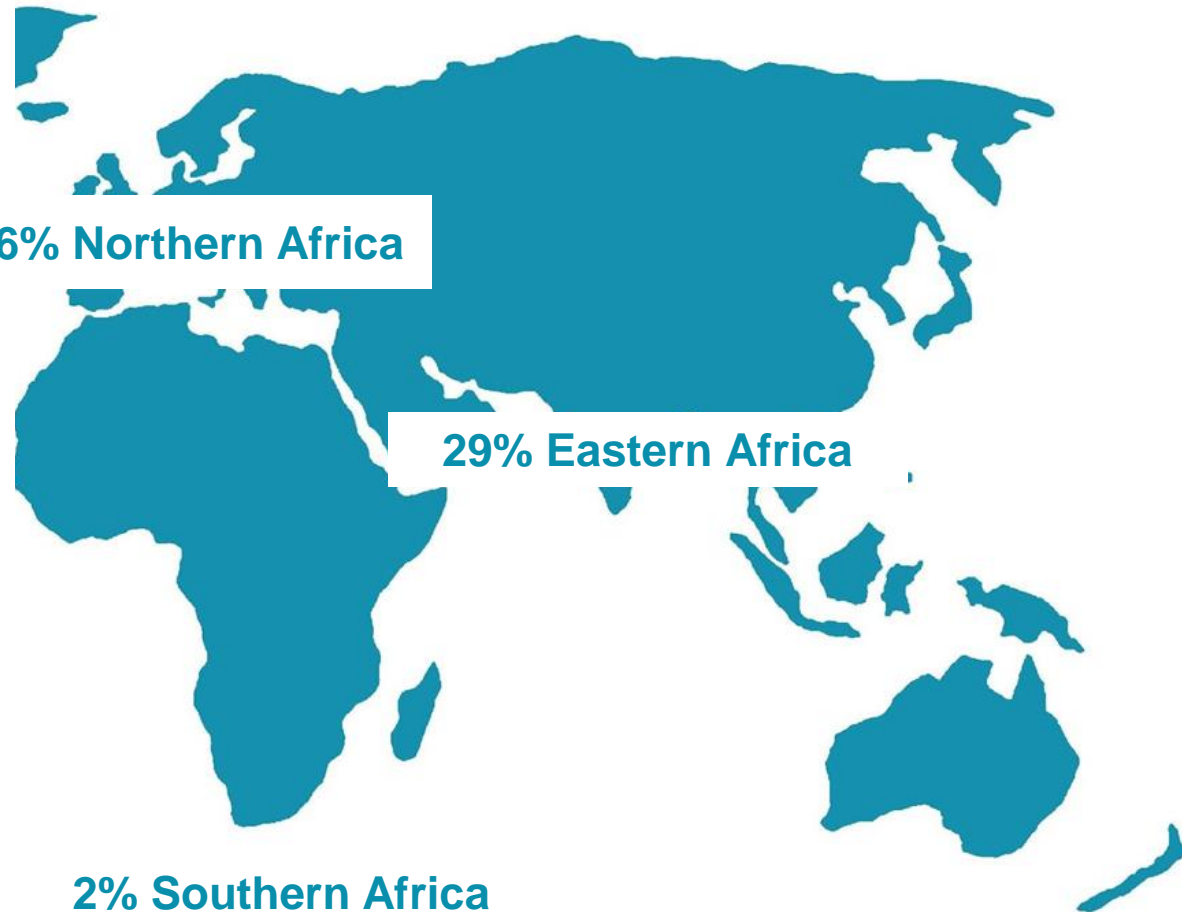
39% Western Africa

22% Middle Africa

6% Northern Africa

29% Eastern Africa

2% Southern Africa

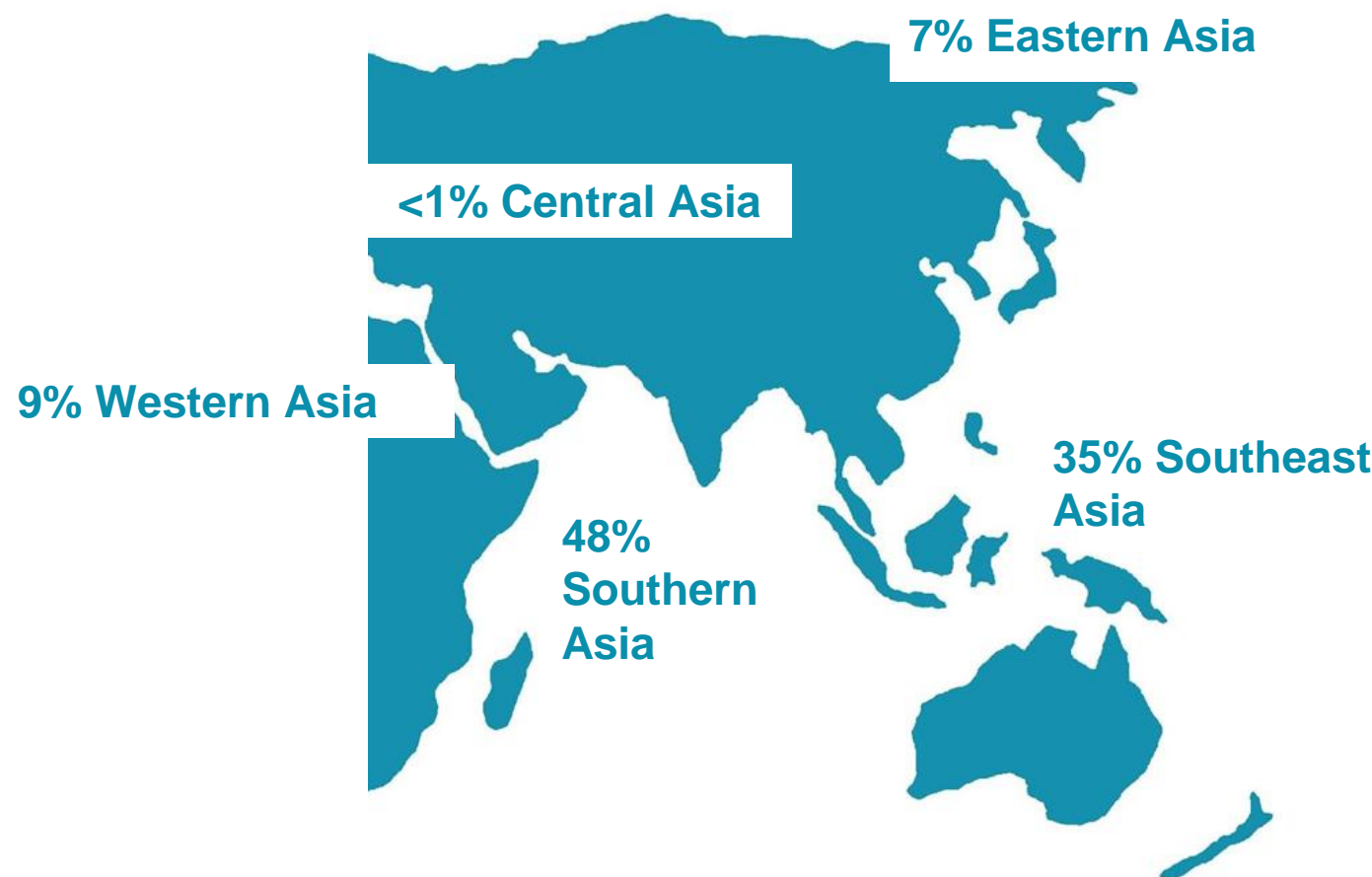


Website Users in Asia FY22

Countries with highest
population of users:

India (3,145)

Philippines (2,575)



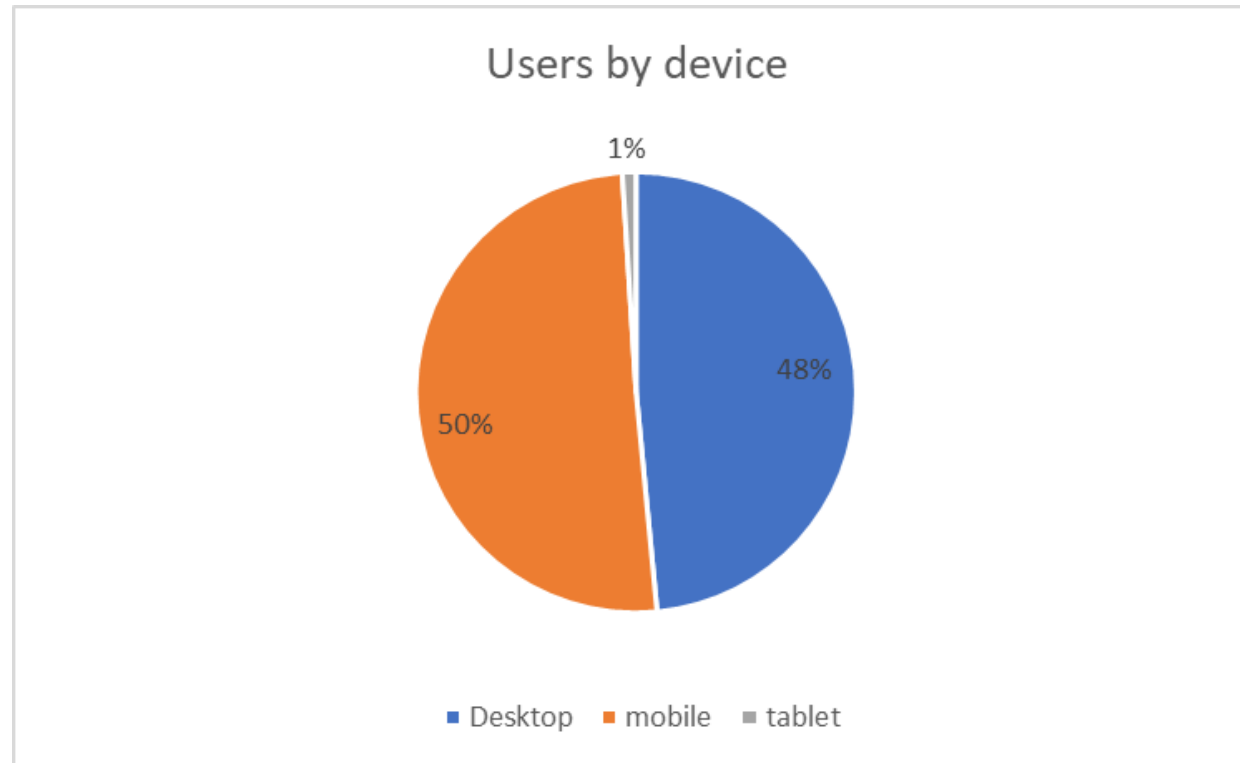
Website Users by Language

Language	FY19	FY20	FY21	FY22
English	72%	63%	47%	42%
Spanish	14%	24%	17%	15%
French	13%	12%	18%	25%
Portuguese	1%	2%	4%	5%

Website Users – Top 10 Countries, past year

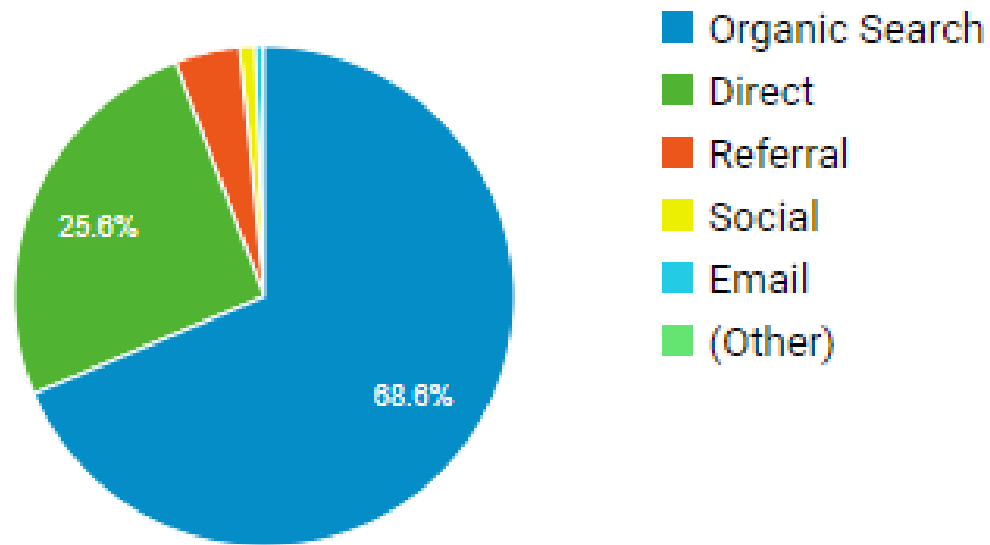
Country	Number of Users
1. US	19,261 (17%)
2. France	7,726 (7%)
3. Colombia	5,346 (5%)
4. Mexico	4,248 (4%)
5. Nigeria	3,878 (3%)
6. Cameroon	3,469 (3%)
7 India	3,145 (2.8)
8. DRC	3,050 (2.5)
9. Peru	2,998 (2.4%)
10. Mozambique	2,662 (2.2%)

Website Users by Device



Website Users – Acquisition Overview

Top Channels



HIPs at ICFP

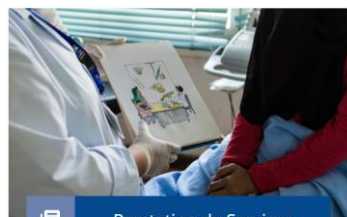
Created landing page for ICFP on HIPs website

- 471 visits total; 1,161 downloads
- Social Media campaign (Twitter):
Created Social media package leading up to ICFP
 - From September-November, HIP-related tweets and messages resulted in 186 tweets, and a reach of around 1 million per month

Get Engaged!



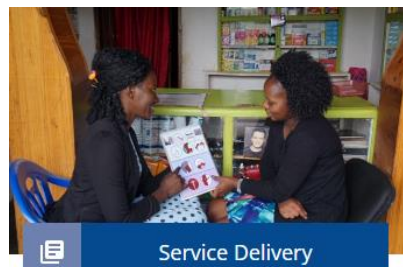
Top 10 HIP Products, June 2022 - Present



Prestation de Services

Planification familiale après avortement

PRATIQUE ÉPROUVÉE



Service Delivery

Pharmacies and Drug Shops

PROMISING



Prestación de Servicios

Farmacias y droguerías

PRÁCTICA PROMETEDORA



Prestación de Servicios

Planificación familiar post-aborto

PRÁCTICA COMPROBADA



Evidence Summary

Economic Empowerment



Service Delivery

Social Marketing

PROVEN



Environnement Propice

Gestion de la chaîne d'approvisionnement



Prestación de Servicios

Planificación familiar inmediatamente posparto

PRÁCTICA COMPROBADA



HIPs

Family Planning High Impact Practices List

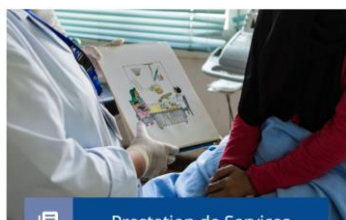


Service Delivery

Immediate Postpartum Family Planning

PROVEN

Top 10 Downloads, June 2022 - Present




 Prestation de Services

Planification familiale après
avortement

PRATIQUE ÉPROUVÉE



 HIPs

Family Planning High Impact
Practices List




 Service Delivery

Pharmacies and Drug Shops

PROMISING



 Prestación de Servicios

Planificación familiar
inmediatamente posparto

PRÁCTICA COMPROBADA



 Evidence Summary

Economic Empowerment




 Service Delivery

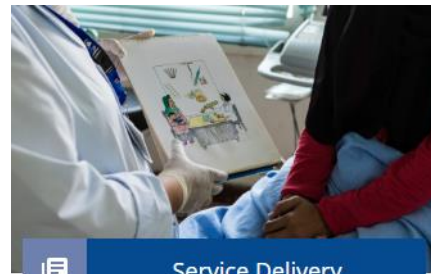
Immediate Postpartum Family
Planning

PROVEN



 Environnement Propice

Gestion de la chaîne
d'approvisionnement



 Service Delivery

Postabortion Family Planning



 Meaningful Adolescent and Youth
Engagement and Partnership in
Sexual and Reproductive Health
Programming



 HIP Enhancement

Adolescent-Responsive
Contraceptive Services

Top 10 Presentation Downloads, June 2022 - Present



Adolescent-Responsive
Contraceptive Services



Immediate Postpartum Family
Planning



Community Health Workers



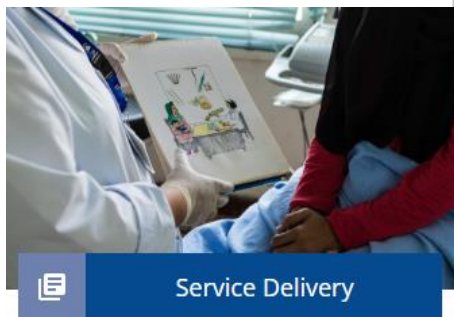
Family Planning and Immunization
Integration



Policy



Supply Chain Management



Postabortion Family Planning



Educating Girls



Digital Health to Support Family
Planning Providers



Social Franchising

HIP Webinars in 2022

Social Marketing, January 20, 2022

96 participants, 99 viewed recording and 329 registrants

Product Introduction SPG, June 6, 2022

165 participants, 86 viewed recording, and 493 registrants

Meaningful Adolescent and Youth Engagement SPG, September 15, 2022

197 participants, 293 viewed recording and 549 registrants

2022 saw an average of **235 participants/viewers** per session.

