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Discussion

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

Discussion

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)

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)

Discussion

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Discussion

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General

Concept note - SPG on self-care

Briefs to be updated/developed in 2023

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

SHERP

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)

Discussion

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)

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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
   - 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. 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.”
   - 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. Presentation and discussion on HIP Evidence Review Tool to determine whether a brief is promising or proven.
   - 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.
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 Apcar, 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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the topic both timely and strategic to current FP programs?</td>
<td>xx</td>
</tr>
<tr>
<td>Is the SPG topic broader than a specific practice and therefore not eligible to be a HIP?</td>
<td>xx</td>
</tr>
<tr>
<td>Is the SPF topic clearly articulated and will it be understood by program managers and implementers?</td>
<td>xx</td>
</tr>
<tr>
<td>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?)</td>
<td>xx</td>
</tr>
<tr>
<td>Is the topic of the proposed SPG conceptually distinct from other existing SPGs?</td>
<td>xx</td>
</tr>
<tr>
<td>Will an SPG on the topic provide enough information to guide program managers and implementers in a comprehensive strategic planning process about the topic?</td>
<td>xx</td>
</tr>
<tr>
<td>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?</td>
<td>xx</td>
</tr>
<tr>
<td>Is the gap to be filled by this SPG a priority for program managers and implementers globally?</td>
<td>xx</td>
</tr>
</tbody>
</table>

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 girls’ 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 agrees 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.
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.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Support Needed</th>
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<tbody>
<tr>
<td>Opposition from Government and Local Leaders</td>
<td>Governmental / Local Leadership Support</td>
</tr>
<tr>
<td>Lack of Guidance</td>
<td>Implementation &amp; M&amp;E Guides</td>
</tr>
<tr>
<td></td>
<td>Contextual Adaptation</td>
</tr>
<tr>
<td></td>
<td>Implementation Experiences</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Time (New York)</th>
<th>Agenda Item</th>
<th>Reference materials</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Sign-in to meeting</td>
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</table>
| 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 |
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<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>12:00 - 1:00</td>
<td>Lunch</td>
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<tr>
<td>1:00 - 2:00</td>
<td>Discussion and input on FHI360 presentation</td>
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<tr>
<td>2:00 - 2:30</td>
<td>HIPs at ICFP and the SBCC Summit</td>
<td>Ados May and Laura Raney</td>
</tr>
<tr>
<td>2:30 - 2:45</td>
<td>HIP Production &amp; Dissemination</td>
<td>Ados May and Natalie Apcar</td>
</tr>
<tr>
<td>2:45 - 3:45</td>
<td>Possible topics for new HIP briefs and process forward</td>
<td>Heidi Quinn (Barbara Seligman, Saad Abdulmumin, Saswati Das, Nandita Thatte, and Maria Carrasco)</td>
</tr>
<tr>
<td>3:45 - 4:30</td>
<td>The ideal number of briefs</td>
<td>Maria Carrasco, Jennie Greaney, and Mario Festin</td>
</tr>
</tbody>
</table>
### Agenda

**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

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

**Note:** All times are based on New York Time (New York). The schedule adjusts for different time zones as indicated.
### 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

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<tr>
<th>Time (New York)</th>
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<tr>
<td>08:30 – 09:00</td>
<td>Sign-in to meeting</td>
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<tr>
<td>09:00 -09:10</td>
<td>Review Recommendations from Day 2</td>
<td>Maria Carrasco</td>
</tr>
<tr>
<td>09:10 – 10:00</td>
<td>Presentation and inputs on implementation and scale-up - from the qualitative study on Family Planning HIP implementation and scale up</td>
<td>Beth Larson and Bethany Arnold</td>
</tr>
<tr>
<td>10:00 - 11:00</td>
<td>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</td>
<td>Rodolfo Gomez (TBC)</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Presentation of HIPs brief guidance document including brief development/update process</td>
<td>Maria Carrasco</td>
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<tr>
<td>11:30 - 11:45</td>
<td>Group Reflections</td>
<td>Jennie Greaney</td>
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<tr>
<td>11:45 - 12:00</td>
<td>Next Steps and Closing</td>
<td>Maria Carrasco</td>
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## Appendix B. List of Participants

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Alice Payne Merritt</td>
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<tr>
<td>Anand Sinha</td>
<td>India</td>
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<tr>
<td>Baker Maggwa</td>
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<td>Barbara Seligman</td>
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<td>Christine Gallavotti</td>
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<td>Erin Mielke</td>
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<tr>
<td>Gael O’Sullivan</td>
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<td>Heidi Quinn</td>
<td>Kenya</td>
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<td>Jay Gribble</td>
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<td>Mario Festin</td>
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<td>Medha Sharma</td>
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<td>Rodolfo Gomez</td>
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<td>Roy Jacobstein</td>
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<td>Saad Abdulmumnin</td>
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<td>Sara Stratton</td>
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<td>Saswati Das</td>
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<td>Caroline Kabiru</td>
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<tr>
<td>Gamachis Shogo</td>
<td>Sierra Leone</td>
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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
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
Strategic priorities
IMPROVE QUALITY

EXPAND ACCESS AND AVAILABILITY

DEEPEN INTEGRATION

ENGAGE ADOLESCENTS AND YOUTH

BUILD RESILIENCE AND IMPROVE ADAPTATION

STRENGTHEN DATA

ENHANCE AGENCY AND ADDRESS DISCRIMINATION

INCREASE SUSTAINABILITY
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.
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
Components of the strategy
UNFPA FAMILY PLANNING STRATEGY

STRATEGY FOR FAMILY PLANNING
Transformational future-fit visioning

ACCELERATION PLAN
Operational menu of options and actions

POLICY CONVENINGS AND BRIEFS
Amplifying issues and keeping current

COMPONENTS OF THE STRATEGY
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
**ILLUSTRATIVE EXAMPLES**

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<th>LEAD</th>
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<th>ENCOURAGE OTHERS</th>
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<td>Where UNFPA will lead or make a high priority</td>
<td>Where UNFPA will contribute (with others)</td>
<td>Where UNFPA will encourage