Inside the FP Story Podcast Series 2022

Implementing HIPs and WHO tools. Six episodes featuring guests from 15 countries around the world.

Episode 1: 278

Episode 2: 239

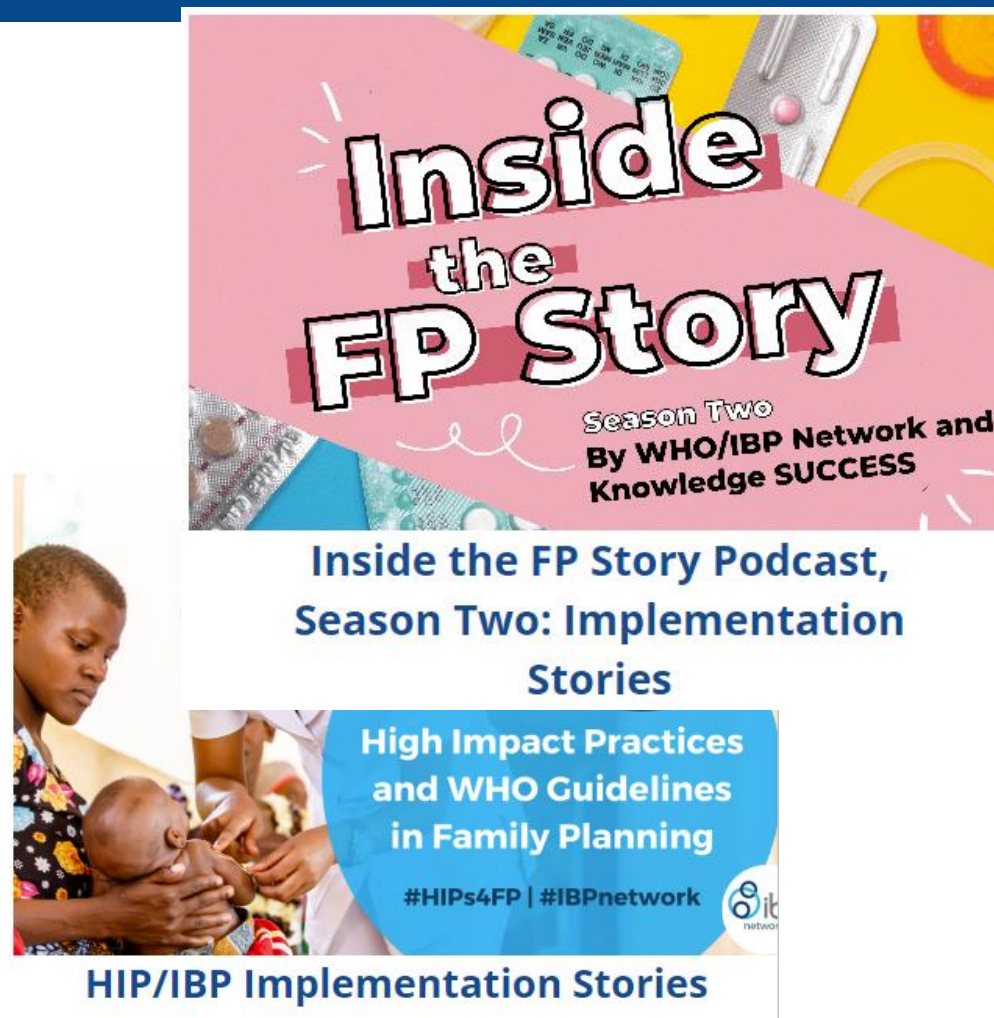
Episode 3: 193

Episode 4: 162

Episode 5: 135

Episode 6: 155

Total: 1162



Twitter: Consistent Engagement from Reliable Partners

Average # of monthly Tweets: 90

Average monthly reach: 1 million

Top 5 by # of Tweets:	Top Influencers
Knowledge SUCCESS	FP 2030
R4S Project	USAID GH
FP 2030	Knowledge SUCCESS
EVIHDAF	JSI Health
Farhan Yusuf	



HIP Newsletter

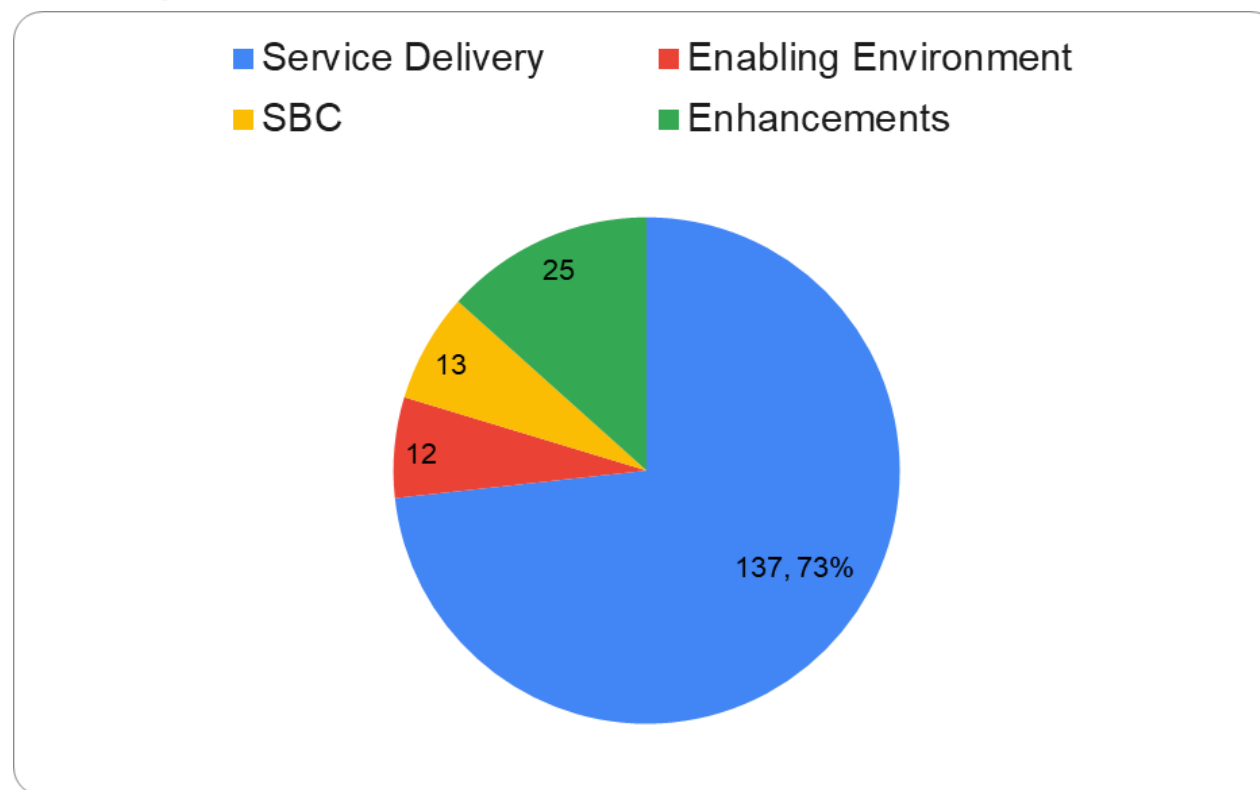
*Since the newsletter's launch in June 2020, over **780** FP stakeholders from over **86** countries have subscribed to the HIPs newsletter.*

Top Countries	# of Subscribers
United States	312
India	37
Kenya	35
Nigeria	31
United Kingdom	26



HIPs in Peer-Reviewed Literature

From 2022-January 2023 **32 peer-reviewed publications** cited a HIP brief, bringing the total to 187 publications since 2014.



Essential Resource List for HIP briefs

- Knowledge SUCCESS and USAID are beginning the process of working with technical experts and the HIP Partnership to develop curated lists of essential resources to support the implementation and scale-up of HIP briefs.
- Need resource suggestions.
- Lists will be hosted on FP insight.



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Possible new HIP briefs

January 2023 TAG meeting

Sub-group members: Heidi, Barbara, Saad, Saswati, Nandita and Maria

Topics brainstormed @ TAG June 2022 meeting

- Governance: A family planning technical working group, which is a good example of good governance around an enabling environment.
- Responding to shocks: COVID-19 or Ebola maybe as an SPG or a brief. Increasing resilience in health systems for addressing family planning needs in humanitarian settings.
- Family planning program measurements. What family planning program measures make sense at different stages of program development?
- Integrating family planning with HIV services
- Advocacy for family planning services
- Decolonization of aid and localization
- What does not work? Consider a white paper noting what does not work, what needs to be deprioritized.
- Family planning counseling offered at family planning services
- Self-care interventions (is this an SPG or an enhancement?)
- Consider some more specific topics on supply chain management (i.e., supply planning and forecasting). This is a critical process requiring stakeholder engagement and data analysis.
- Determine how to more systematically address the importance of context in HIP implementation

Criteria used to prioritize among topics

- Most relevant given the current FP/RH landscape
- Address a possible gap on the topic
- Urgency based on what is happening on the global landscape

Topics prioritized

Topic	HIP product recommended
Self-care in FP	Brief (Service delivery) - recommended as a brief on Sept 7, 2022 meeting given the importance of the topic.
FP/RH services in crisis/shock situations	Brief - enhancement (an SPG on FP in humanitarian settings already exists)
FP/HIV integration	Brief - service delivery
Task sharing	Brief - enhancement (an SPG on task sharing already exists)
FP counseling	SPG (we have tried to develop a brief but the evidence is hard to summarize/not there)

Topics prioritized and criteria used

Topic/criteria	Relevance FP/RH	Gap	Global urgency
Self-care	High	Yes	Yes
FP/RH services in crisis/shock situations	High	Yes, need to summarize learnings from COVID	Yes
FP/HIV integration	High, as HIV field focus on offering comprehensive services	?	Yes
Task sharing	High, task sharing policies exist (but may not be implemented) in various countries	No, a lot of information from WHO	Yes
FP counseling	High, critical portion of the FP service	No, a lot of resources may exist. However, counseling quality continues to be weak in LMICs	Yes

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Ideal number of HIPs briefs

Maria A. Carrasco; Mario Festin;
Jennie Greaney; Elizabeth Larson
- January 2023 TAG meeting

Overview - What is the ideal number of briefs?

- Key insights from analyzing views per brief in 2022
- Key findings from the HIPs Implementation Study that can inform a recommendations about the ideal number of briefs
- Recommendations

Most accessed HIP pages

Most accessed HIP Briefs - 2022 (by total view per page)

Top 5 most accessed briefs (by page views):

Jan 1, 2022 – Dec 31, 2022

1. Postabortion FP Brief (French)
2. Pharmacies (Spanish)
3. Pharmacies (English)
4. Economic Empowerment (English)
5. Postabortion FP (Spanish)

Jan 1 – March 31

1. Postabortion FP, French
2. Social Marketing
3. Pharmacies, Spanish
4. Postabortion FP, Spanish
5. Supply Chain (French)

April 1 – June 30

1. Postabortion FP, FR
2. SBC Overview (draft for comment during this period – very interesting it was so popular)
3. Contraceptive Method Intro (SPG, EN)
4. Economic Empowerment
5. Pharmacies (EN)

July 1 – Sept 30

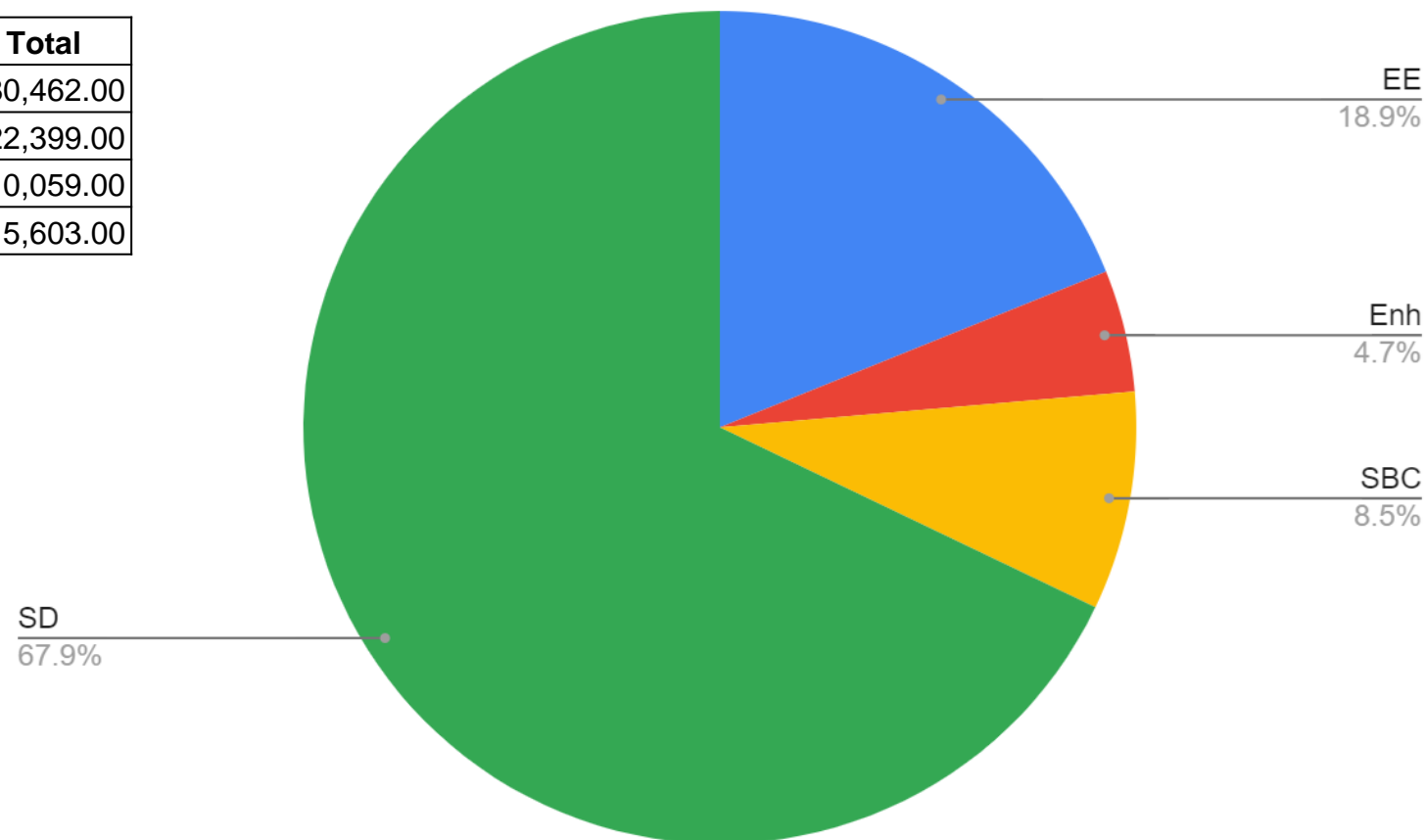
1. Postabortion FP, FR
2. Pharmacies (SP)
3. Pharmacies (EN)
4. Postabortion FP, SP
5. Economic Empowerment

Oct 1 – Dec 31

1. Postabortion FP (FR)
2. Pharmacies (SP)
3. Economic Empowerment
4. Pharmacies (EN)
5. Postabortion FP (SP)

Type of HIP brief by access - 2022

Summary	EN	ES	FR	PT	Total
SD	21083	19104	35337	4938	80,462.00
EE	12108	3020	5407	1864	22,399.00
SBC	6699	1648	1025	687	10,059.00
Enh	4430	379	550	244	5,603.00



Most and Least Accessed HIP briefs - 2022

Brief	HIP Cat.	EN	ES	FR	PT	Total
PAFP	SD	2650	5066	27599	1391	36,706
Pharmacies	SD	5639	7276	2231	36	15,182
IPFP	SD	3484	4325	1657	2087	11,553
Economic Empowerment	EE	5538	1377	-	633	7,548
Supply Chain Mnt	EE	1949	958	4228	253	7,388

Brief	HIP Cat.	EN	ES	FR	PT	Total
Dom. Pub. Fin.	EE	696	60	122	45	923
DH for Systems	Enh	559	100	174	37	870
Social Accountability*	EE	761	-	-	-	761
Leading	EE	518	88	53	68	727
FP Vouchers	Enh	461	93	57	8	619
Galv. Commitment	EE	323	115	83	7	528

*New in Q4 2022
(incomplete year)

Key insights related to the ideal number of briefs

- While some briefs will benefit from more promotion, some other may just not be popular
- Enhancement briefs need closer look
- After 20 briefs, the number of access per page seems minimal (is 20 or something close to it the ideal number?)

Key findings from the HIPs Implementation Study relevant to the number of briefs

Objective and Methodology

Objective: To understand how the HIPs partnership can better support FP program decision-makers and implementers to implement and scale up High Impact Practices in Family Planning

Methods:

- Qualitative Survey on HIPs
- In-Depth Interviews
- Focus Group

Analysis: Explored various emerging themes. Additionally, analyzed insights the data can give us related to the “ideal number of briefs.”

What is the ideal number of briefs?

- The data does not answer these questions directly, we did not ask about the ideal number of briefs.
- The data can provide insights that can help us get to the answer

Key insights related to the ideal number of briefs

- A. Misunderstandings about what is a HIP
 - a. When asked the HIPs that are relevant to their organization 1/3 of reported programs were not HIPs (i.e.: LARC provision, whole site family planning) or intended outcomes of an FP program (i.e.: Reducing unwanted pregnancy, increased use of contraception for spacing, addressing high fertility and the determinants of high fertility)
 - B. Citing HIP umbrella categories as HIPs
 - a. Given current number some respondents already prefer to refer to a category
 - C. Mixing HIP briefs with HIP SPGs
-
- A. Request for extensive support for implementation especially around implementation and M&E tools
 - a. Resources may be better directed as responding to existing needs than creating new HIPs

Quote

My only question or issue is whether we are actually disseminating enough...because when we interact with the people in our space, not everyone knows what are HIPs...These are evidence-based interventions, telling us what is working out there and what is not working so that people don't spend a lot of energy focussing on what is actually not working, and not giving time to what seems promising

(Focus Group Discussion participant, Kenya, Regional Interventions)

So you find even just within the international NGOs in the family planning space, they may not have heard of the HIPs, but the discussion around what this actually means that how impactful they are, and how we should focus on them, has not reached them... So I think there's a whole discussion that needs to happen, or at least activities around dissemination of the value of hips, and increasing more visibility around the implementation of those particular hips or just the impact they are able to achieve

(Interview participant, Senegal, Regional Interventions)

Finding and recommendation

Finding	What does this tells us about the number of briefs?	Recommendation
Misunderstanding about HIPs	-We may have already reached an ideal number. -There is a need to disseminate the HIPs providing more in-depth information or training	<ul style="list-style-type: none"> - The current number of briefs appear to be a saturation number. If new briefs are added consider combining other briefs or possibly retiring some of them - Offer more in-depth trainings about the HIPs -Take steps to better distinguish the SPGs from the briefs -Focus energies on addressing need to providing guiding tools (more details forthcoming)
Citing umbrella categories	-We may have already reached saturation as some people prefer to cite umbrella categories	
Mixing HIP briefs with SPGs	-Adding SPGs is not helping us as, for some, it add to the number of “HIPs”	
Request for tools for implementation and M&E	-There is a need to provide further support with the briefs we already have	

Recommendations

What is the ideal number of briefs?

- Hard to tell but we may have already reached or surpassed the ideal number of briefs
- Re-consider the problem that the HIPs are trying to address. At their inception the HIPs addressed the problem on lack of consensus of high impact practices. The challenge now seems to be more related to “how to do it” rather than agreeing on what are the high impact practices.



HIP

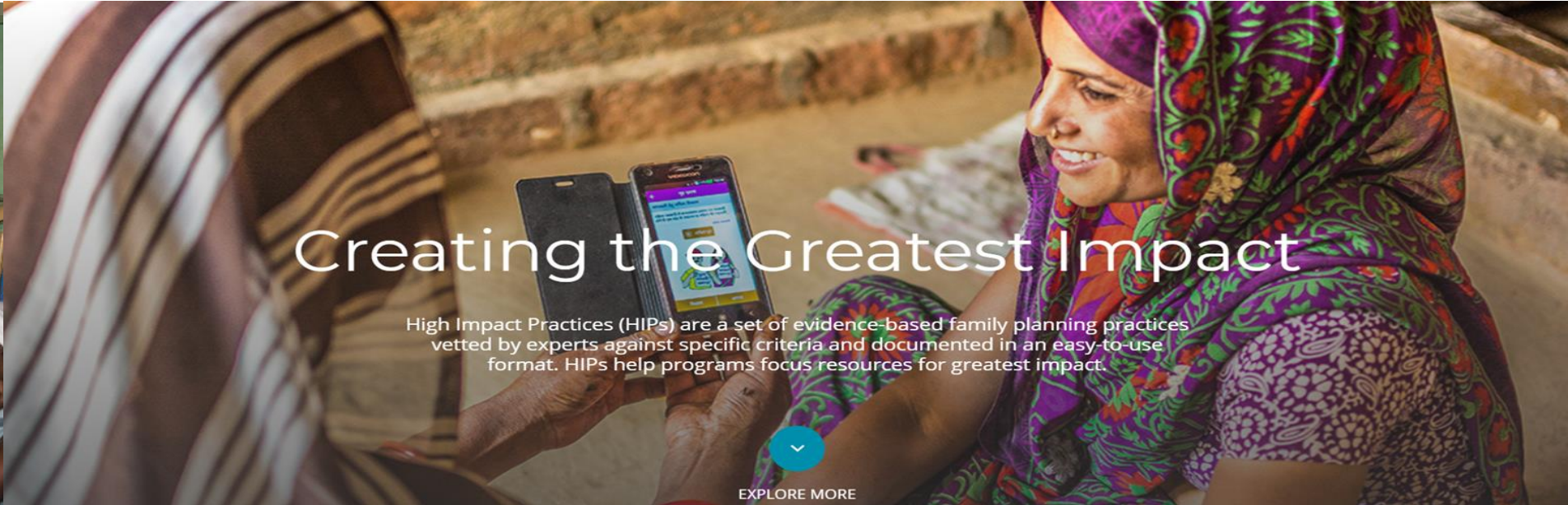
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HIP

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Creating the Greatest Impact

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

[EXPLORE MORE](#)

HIPs TAG Meeting, January 25, 2023

What's your favorite thing to do in your city?

Vote on new Concept Note for SPG:

Implementing Self-Care Interventions to
Increase Health Systems Resilience and
People-centered Care

HIP SPG Scoring Criteria

- Is the topic both timely and strategic to current FP programs?
- Is the SPG topic broader than a specific practice and therefore not eligible to be a HIP?
- Is the SPG topic clearly articulated and will it be understood by program managers and implementers?
- Does the topic lend itself to being covered sufficiently in a SPG in a way that will help program designers and implementers? (or is the topic too broad for an SPG?)
- Is the topic of the proposed SPG conceptually distinct from other existing SPGs?
- Will an SPG on the topic provide enough information to guide program managers and implementers in a comprehensive strategic planning process about the topic?
- Would an SPG on the proposed topic fill a learning gap for the global community?
How will an SPG be different from existing tools and resources?
- Is the gap to be filled by this SPG a priority for progr. mgrs & implementers globally?

5	Is the topic of the proposed SPG conceptually distinct from other existing SPGs?	4.7
8	Is the gap to be filled by this SPG a priority for program managers and implementors globally?	4.5
1	Is the topic both timely and strategic to current FP programs? (see above definition)	4.4
3	Is the SPG topic clearly articulated and will it be understood by program managers and implementers?	4.0
4	Does the topic lend itself to being covered sufficiently in a SPG in a way that will help program designers and implementers? (or is the topic too broad for an SPG?)	3.9
7	Would an SPG on the proposed topic fill a learning gap for the global community? How will an SPG be different from existing tools and resources?	3.8
6	Will an SPG on the topic provide enough information to guide program managers and implementers in a comprehensive strategic planning process about the topic?	3.7
2	Is the SPG topic broader than a specific practice and therefore not eligible to be a HIP?	3.0

4.0

A

Comments on Concept Note - 1

There is a need of SPG focused on FP self-care interventions to facilitate implementation at country level, with appropriate set of tools and indicators to be monitored.

Highly relevant and important topic. Useful to have the content focused on self-care as it relates to family planning

It's such an important area I am wondering if there is enough data for Self-Care to be a full brief?

Extremely relevant. With projected shortage of HCWs, experience with COVID-19 in PHC facilities, and stigma faced by many people seeking SRHR services, this S-C SPG is critically needed for program managers and implementers. Strong interest by MOHs globally

Comments on Concept Note - 2

SPG on S-C possible but this is written to focus on the broader health system (e.g., for SRHR, PHC, UHC), and scope creep is possible.

Clear need for the SPG. This suggests Covid and stressed health systems is rationale for self-care. Trigger perhaps but rationale should be based on know-how, technology, safety and experience with self-care. The 3-step process seemed elongated and concerns about how long this would take. It doesn't seem like straightforward research and writing task, but something that will involve working groups at global and national levels etc.

SPC on S-C could be very useful, however this is written to address the entire health system. The author will need much guidance. FP needs to come out much clearer.

Comments on Concept Note - 3

This comes across as a WHO product, starting with convening a WHO expert group. To me, one of the benefits of the HIP process is that it is open to a broader set of contributors.

Under "Steps proposed for the SPG" it's not clear if the steps listed are proposed to be covered within the SPG or if they refer to external/additional WHO implementation guidance under development on the same topic. The overlap is not clear.

This is about the work of one organization and will need to adhere completely with WHO guidelines - that goes against the spirit of the HIPs. It isn't that the topic isn't important, but if we go with this one, where will we draw the line?

Great topic, just need to refine the note somewhat to ensure it adds value outside of the WHO programme as a standalone document and support

HIP

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FP EXEMPLARS: OVERVIEW & HIPS INTERSECTION

January 25th, 2023

AGENDA

- 1 Overview of Exemplars in Global Health (EGH)
- 2 Overview of the Family Planning Exemplars project
- 3 Discussion of HIPs linkages and preliminary FP Exemplars findings
- 4 Recap of HIPs working session at ICFP

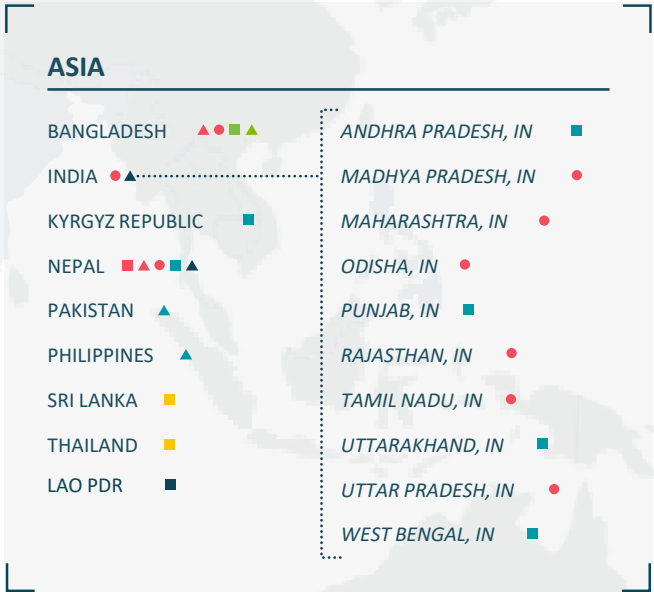
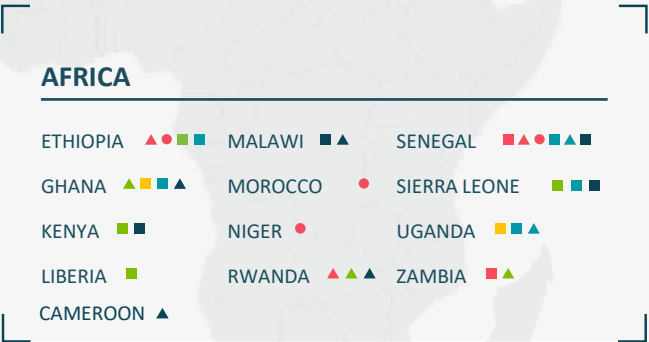
1 OVERVIEW OF EXEMPLARS IN GLOBAL HEALTH (EGH)

The quickest path to success at scale is to identify who has already been successful, find out why, and adapt their strategy to your own circumstances.

Exemplars in Global Health aims to help support public health decision makers around the world through this process.

DERIVING LESSONS FROM EXEMPLARS WORLDWIDE

Exemplars in Global Health (EGH) brings together experts, funders, and partners around the world with the mission of identifying positive global health outliers, analyzing what makes countries successful, and disseminating core lessons so they can be adapted in comparable settings.



TOPICS AND COUNTRIES WE STUDY

CHILD HEALTH			COVID-19	HEALTH SYSTEMS		NUTRITION		WOMEN'S HEALTH		
VACCINE DELIVERY	UNDER-FIVE MORTALITY REDUCTION	NEONATAL & MATERNAL MORTALITY	COVID-19 RESPONSE	COMMUNITY HEALTH WORKERS	PRIMARY HEALTH CARE	STUNTING REDUCTION	ANEMIA AMONG WOMEN OF REPRODUCTIVE AGE	FAMILY PLANNING	ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH & RIGHTS	WOMEN'S HEALTH & WELLBEING
Nepal Senegal Zambia	Bangladesh Ethiopia Nepal Peru Rwanda Senegal	Bangladesh Ethiopia India Indian states » Madhya Pradesh » Maharashtra » Odisha » Rajasthan » Tamil Nadu » Uttar Pradesh Morocco Nepal Niger Senegal	Costa Rica Dominican Republic Ghana Sri Lanka Thailand Uganda	Bangladesh Brazil Ethiopia Kenya Liberia Sierra Leone	Bangladesh Ghana Peru Rwanda Zambia	Ethiopia Ghana Indian states » Andhra Pradesh » Punjab » Uttarakhand » West Bengal Kyrgyz Republic Nepal Peru Senegal Sierra Leone Uganda	Pakistan Philippines Senegal Uganda	Bolivia Kenya Lao PDR Malawi Senegal Sierra Leone	Cameroon Ghana India (TBC) Malawi Nepal Rwanda	Country selection currently underway for first 2 countries

KEY

Countries
Subnational regions

FOR EACH TOPIC, WE WORK WITH A COALITION OF PARTNERS TO CONDUCT RESEARCH AND DRIVE TO IMPACT



Cross-country Research Partners



In-country Research Partners



Advised by Technical Advisory Groups

EXEMPLARS PROGRAM



CORE TEAM

Bring together research, analysis and content creation; coordinate overall project



Web Platform

Single source for Exemplars research and resources



Strategic Partnerships

Collaborations that jointly increase effectiveness and impact



Dissemination Activities

Tools and pathways to increase awareness of and engagement with Exemplars



Decision Support

Hands-on support to our audiences throughout their decision-making process

CONDUCT RESEARCH

Deep analysis to identify outliers and areas where evidence can drive better outcomes

SYNTHESIZE FINDINGS

Translate dense, technical findings into clear, rigorous, and actionable country narratives

DRIVE IMPACT

Support our audience to drive maximum impact

OUR SENIOR ADVISORY BOARD PROVIDES STRATEGIC GUIDANCE



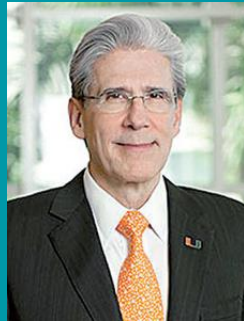
Prof. Awa Marie Coll-Seck
Minister of State to the Office of the President in Senegal; Former Minister of Health in Senegal



Dr. Chris Elias
President of Global Development Division at the Bill & Melinda Gates Foundation



Dr. Senait Fisseha
Director of Global Programs at the Susan Thompson Buffett Foundation; Chief Advisor to the Director General of the World Health Organization



Dr. Julio Frenk
President of the University of Miami; Former Minister of Health in Mexico



Dr. Donald Kaberuka
Chairman and Managing Partner of SouthBridge; Emeritus President of the African Development Bank



Ms. Lucy Kimondo Deputy
Director of Population at National Council for Population and Development in Kenya



Shri CK Mishra
Former Secretary of Ministry of Health & Family Welfare in India

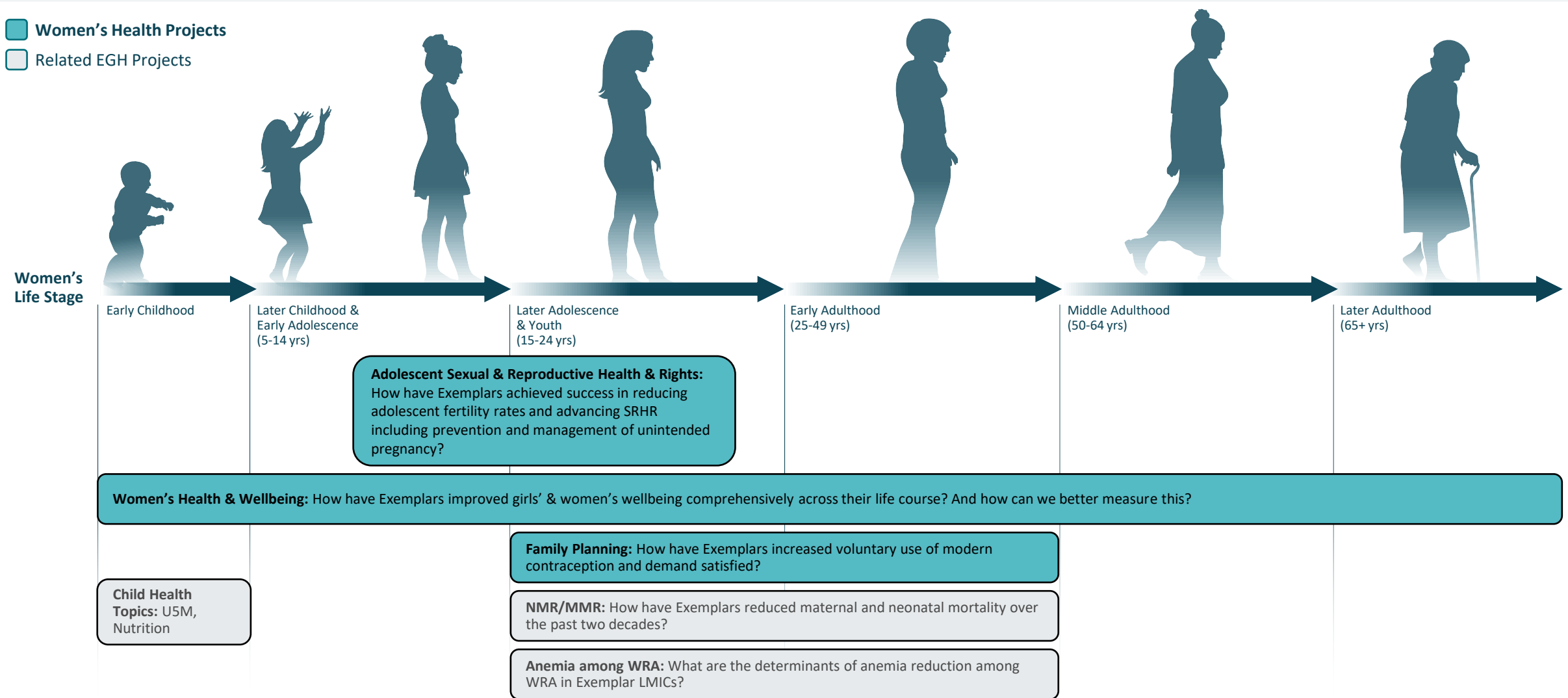


Dr. Mamta Murthi
Vice President for Human Development at the World Bank



Dr. Peter Piot
Handa Professor of Global Health; Former Director of the London School of Hygiene & Tropical Medicine

AS A PROGRAM, WE'RE STUDYING TOPICS ACROSS THE SPECTRUM OF A WOMAN'S LIFE



Source: WHO age bands

HOW WE COLLABORATE WITH PARTNERS

There are several areas where we hope key partners can engage...



Provide strategic and technical guidance to ensure evidence meets demand, fills knowledge gaps, and complements the overall landscape



Co-fund research or application of findings, including through general support for a topic, one country case study, adaptation workshops, or subnational analysis and engagement



Connect research partners with key global, regional, and national stakeholders to drive alignment of priorities and advance impact



Identify opportunities to amplify related work (e.g., Exemplars News) or to drive uptake and implementation of findings

... in addition to collaborating at key global, regional, and national moments

Global

- Global conferences
- Co-dissemination through virtual webinars
- Targeted dissemination with key stakeholders

Regional

- Regional dissemination workshops
- Peer-to-peer collaboration between Exemplar and learner countries

National

- Inception and dissemination meetings with MoH
- Workshops to support in-country implementation or further subnational research
- Subnational or cross-sectoral peer-to-peer learning

2 FAMILY PLANNING EXEMPLARS PROJECT

FP EXEMPLARS RESEARCH AIM AND CORE RESEARCH QUESTIONS



RESEARCH AIM

The project will aim to select countries that have achieved exceptional success relative to peers on key FP indicators and in those countries understand drivers of increased voluntary modern contraceptive use and examine the programs and policies that led to those increases.

CORE RESEARCH QUESTIONS

- What is the role of **major ecological factors** (e.g., politics, leadership, international agencies) in influencing the family planning landscape?
- Which **socio-economic development and contextual factors** were especially impactful in increasing women's ability to exercise their rights and make their own choices about timing and method of contraception?
- What are the drivers of success in terms of **demand- and supply- side policies and interventions** and what are their relative contributions? Can we establish the **sequencing of policy and programmatic interventions** (demand and supply) and establish pathways that led to accelerated change in the demand satisfied for FP and mCPR?
- How were the **rights of women and vulnerable groups** (e.g., adolescent girls and boys, younger couples and those living in remote areas, those belonging to a particular religion or ethnic group) addressed?

TAG & RESEARCH CONSORTIUM

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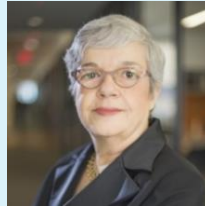
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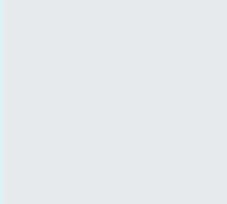
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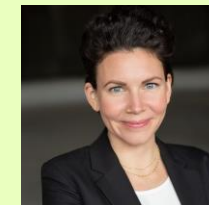
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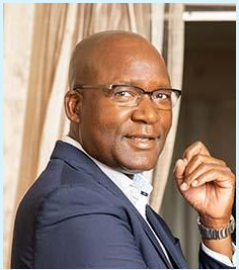
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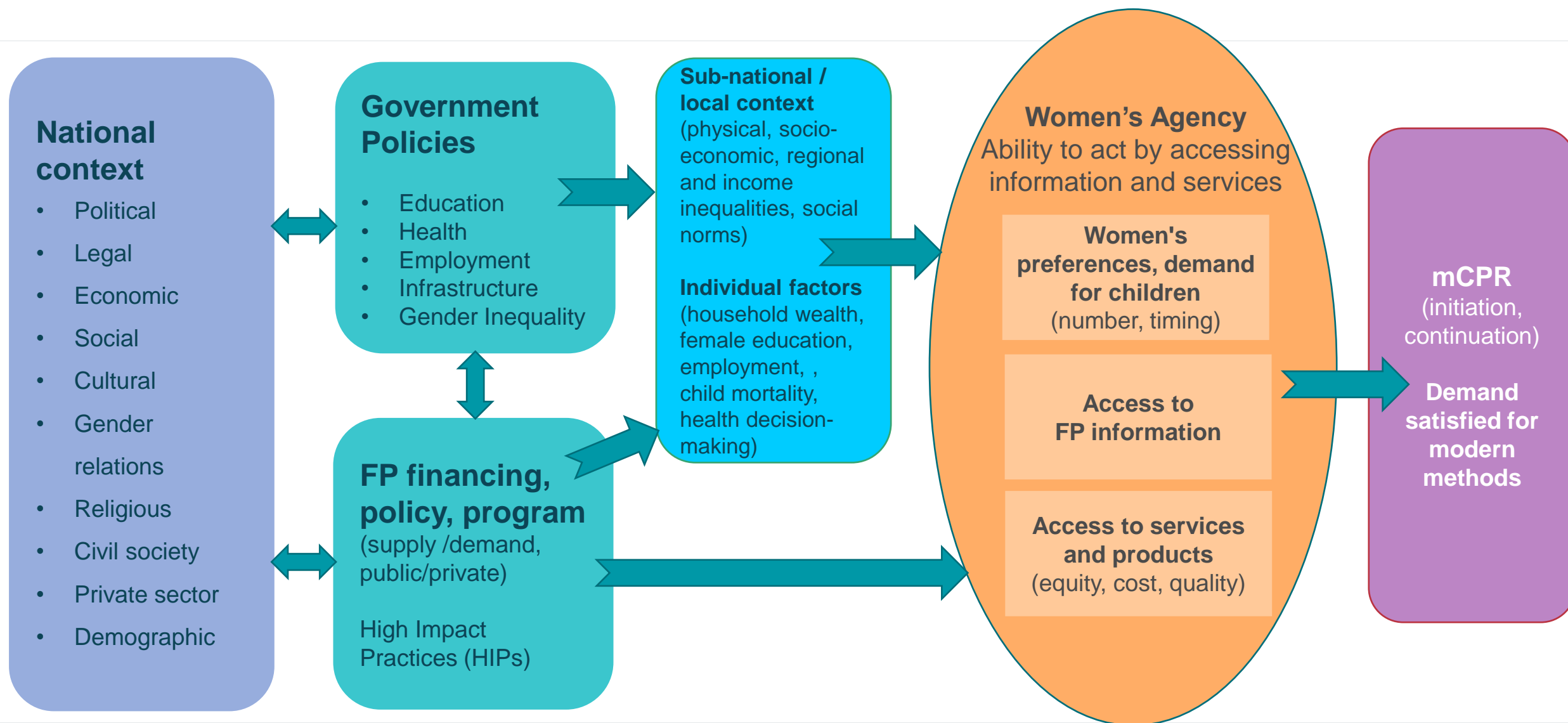


Dr. Sylvain
Faye



Dr. Rose
Andre Faye

CONCEPTUAL FRAMEWORK



WE IDENTIFIED THE FIRST 3 POSITIVE OUTLIERS DEMONSTRATING INCREASED CONTRACEPTIVE USE, NOT EXPLAINED BY SECULAR TRENDS

Countries were selected based on a stratified sampling approach...

Performance

Assess performance in mCPR and demand satisfied over multiple time periods (2020, 2010-2015, 2015-2020, 2010-2020) to look at current levels, recent increases, and sustained progress relative to HDI

Representativeness

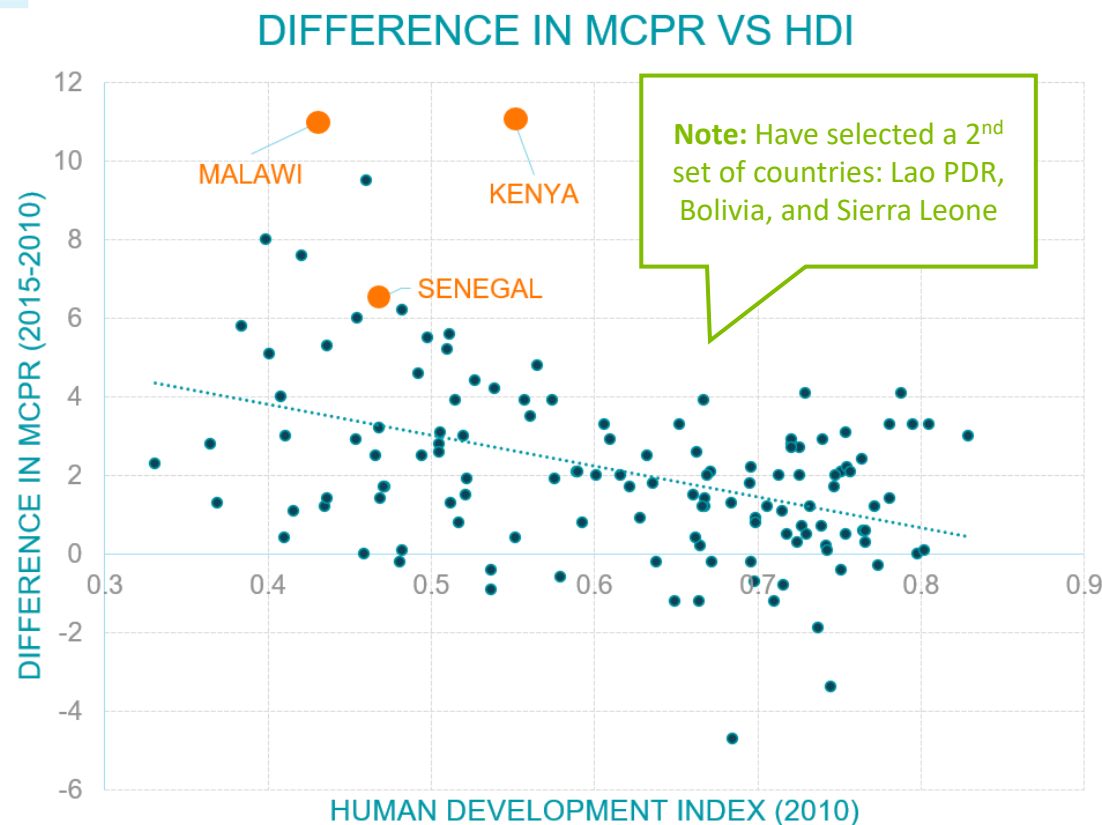
Identify countries most impactful to study based on transferability of findings and relevance across contexts (e.g., geographic spread, population >5M, no coercive FP policies)

Equity

Analyze equity patterns in country deep dives as part of mixed-methods research on drivers of progress (e.g., contextual factors, policies, programs)

Note: Equity considerations may include: poverty, income stability, employment, age, race, ethnicity, sex, gender, sexual orientation, religion, language, education, nationality, disability, geographic location (urban/rural), humanitarian setting, etc.

...with 3 positive outliers emerging for the first round



Disclaimer: this graph is an example and representative of multiple analyses conducted on mCPR and demand satisfied outcome variables across time periods: 2020, 2010-2020, 2010-2015, 2015-2020)

In-country research partners



Kenya

PI: Sophie Chabeda

AFIDEP

African Institute for Development Policy

Malawi

PI: Eliya Zulu



Senegal

PI: Sylvain Faye

IN-COUNTRY RESEARCH COMPONENTS AND TIMELINES



Rapid Scoping Review

Examine major policy documents and leading publications to identify political, economic, and social changes in the country related to women's health

Mar – Apr '22



Preliminary Quantitative Analysis

Compile major data sets for the three Exemplar countries and do a broad time trend, equity, and sub-national analysis

Mar – May '22



Policy & Program Review

Build timeline of key policies / programs since 2000 (drawing from HIPs framework) and track financial data linked to FP policy and program

Aug – Nov '22



Qualitative Research

Perform key informant interviews with national and local stakeholders, thematic analysis, and triangulation with earlier findings

Dec – Mar '23



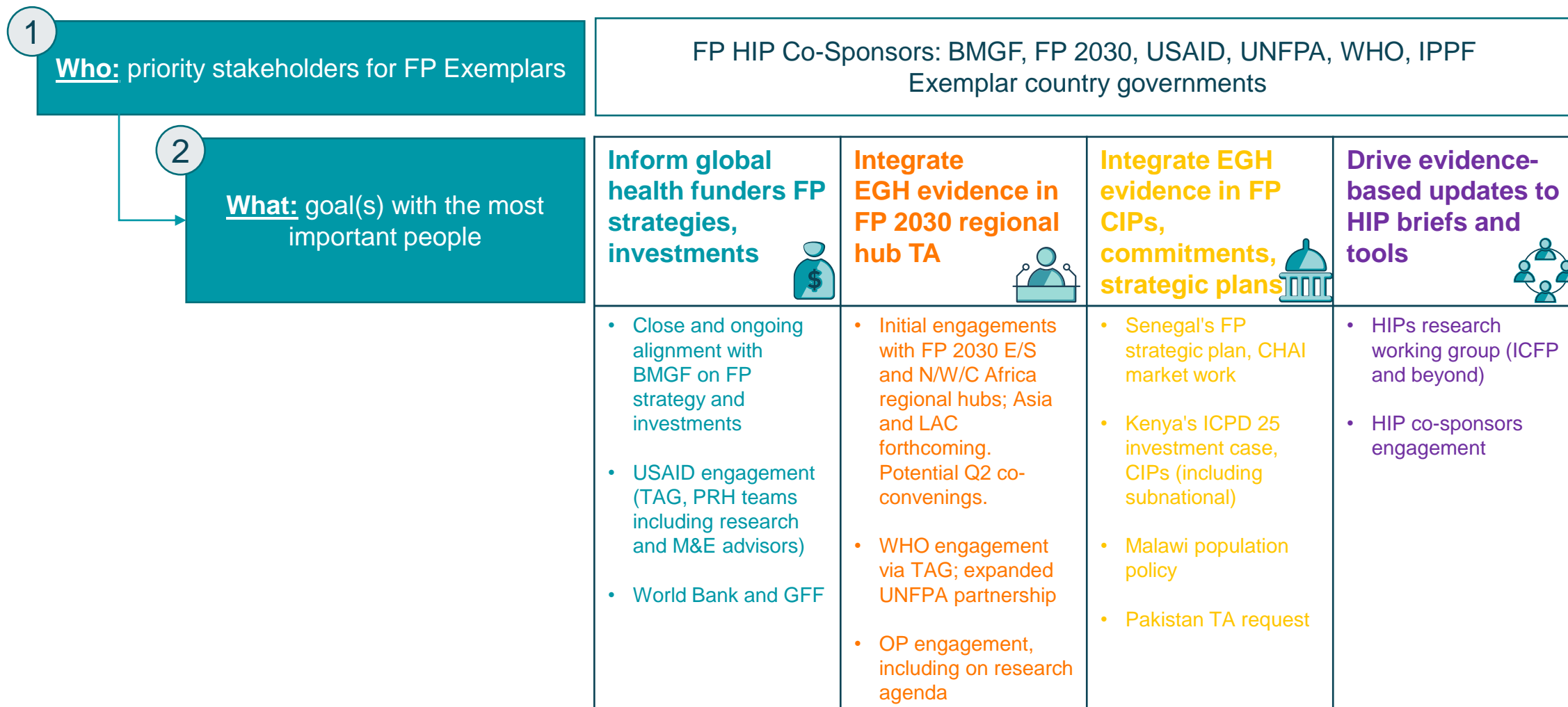
Final Mixed Methods Analysis

Conduct decomposition and regression analyses of major factors and develop theory of change

Nov – Mar '23

Note: Timeline listed is for first set of countries; next set of countries will be ~3-6 months behind

IMPACT FRAMEWORK: FAMILY PLANNING EXEMPLARS



3 HIPS LINKAGES & PRELIMINARY FP EXEMPLARS FINDINGS

FAMILY PLANNING EXEMPLARS & HIPs

EGH work can further the goals of the HIPs program, by providing and coordinating to disseminate analytically-backed, country-specific insights on HIPs and their implementation

- » EGH FP work is aligned with the overall purpose of HIPs & BMGF FP strategic initiative on scaling levers
- » HIPs have and will continue to identify “what works”, while EGH can provide details on “how and where” - thus providing decision-makers country-specific implementation insights
- » EGH findings and outputs can be organized according to the HIPs list and classification structure
- » EGH is conducting mixed-methods research and a decomposition analysis that will help policymakers understand the relative contribution of various interventions, implications for sequencing and prioritization
- » EGH can also provide technical assistance to support dissemination, interpretation and application of exemplar findings and HIPs

METHODOLOGY OF POLICY & PROGRAM ANALYSIS

- » A desk review was conducted of policies, programs, strategies and available research documents (published and unpublished, websites) and relevant literature on family planning (FP) and sexual reproductive health (SRH)
- » The analysis builds on a historical perception from inception, with major focus on developments from 2000 to 2020
- » The analysis collated available data on themes (sequence) political commitment, financial allocation, strengthening of health systems, integration of services, innovative community approaches, inclusion of vulnerable groups, women's agency and its relationship with FP promotion and its contribution to mCPR and demand satisfied
- » The analytical themes are aligned with FP High Impact Practices

SYNTHESIS OF POLICIES & PROGRAMS TO ACCELERATE FP GOALS IN EXEMPLAR COUNTRIES

- » **Kenya, Malawi and Senegal** adopted supportive FP policies and programs which have led to exemplary performance achieving progressive mCPR and demand satisfaction in last 20 years.
- » The broad spectrum of initiatives by these exemplar countries have been synthesized by identifying best practices initiated in these countries:
 - » Political commitment: public support for the FP agenda, increasing financial allocation for FP
 - » Health system strengthening: increasing access points for FP, including community based distribution and the private sector
 - » Integration of FP in Essential Health Services (immunization, maternal and child health)
 - » Social and behavior change including community group engagement, mass media, and couples communication
 - » Specific focus on youth and adolescents
 - » Expanding the method mix: Introduction of Implants followed by Injectable use are large contributing factors to the method mix leading to increase in mCPR in all 3 countries

WHAT IS NEXT?

- » Gaps identified in Policy and Program analysis will be further explored through qualitative study
- » Further explore the linkages between Exemplar countries success and proven/ promising HIPs – highlighting where there is overlap/ HIPs are utilized and calling out new practices that may be promising
- » Findings from country case study will be triangulated to identify the reasons for positive outliers/best practices of Exemplar countries – shared on the exemplars.health website
- » Models of best practices will be shared with decision makers, policy-makers and other countries within the region who can adopt the best practices to effectively advocate, track performance, outcomes and reduce inequity in accessing FP rights and services
- » Preparing for research in second set of FP Exemplar countries: Bolivia, Lao PDR, Sierra Leone

4

HIPS WORKING SESSION AT ICFP

HIPS WORKING MEETING AT ICFP

Along with FP2030 and BMGF FP colleagues, FP Exemplars convened a HIPs-focused working meeting at ICFP to bring together research partners and funders to share and discuss research scope, methods, and results and implications

OBJECTIVES

1. Identify opportunities for collaboration across partners or within / across countries
2. Highlight specific implications for strategies to effectively prioritize and scale FP HIPs
3. Identify research needs and gaps in the FP HIPs space and begin to brainstorm path forward towards addressing them

PARTICIPANTS

- FP2030
- BMGF FP team
- USAID
- FHI 360 / R4S
- Data4Impact / UNC
- Avenir Health / Track 20
- Exemplars in Global Health (including country-based research partners)

HIGH-LEVEL AGENDA

- **Funders:** Discuss key questions, including:
 - How do HIPs and the research shared in the meeting figure into their strategies?
 - What are their priority evidence and data needs moving forward?
- **Research Partners:** Present overview of HIPs research, including Q&A
- **Full Group:** Engage in facilitated discussion based on key questions or areas of overlap

OVERVIEW OF HIPS WORKING GROUP

KEY QUESTIONS RAISED IN SESSION 1

- How do we sustainably and consistently define and measure HIPs, core components, and implementation to understand lessons for the future?
- Have we learned enough from countries about what drives FP progress, rather than defining HIPs a priori and then going to countries to validate our assumptions?
- Do we clearly understand the major evidence gaps across HIPs?
- What do the HIPs leave out, in terms of potential drivers of progress that have not been documented through this initiative?
- How can the HIPs be translated more effectively as tools and resources for implementation?



NEXT STEPS

- Schedule small group sessions every 6 months to share updates, discuss collaboration and alignment across HIPS research
- Next meeting timing: tentative April 25, 2023 (virtual)

ANY QUESTIONS?






HIP - The Co-Sponsors and the Technical Advisory Group

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Co-Sponsors – Purpose and membership


- Serves as a secretariat for the HIP work
 - Members: BMGF, FP2030, IPPF, UNFPA, USAID and WHO
- 
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Co-Sponsors – Roles and responsibilities

- Set strategic direction for the HIPs Partnership
- Provide funding and resources to support HIP activities
- Set agendas for annual HIP Partners and TAG meetings
- Ensure coordination among groups working on HIP activities
- Select new members for the HIP TAG
- Provide updates to Partner organizations on HIP activities
- Select members of the HIP Technical Expert Groups
- Discuss and approve new types of HIP products.

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Technical Advisory Group - Purpose

- Reviews evidence and makes recommendations on updating and implementing HIPs.
 - The TAG meets twice a year
- 
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TAG - Responsibilities

- Review finalized HIP briefs to ensure the “practice” meets HIP criteria
- Review HIP concept notes, prioritizing no more than 2 per year for development into briefs/products
- Review updated HIP briefs to ensure they continue to meet HIP criteria and standards of evidence
- Refine and improve standards of evidence relevant to family planning programming.

TAG – Membership

- The TAG is made up of experts in family planning research, program implementation, policy makers and representatives from donor agencies.
- Selection of new TAG members is based on maintaining a balance of technical expertise.
- Special consideration will be given to expand and maintain diverse representation, including members currently based in developing country context.



Discussion and Reflections

R4S

**Research for
Scalable Solutions**

SMART-HIPs

Supporting Measurement And Replication
Techniques of High Impact Practices (HIPs)

Measurement of Family Planning High Impact Practices

January 2023



MAKERERE UNIVERSITY



Goal and objectives



To develop and apply a replicable approach that measures essential aspects of HIP implementation to advance measurement, monitoring and decision-making related to implementing and scaling HIPs.

Assessment of selected HIPs across 7 countries

1. Measure the **vertical** and **horizontal scale** of implementation of selected HIPs.
2. Measure the **reach** of selected HIPs to sub-populations by age, urban/rural location, and other dimensions of equity, as feasible and relevant.
3. Assess **quality of implementation** of selected HIPs, including policy-level intention and readiness to offer the intended standard of care and/or to adhere to SBC industry standards.
4. Estimate the **costs** of implementing and sustaining implementation and identify the cost drivers and efficiencies for selected HIPs.

Consensus-building

5. Develop and **recommend measurement standards** for HIP implementation and scale-up, including the definition of core components and indicators, through an iterative consultative process with country and global stakeholders.

Project scope

	IPFP	CHWs	PAFP	PDS	MM
USAID-funded Research for Scalable Solutions (R4S) Project					
Mozambique					
Nepal					
Uganda					
R4S replicability					
Malawi	1 HIP TBD				
BMGF-funded Scaling Measurement and Replication Techniques (SMART-HIPs) Project					
Burkina Faso					
India					
Nigeria					
SMART-HIPs assessment in Ouagadougou Partnership countries					
Regional	ALL HIPs				

Service delivery HIPs

IPFP = Immediate Postpartum Family Planning

PAFP = Post-Abortion Family Planning

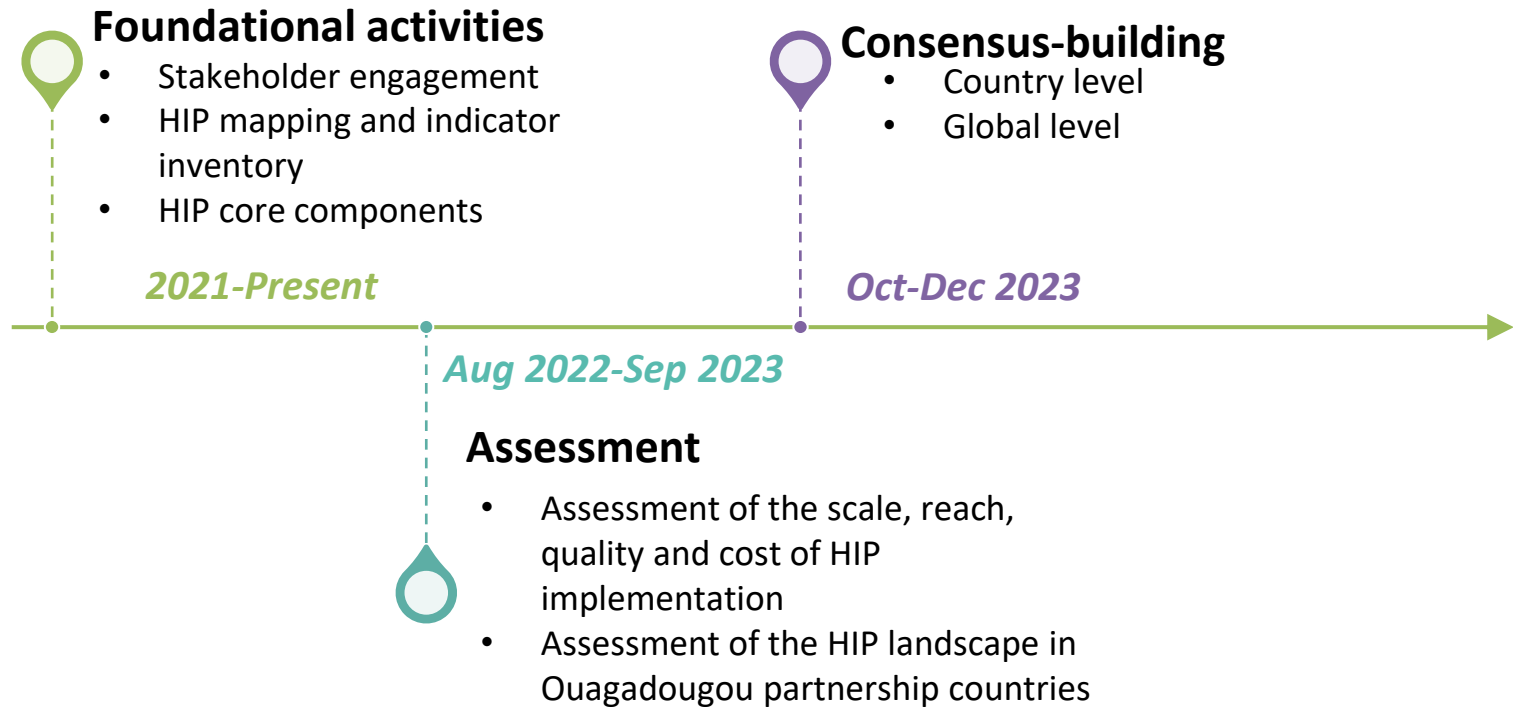
CHWs = Community Health Workers

PDS = Pharmacies and Drug Shops

Social and behavioral change HIP

MM = Mass media

Phases of the project



Assessment design

	KIs with MOH	KIs with program managers	Service statistics	Surveys at point of service	SBC strategies/ plans and media products	Activity-based costing
OBJECTIVE 1						
Vertical scale						
Horizontal scale						
OBJECTIVE 2						
Equity of access						
OBJECTIVE 3						
Policy-level intention						
Readiness						
OBJECTIVE 4						
Start-up and annualized costs						

Early experiences and insights

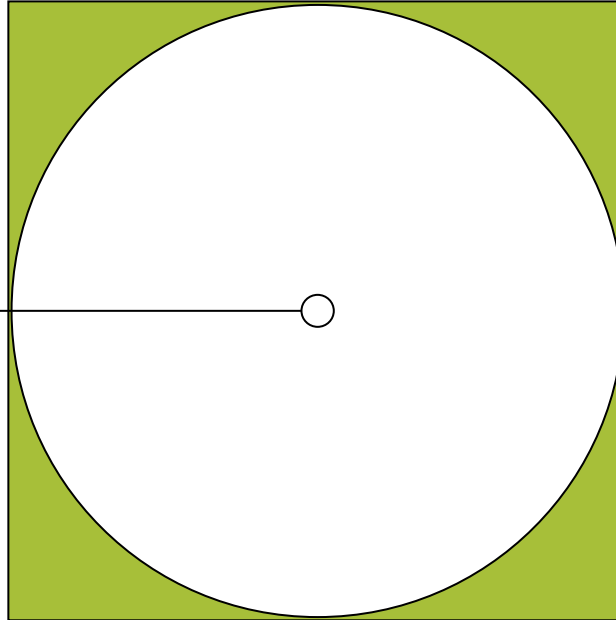


- **Awareness** of the **definition and core components of HIPs** and of the **HIP initiative** are variable.
- The **HIP mapping and indicator inventory** are essential fundamental activities.
- **Limitations of existing indicators** include lack of clear and detailed definitions, gaps in process indicators, lack of specificity to HIPs, and lack of alignment across implementers.
- Clearly **defined core components** that combine guidance from the HIP briefs with existing quality frameworks are necessary to provide an organizing structure to assess quality of implementation.
- Reliance on **secondary data** sources supports the goal of replicability but brings **challenges** related to keeping demands on programs manageable and to usability of the information.
- **Primary data** collection is required to assess quality of implementation but brings **trade-offs** between what is being collected and replicability.
- Defining **quality measures** is **complex** and requires **thoughtful organization**.

Implications and next steps



- There is a need for continued sensitization around the **language and definition** of HIPs.
- **Core components** may offer a valuable addition to the suite of HIP products.
 - Core components for the 5 HIPs will be **further refined** through the assessment and country discussions.
 - The proposed structure and approach can be applied to **other HIPs**.
- There is a clear need for **measurement standards** for HIPs to facilitate coordination and support prioritization and scale-up.
 - Implementing the assessment brings increased coordination, but the **implementation “picture”** is likely to be **incomplete** due to gaps in indicators and lack of alignment across implementers.
 - Need to consider whether/how to accommodate reasonable adaptations and differences in **country contexts and priorities** within a **common global measurement framework**.
- Uptake of **recommendations and replication** of the approach warrant continued support and attention.



High Impact Practices (HIPs) in Family Planning (FP)

A qualitative assessment of quality and scale of implementation for three service delivery HIPs in Bangladesh and Tanzania

Susan Pietrzyk

HIP TAG Meeting – January 25, 2023



USAID
FROM THE AMERICAN PEOPLE

DATA FOR
impact



History and Timeline

Apr – Dec 2020	Workplan approved, country selection, coordination with USAID Missions, project selection
Jan – Mar 2021	Indicator mapping with eight projects in relation to all eight service delivery High Impact Practices (HIPs)
Apr – Jun 2021	Establish HIP core components (standards for implementing the HIP), coordinate with R4S team
Jul – Sep 2021	Develop protocol and data collection tools (July presentation to HIP TAG)
Aug – Sep 2021	Review by ICF Institutional Review Board (IRB), rated exempt
Sep – Oct 2021	Identify local partners (CBSG, Bangladesh and CSK Research Solutions, Tanzania)
Oct – Nov 2021	Online survey among project staff
Oct – Nov 2021	Ethics review and approval, Institutional Review Board of the Institute of Health Economics IHE-IRB
Nov 2021 – Feb 2022	Ethics review and approval, Tanzania National Institute of Medical Research (NIMR)
Jan – Mar 2022	Data collection: Bangladesh core component checklists (N = 10)
Mar – May 2022	Data collection: Bangladesh key informant interviews (N = 16)
Apr – May 2002	Data collection: Tanzania core component checklists (N = 9)
Jun – Jul 2022	Data collection: Tanzania key informant interviews (N = 27)
Aug – Oct 2022	Data analysis and report preparation
Nov 2022	ICFP (poster with R4S, various pre-conference and side events)
Currently	Report review and revision; make and implement dissemination plan



Two Countries, Seven Projects

USAID Health Service Delivery Projects	Implementing Partner
Bangladesh	
Accelerating Universal Access to Family Planning (AUAFP)/Shukhi Jibon	Pathfinder
Advancing Universal Health Coverage (AUHC)	Chemonics
MaMoni Maternal and Newborn Care Strengthening Project (MNCSP)	Save the Children
Marketing Innovations for Sustainable Health Development (MISHD)	Social Marketing Company (SMC)
Tanzania	
Comprehensive Client-Centered Health Program (C3HP) - Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)	Jhpiego
Afya Yangu Southern (C3HP – HIV/TB)	Deloitte
Afya Yangu Northern (C3HP – HIV/TB)	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)



Three Service Delivery HIPs

- **Integrate community health workers (CHWs):** Integrate trained, equipped, and supported CHWs into the health system
- **Mobile outreach service delivery (MOSD):** Support MOSD to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods
- **Immediate postpartum family planning (IPFP):** Offer contraceptive counseling and services as part of care provided during childbirth at health facilities



Purpose and Focus Areas

- **Monitoring, Evaluation, and Learning (MEL):** The extent to which projects have indicators that align to each individual HIP
- **Quality of Implementation:** The extent to which established implementation standards for each HIP are followed (chose to call them core components)
- **Scale of Implementation:** The extent to which each HIP reaches intended locations, including in gender sensitive and equitable ways



Data Collection Summary

Participants for the key informant interviews

Level	# of KII	# of participants		
		M	F	Total
Project	14	5	9	14
District	29	20	20	40
Total	43	25	29	54

Participants for administering the core component checklists

HIP	# of projects	# of participants		
		M	F	Total
Integrated CHW	7	21	19	40
MOSD for contraceptives	6	16	14	30
Immediate PPFP	6	18	14	32
Total	19	55	47	102



HIPs Have Core Components

- Both new to projects (HIPs and core components)
- Core components refers to:
 - Implementation standards
 - What makes a HIP a HIP
 - Description of the evidence
 - Consensus (cannot be tailored to specific projects, countries, contexts)
- Based on “how to” section of HIPs briefs and stakeholder consultation
- 20 core components across the three HIPs



CHW Core Components

Integrate trained, equipped, and supported CHWs into the health system

1. Assures CHWs have necessary supplies and materials to fulfill their roles
2. Monitors, reports, and assesses data on CHW services and referrals provided
3. Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts
4. Trains and assesses CHWs' abilities to provide services and behavior change messages
5. Provides regular and as-needed supportive supervision from health system to CHWs
6. Engages communities in recruiting and supporting CHWs
7. Formalizes the role of CHWs as part of the health system to recognize their services



MOSD Core Components

Support mobile outreach service delivery (MOSD) to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods

1. Ensures consideration of cultural, economic, and social factors and needs in relation to client base
2. Coordinates with community leaders as part of aligning staff to needs, raising awareness for the service, and communicating relevant details to potential clients
3. Ensures equipment and supplies are in place and used appropriately
4. Trains service providers in providing respectful care including counselling services and recognizing instances when a referral for additional care is appropriate
5. Procedures in place for discussing follow-up care and helping clients understand how to access follow-up care
6. Follows a plan for collecting and recording data and inputting information in relevant repositories to ensure follow up



IPFP Core Components

Immediate postpartum family planning (IPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities

1. Ensures consistent availability of essential supplies, equipment (i.e., medical instruments), and methods appropriate per local demand and preferences
2. Monitors, reports, and assesses on counseling, offering, and uptake of methods for postpartum clients
3. Trains providers for IPFP on counseling and service provision per local guidance
4. Engages health facility leadership and staff to promote the practice
5. Ensures staff availability for FP services and products prior to discharge
6. Assures that national service delivery guidelines are readily available and widely disseminated
7. Communicates the role of service providers as outlined in national service delivery guidelines



Core Component Checklist

- Administered through facilitated small group discussion
- Each project determined size, make-up of group
- Generally, participants were mid- to senior-level management, MEL, and technical staff
- 19 core component checklists administered across seven projects
- 102 participants in total (55 male, 47 female)
- Range of 3–10 participants, average size = 5.7 participants
- Length of small group discussions ranged from 1.5–3 hours
- Project team agreed on rank (1 to 4) at the end of the discussion (see rank definitions below)
- Evaluation team agreed on rank after the session with the project team

1 LIMITED

The core component is being implemented partially and/or in limited ways.

2 EMERGING

Plans are in place to implement and monitor the core component.

3 ADVANCING

The core component has always been and is being implemented fully, but there are no indicators to track.

4 FOUNDATIONAL

The core component has always been and is being implemented fully, with indicators to track.



CHW Core Component 1

Data Collection Tool

- Guide for the facilitator
- 1-page per core component
- 20 core components, thus 20 unique core component checklist data collection tools

Procedure to Administer

- Yes-no questions to begin
- Move into discussion (policy and readiness)
- End discussion by determining rank
- 7 core components X 10 minutes discussion = 70 minute session for CHW HIP

Integrate trained, equipped, and supported community health workers (CHWs) into the health system				
Core Component (supplies, materials)	Yes Partially No	HOW IS THE CORE COMPONENT MONITORED?		
		Indicator	Report (textually)	Other (specify)
[Does the project] assure CHWs have the necessary supplies and materials to fulfill their roles?				
Possible Probing Questions: These questions are to help understand if policies are in place to implement the core component and if at the service delivery level there is readiness to implement the core component. <ul style="list-style-type: none">▪ To what extent is a national norms or procedures document that describes how CHWs will be re/supplied used?▪ To what extent do CHWs have appropriate methods (the ones they can offer) and counseling materials on-hand?▪ Are there ever disagreements between the project staff and CHWs regarding what supplies and materials are needed?▪ What is the process by which CHWs request supplies and materials, and how they held accountable for the supplies and materials they use to fulfill their roles?				
Use this space for notes about the yes-partially-no discussion, monitoring, and probing questions				
Ask about successes, challenges, how challenges are addressed, and summarize here				
Ask the small group how they would rank the extent the project is implementing the core component		After the meeting, review the notes and rank the extent the project is implementing the core component		
Rank =		Rank =		
1. Limited <i>The core component is being implemented partially and/or in limited ways.</i>	2. Emerging <i>Plans are in place to implement and monitor the core component.</i>	3. Advancing <i>The core component has always been and is being implemented fully, but there are no indicators to track.</i>	4. Foundational <i>The core component has always been and is being implemented fully, with indicators to track.</i>	



Selected Findings – High Level

Number of instances of each rank

Ranks	# of instances of each rank	
	Project Teams	Evaluation Team
Rank of 1 (Limited)	4	10
Rank of 2 (Emerging)	14	22
Rank of 3 (Advancing)	40	63
Rank of 4 (Foundational)	69	32

Average rank for each HIP

HIP	Average rank (scale of 1 to 4)	
	Project Teams	Evaluation Team
Integrated CHW	3.17	2.68
MOSD for contraceptives	3.45	3.03
Immediate PPFP	3.58	3.12



Selected Findings – CHW Core Component Checklist

CHW CORE COMPONENTS	Bangladesh		Tanzania	
	Project Teams	Evaluation Team	Project Teams	Evaluation Team
1 Assures CHWs have necessary supplies and materials to fulfill their roles	3.50	2.75	3.00	2.33
2 Monitors, reports, and assesses data on CHW services and referrals provided	3.25	2.75	3.00	3.33
3 Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts	3.75	3.50	3.00	2.33
4 Trains and assesses CHWs' abilities to provide services and behavior change messages	2.75	2.75	4.00	3.67
5 Provides regular and as-needed supportive supervision from health system to CHWs	3.00	2.75	3.33	3.33
6 Engages communities in recruiting and supporting CHWs	2.25	1.75	3.67	2.33
7 Formalizes the role of CHWs as part of the health system to recognize their services	2.75	2.25	3.00	1.67
AVERAGE ACROSS ALL CORE COMPONENTS	3.04	2.64	3.29	2.71

LIMITED (1): Core component is being implemented partially and/or in limited ways.

EMERGING (2): Plans are in place to implement and monitor the core component.

ADVANCING (3): Core component has always been and is being implemented fully, but there are no indicators to track.

FOUNDATIONAL (4): Core component has always been and is being implemented fully, with indicators to track.

highest scores

lowest scores



Selected Findings – CHW Core Component Checklist

CHW CORE COMPONENTS	Bangladesh		Tanzania	
	Project Teams	Evaluation Team	Project Teams	Evaluation Team
3 Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts	3.75	3.50	3.00	2.33

Core component 3 (perspectives from the small group discussion)

- Consistently, the projects that support both services and commodities discussed the importance of avoiding stockouts.
- For Bangladesh, the approach is different among the projects; notably one project follows a push sales method which is need based whereas another project keeps a stockpile in reserve.
- For Bangladesh, to move from a system of recording data manually would require CHWs to have the skill to enter data in tablets and this is not always feasible.



Selected Findings – CHW Core Component Checklist

CHW CORE COMPONENTS	Bangladesh		Tanzania	
	Project Teams	Evaluation Team	Project Teams	Evaluation Team
7 Formalizes the role of CHWs as part of the health system to recognize their services	2.75	2.25	3.00	1.67

Core component 7 (perspectives from the small group discussion)

- Low ranks reflect that it is not necessarily straightforward for a project to achieve the goal of formalizing the role of CHWs as part of the health system.
- For Bangladesh, it was noted that formalization mirrors inconsistencies regarding whether or not CHWs receive a salary, and if the salary is from the government.
- For Tanzania, each of the projects noted that without the projects the likelihood that there would be CHWs is small. Indeed, when projects end the government scrambles to retain CHWs, and the current context is such that projects cannot view formalization as their responsibility.



Next Steps

1. **Revise report:** Narrow the focus and refine the conclusions and recommendations
2. **Share results:** Virtual sessions with projects, USAID Missions, and possibly global webinar
3. **Prepare brief:** Summary of the report in 2-4 pages, strong focus on visual appeal
4. **Finalize report:** Integrate insights from virtual sessions and/or brief preparation
5. **Core components:** TBD discussions and options
 - Promote the core component checklist as an exercise any project can take on?
 - Set the core component checklist aside and promote set of indicators?



Questions for Continued Consideration

1. **Definitional:** What “counts” as implementing a HIP?
2. **Specificity:** HIP definitions and core components are highly specific, maybe to the extent that no project will every “truly” implement them in full?
3. **Design:** How to approach providing guidance to USAID Missions in terms of increasing the integration of HIPs into the design and implementation of family planning projects?
4. **Awareness:** Of the HIPs? And/or that HIPs monitoring is more implementation science than it is M&E and this might be a slightly new way for projects to think?
5. **Resources:** It appears unlikely USAID projects can monitor HIPs with existing indicators; however, is it practical to expect projects would add indicators for HIPs?



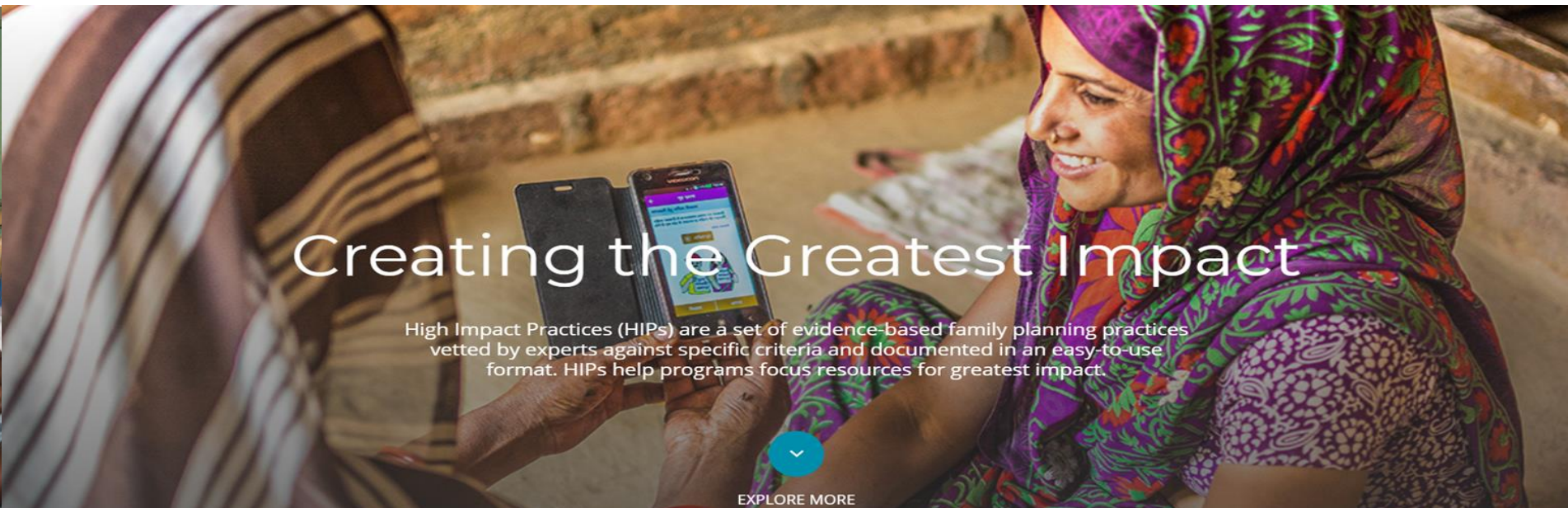
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Creating the Greatest Impact

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

EXPLORE MORE

Drug shops and Pharmacies: Expanding contraceptive choice and access in the private sector- What is needed to move this HIP Brief from Promising to Proven?

RESEARCH QUESTIONS IN CURRENT BRIEF

1. What kinds of training, supportive supervision, or other interventions work best to improve family planning knowledge and practice among pharmacy and drug shop staff?
1. What are the best ways to facilitate effective referrals?
1. What are the key issues around supply chain management to ensure a consistent supply of quality-assured products for pharmacies and drug shops?
1. What are family planning consumers' preferences regarding accessing pharmacies and drug shops?

WHAT ADDITIONAL RESEARCH AND KNOWLEDGE GAPS NEED TO BE ADDRESSED?

- Quality counseling
 - How to incentivize time spend on quality counseling, ensure viability of business model for pharmacists, ensure pharmacists are responsive to client needs without bias/stigma? Include evidence from emergency contraception and medical abortion.
 - Could digital channels support quality?
- Impact
 - Are there innovative ways to support delivery of expanded FP services that are attractive and viable (to generate sales) for private pharmacies and drug shops?

WHAT ADDITIONAL RESEARCH AND KNOWLEDGE GAPS NEED TO BE ADDRESSED?

- Scalability and sustainability
 - What are some innovative ways to sustainably scale FP service provision by pharmacies and drug shops (e.g., innovative financing accreditation)?
 - What are effective strategies for overcoming resistance to the integration of pharmacies and drug shops into the health system, including integration into supply chains, task-sharing plans and policies, and ensuring visibility of data from pharm/DS in the national health information system?

WHAT RESEARCH IS ONGOING THAT CAN INFORM THIS EFFORT?

BMGF supported research

- IntegratE/SFH: the IntegratE project is testing and scaling a 3-Tier **accreditation system** in Nigeria, which stratifies PPMV's into tiers based on their previous trainings and work, and then trains them to counsel and offer a wide variety of FP services.
- InSupply Kenya: In partnership with UCSF/KEMRI, used HCD to develop solutions/models to support **delivery of FP services, including DMPA-SC self-injection**, in pharmacies in Kenya. Currently implementing and conducting implementation research to assess acceptability, feasibility, scalability, viability of business models. Results of pilot phase on-going, to be completed Q4 2023.

PSI/IPAS supported research

- Research on Post Abortion Contraception provision through a HCD approach to identify interventions and services for pharamcists in selection cities of North India

New and upcoming evidence

1. What kinds of training, supportive supervision, or other interventions work best to improve family planning knowledge and practice among pharmacy and drug shop staff?

The role of job aids in supporting task sharing family planning services to community pharmacists and patent proprietary medicine vendors in Kaduna and Lagos, Nigeria” in BMC Health Services Research journal, Aug 2022 <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08360-0>

2. What are the best ways to facilitate effective referrals?
IntegratE in Nigeria conducting client follow-up survey and interviews with PHC providers to assess acceptability of referrals from PPMVs or CPs. Results expected end of Q4, 2023.
3. What are the key issues around supply chain management to ensure a consistent supply of quality-assured products for pharmacies and drug shops?
IntegratE planning observational checklist to assess effectiveness of Hub and Spoke model in improving drug stocking practices and QoC of FP services. Dependent on program implementation, expected Q4 2023.
4. What are family planning consumers’ preferences regarding accessing pharmacies and drug shops?

‘Clients’ perceptions of family planning quality of care received from trained drug shop owners and community pharmacists in Nigeria using a mixed method approach” published in Frontiers in Global Women's Health, section Contraception and Family Planning. November 2022 <https://www.frontiersin.org/articles/10.3389/fqwh.2022.1034966/full>

Additional evidence

1. What are effective strategies for overcoming resistance to the integration of pharmacies and drug shops into the health system, including integration into supply chains, task-sharing plans and policies, and insuring visibility of data from pharm/DS in the national health information system? (scalability)

“Tier accreditation system Nigerian stakeholders’ perceptions of a pilot tier accreditation system for Patent and Proprietary Medicine Vendors to expand access to family planning services” published in BMC Sept 2022.

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08503-3>

2. What are some innovative ways to sustainably scale FP service provision by pharmacies and drug shops? (e.g., innovative financing, accreditation). (sustainability)

Cross-sectional study evaluating PPMV’s enrolled in first phase of IntegratE’s Tiered accreditation program. Publication expected Q2 of 2023; early results show PPMV’s enthusiastic (97% positive), see benefits to their business (monetary and non-monetary, and are willing to pay to remain in program (56-71%)

Additional evidence

3. What are cost-effective ways to deliver expanded services (e.g., training on self-injection, primary health care services) that are attractive and viable (generate sales) for private pharmacies and drug shops?

Both IntegratE and inSupply will be looking at costs and business value proposition for pharmacists, more results in late 2023-2024. (affordability)

4. How can drug shops and pharmacies center the consumer or sexual partner to ensure that the customer experience is consistently positive? (impact, applicability)

Ref: HIP criteria of - impact, applicability, scalability, affordability and sustainability

TIMELINE FOR DRUG SHOPS AND PHARMACIES BRIEF

- Recommend the TAG review the new evidence on this topic in 2024
- Decide at this juncture if we can move the brief from 'promising' to 'proven'

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HIPs Implementation and Scale Up Survey: High Level Results

Elizabeth Larson
January 2023 TAG meeting

Study Overview

Objective: To understand how the HIPs partnership can better support FP program decision-makers and implementers to implement and scale up High Impact Practices in Family Planning

Methods:

- Qualitative Survey on HIPs, hosted on HIPs website
- In-Depth Interviews
- Focus Group

Analysis:

- Thematic analysis of all data (survey, IDIs and FGDs)
- Used research questions to guide the analytical approach

Data Collection: August-October 2022

Study Participants

Online Survey

	Intervention Region									Total # of Informants
	Central Africa	East Africa	West Africa	Southern Africa	Middle East / North Africa	Southeast Asia	Latin America	North America	Global	
CBO		1								1
Government		2	2				2			6
NGO	1	8	5	2	2	2	5	2	7	34
Private Sector			1		1		1			3
Other	1	1	1			1	3			7
Total # of Informants	2	12	9	2	3	3	11	2	7	51

In-Depth Interviews*

	Country in which informant is based												Interview Language			Total # of Ints
Org. Interv- ention Level	Africa						South America				Asia					
	KEN	NGA	RWA	SEN	TZA	UGA	COL	MEX	NIC	PIR	FJI	USA	ENG	FRE	SPA	
Cntry.	1	1			1	2	1	1					5		2	
Reg.	1			1	1				1	1	1		3	1	2	
Int.												5	5			
Total # of Ints.	1	1	1	1	2	2	1	1	1	1	1	5	13	1	4	18

* One interview excluded due to lack of HIPs implementation

Focus Group

	Country in which informant is based				Total # of Informants
Organization Intervention Level	Kenya	Nigeria	Switzerland	USA	
Country	1				1
Regional	1				1
International			1	1	2
Total # of Informants	1	1	1	1	4

Themes

Themes

- 1. HIPs Knowledge**
- 2. Type of support needed for improved HIP implementation**
- 3. Barriers to HIP implementation**
4. Differences between implementation & scale-up
5. Takeaways from current implementation examples

Theme 1: What HIPs knowledge is lacking?

Theme 1: What knowledge is lacking?

When asked the HIPs that are relevant to their organization...

- Some reported programs were not HIPs
 - Examples: LARC provision, whole site family planning
- Many of the programs that were identified as HIPs were actually desired HIPs impacts
 - Examples: Reducing unwanted pregnancy, increased use of contraception for spacing, addressing high fertility and the determinants of high fertility

Theme 1: What knowledge is lacking?

When asked which HIPs should be scaled up...

- Most cited programs were not a HIP
 - Increase the use of modern contraceptive methods
 - Increasing the use of LARCs
 - Whole site family planning orientation
 - 72-hour clinic makeover
 - Inclusive SRH services for GLBTQ people
 - Etc.
- A number of people said “All the HIPs”

Theme 1: What knowledge is lacking?

So you find even just within the international NGOs in the family planning space, they may not have heard of the HIPs, but the discussion around what this actually means that how impactful they are, and how we should focus on them, has not reached them... So I think there's a whole discussion that needs to happen, or at least activities around dissemination of the value of HIPs, and increasing more visibility around the implementation of those particular HIPs or just the impact they are able to achieve

(Interview participant, Senegal, Regional Interventions)

Themes 2 & 3

- Barriers to Implementation
- Support Needed

Themes 2 & 3: Barriers and Support Needed

Barrier	Support Needed
Opposition from Government and Local Leaders	Governmental / Local Leadership Support
Lack of Guidance	Implementation & M&E Guides
	Contextual Adaptation
	Implementation Experiences
Health Systems	Financing
	Training / Skills
Attitudes / Norms / Beliefs	Cross-Cutting Engagement

Barrier:
Opposition

Support Needed:
Governmental / Local
Leadership
Support

Barrier: Opposition from Government & Local Leaders

- Opposition exists at all levels for programs that people do not view as being country driven
 - If foreigners introduce programs, a lack of trust due to colonial history leads to negative perceptions
- Opposition from religious and cultural leaders strongly influence community resistance to programming
- Government opposition could be the most important barrier to HIP implementation in a country

Support Needed: Governmental / Local Leadership Support

- In many countries, governmental support is necessary to implement, sustain and scale-up programming
- HIPs must respond to a government's goals and be adaptable to a changing governmental landscape
- Engaging governments and leadership throughout the decision making process will demonstrate the importance of the HIP-related change

Illustrative Quote

Sustainability of family planning is very much dependent on the government of the day prioritizing family planning with real commitments, which means the government will always ensure programs are sustained, funds are released, you know. Even in negotiations with bilateral, multilateral partners, they see, they would be committed to ensure that whatever cake they get, some of it percentage of that goes into family planning. So I think the other component really depends on government commitment to the family planning agenda

(Interview Participant, Tanzania, Country Interventions)

Barrier:
Lack of Guidance

Support Needed:
Implementation
& M&E Guides,
Contextual Adaptation &
Implementation
Experiences

Support Needed: Implementation & M&E Guides

- Implementation methodologies
 - Checklists
 - Which HIPs to prioritize given goals
 - How to integrate HIPs
- M&E materials
 - Success indicators
 - Rapid assessment tools
 - Quality assurance tools
 - Quality improvement frameworks
- Write guides so that various stakeholders can read them (government officials, CHWs with limited literacy, etc.)

Illustrative Quote

So when when we decided to align our implementation to the HIPs, and we went into the HIPs websites, trying to understand what that entails, we realized that some of the HIPs do not have [anything] in terms of content of delivery and guidance... So there is missing, there is guidance in general, but there's missing instruction on the how, or at least how to get it delivered.

(Interview Participant, Kenya, Regional Interventions)

Illustrative Quote

A challenge in using the EE HIPs is at what time do we say ‘this has worked’. What are those key success measures telling us that we are doing is working... How can we measure how we are successful. The HIPs have not really helped to monitor and evaluate to ensure the implementation of the practice is working. How can we be supported to know when the practices have worked or not.

(Focus Group Participant, Nigeria, Country Interventions)

Support Needed: Contextual Adaptation

- Adaptation needs to be sub-national
- Make resources available in a number of languages, including non-colonial languages
- Provide examples of how people have implemented HIPs in a range of contexts
- Adapt to a changing global landscape

Illustrative Quote

Definitely, that's what I said about recognizing that we couldn't apply it as a one size fits all because each context was different. And sometimes, you know, even in speaking to the countries that were the examples that were used to do those high impact practices, recognizing that not every part of the country may or may form the context that will make that happen. So also prioritizing within the implementation, you know, where that implementation should happen within the country. It's not something you can apply to the whole country.

(Interview Participant, Fiji, Regional Interventions)

Support Needed: Implementation Experiences

- Desire for evidence and experiences from other countries
 - Lessons learned and key results
- Help to will foster government support
- Website needs to be more accessible (evidence and list of HIPs)
 - Interactive platform
 - Webinars
 - Videos
 - Short success stories

Illustrative Quote

Look, I use the document a lot. [Name], a colleague downloaded it but I don't know if he has used it much. He would probably used the information more if maybe there were, let's say, short success stories and short videos that, either in real or in animations, show the information in the document. It is that experience beyond the document, I think it would be important as to complement ...

(Interview Participant, Nicaragua, Regional Interventions)

Barrier:
Health System

Support Needed:
Financing &
Training / Skills

Barriers: Health System

- Stockouts
- Overworked health practitioners
- No sustained funding mechanism once donors leave
 - Especially for community health workers
- How to access government funding is not always clear
- Governments are transient and interested in getting the most for their dollar

Support Needed: Financing

- Stable, less restrictive funding streams
- Sustained funding Improved sustained funding
- Scale-up requires additional funding beyond the initial disbursement

Support Needed: Training / Skills

- People working in the health system often lack the necessary capacity to adequately implement HIPs
- Need specific trainings on how to:
 - Address provider bias
 - Ensure confidentiality and patient privacy
- Program implementers need increased training to support the scale-up and sustainability of HIPs

Illustrative Quote

And then the other biggest challenge has been commodity stockouts... So you've created the demand, you've worked up that focus around it, but then you're not delivering on the final actual, the actual outcome of what the program is supposed to achieve... And the different players involved in the commodity space, it's not just the manufacturers, or the big donors who have managed to get the volume control issue going. It's also just the logistics of moving the particular commodities across the country. The logistics of properly forecasting and quantifying that has been a big challenge across both across the three countries that I've been working.

(Interview Participant, Kenya, Regional Interventions)

Illustrative Quote

The HIPs are written assuming that family planning training to providers exist and what we find a lot of the other interventions that we do almost all of it is related to training and capacity building and activating supportive supervision and quality improvement strategies and approaches. All those are critical and necessary but they're not considered high impact practices

(Interview Participant, USA, International Interventions)

Barrier:
Attitudes / Norms / Beliefs

Support Needed:
Cross-Cutting
Engagement

Barrier: Attitudes / Norms / Beliefs

- High religiosity
 - Limits access to family planning services
 - Limits access to modern contraceptives
 - Related to fatalism influencing fertility desires
- Misconceptions originate from not openly discussing family planning
- Spacing is more readily supported than limiting
- For some, family planning is against community traditions

Barrier: Attitudes / Norms / Beliefs

- Adolescents
 - Many providers are opposed to providing contraception to adolescents
 - Even in countries where laws guarantee access for this population
 - Choose to access services in private facilities to avoid potential stigma
 - Forced to pay out of pocket

Support Needed: Cross-Cutting Engagement

- Providing necessary support to overcome other barriers will help overcome barriers related to attitudes, norms and beliefs
- Engage
 - Political leaders
 - Religious leaders
 - Cultural leaders
 - Social media influencers

Donc il faut que vous ayez des aides... parce que nos états ont tellement de priorités... Venir avec un PHI, ça règle juste le problème de la pertinence pour dire que ça a été testé quelque part avec des succès probants.

(Interview, Senegal, Regional Interventions)

So you need to have some help... because our states have so many priorities... Coming with a HIP, it just solves the problem of relevance to say that it's been tested somewhere with convincing success.

Follow-Up Questions / Next Steps

- Given these findings where should we go next?
 - Current Plan: Develop a brief with our findings/ recommendations
- How do we support people to integrate HIPs within their existing family planning programming?
 - Donors? Government? Implementers?
- What should a HIPs implementation guide look like?
- How much support can we provide?

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Reflections on the FP field

What to consider in 2023 based on **ICFP** and SBCC





Training PAHO lessons learned

Pattaya 2022

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Planificación Familiar: Actualización en Planificación Familiar para Atención Primaria de Salud - ESP-ING-PORT

Matriculados

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Aprobados

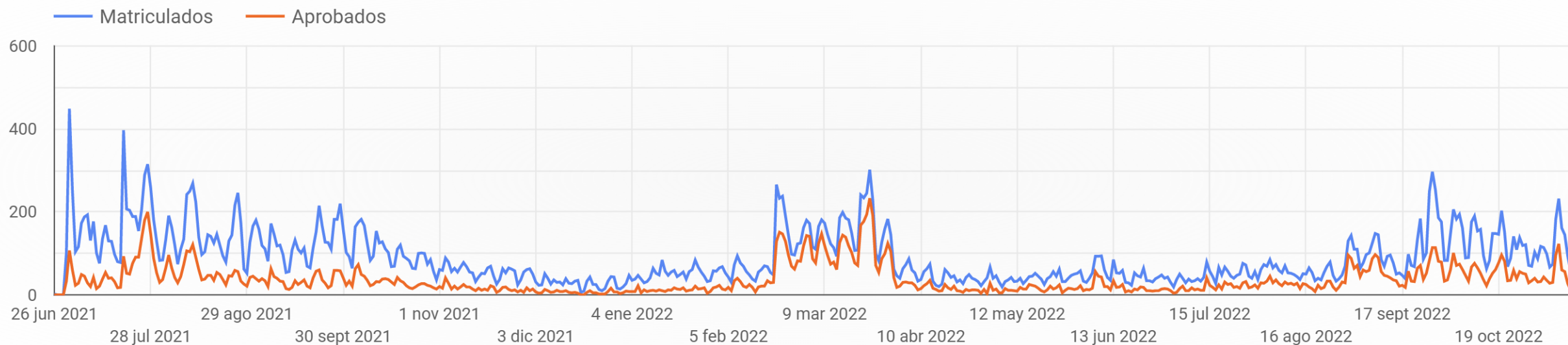
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Periodo

Selecciona un periodo

Cursos

curso



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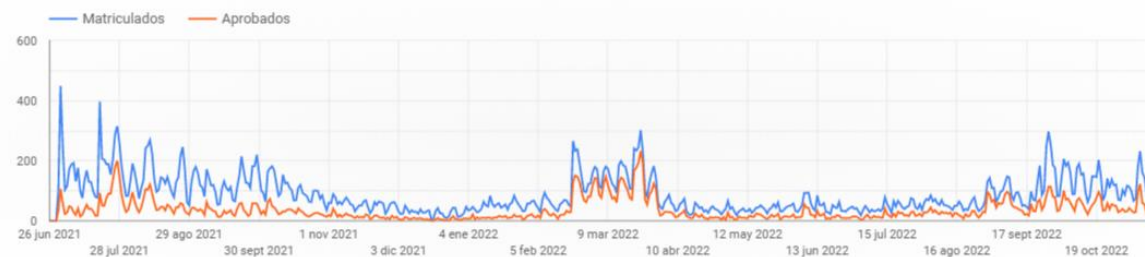
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Periodo

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Cursos

curso

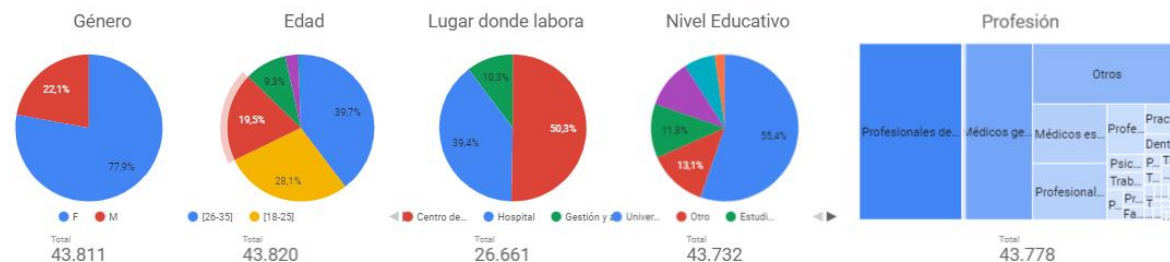


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5. ARGENTINA	1.636	255
6. HONDURAS	1.339	573
7. NICARAGUA	1.222	880
8. BOLIVIA	1.183	492
9. PARAGUAY	1.159	627



1 - 91 / 91

1 16.620



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CAMPUS VIRTUAL DE SALUD PÚBLICA

Curso de Anticoncepción Inmediata Post Evento Obstétrico (AIPEO) - 2021- ESP-ING-PORT

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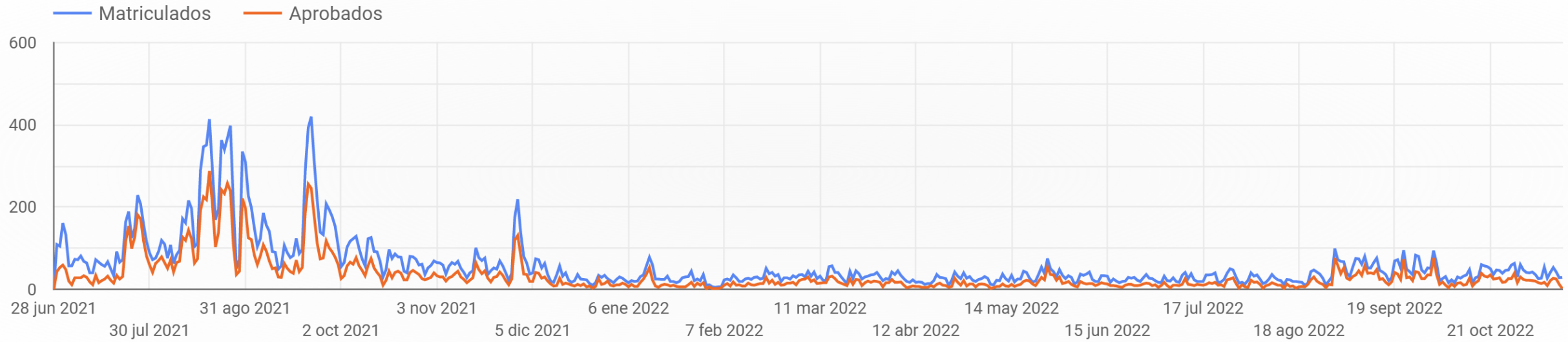
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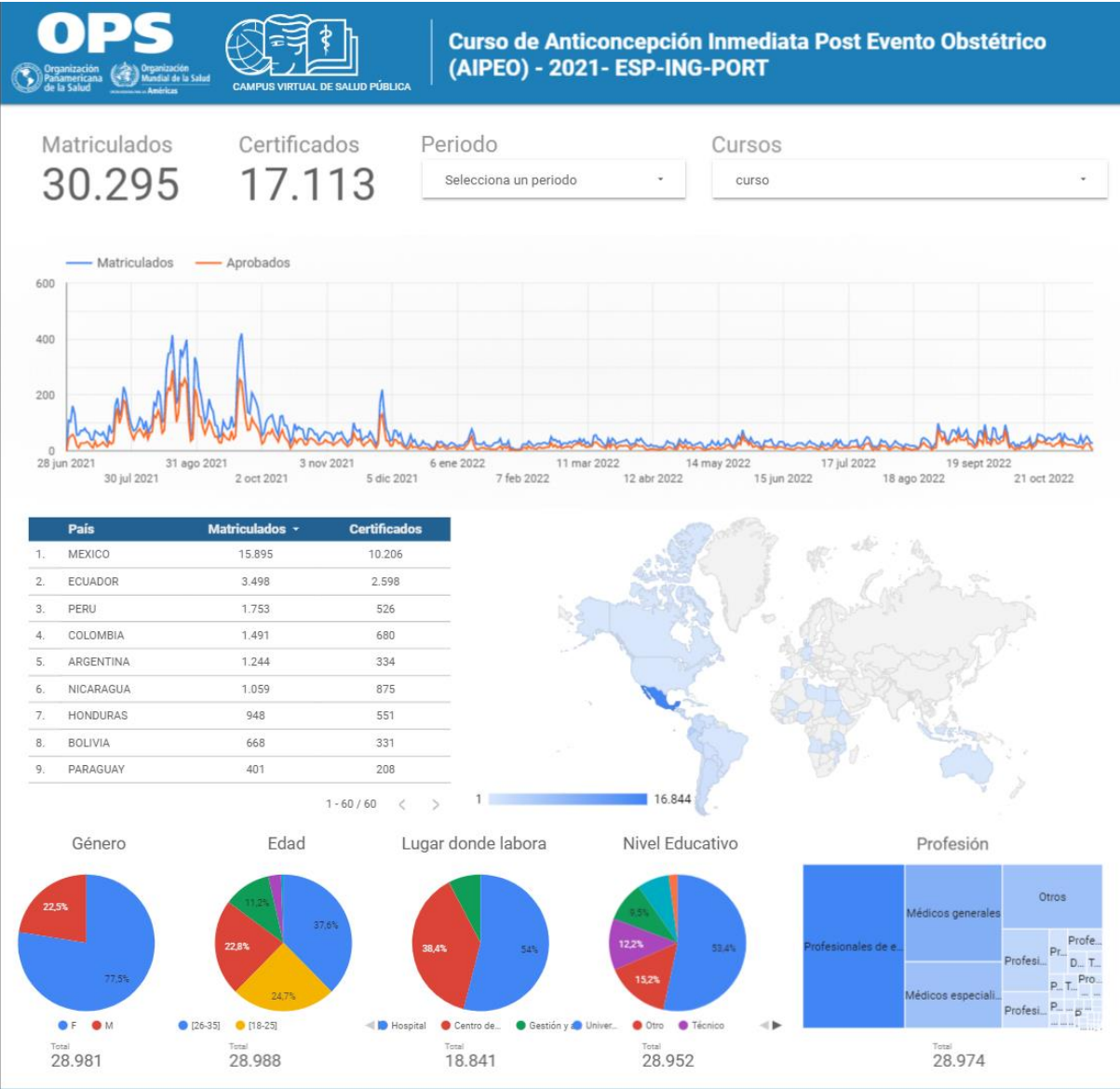
Periodo

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Cursos

curso







FIGO- FLASOG 2022



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Profesionales de la región participaron en taller de simulación de AIPEO



Lanzan iniciativa de anticoncepción inmediata post evento obstétrico y dos cursos para fortalecer capacidades en salud materna

31 Ago 2021



Honduras realiza lanzamiento nacional de cursos virtuales sobre planificación familiar y AIPEO

27 Sep 2021



NEXT

- Scale up, expand..
- Follow Up trainees, using PAHO Virtual Platform
- Simulation centers in MUSA Network strengthened
- Update content 2023
- French translation (Haiti)
- National implementation plans (guide)
- Analysis of FP national guideline and policies (10 countries)
- Self care in SSRR readiness analysis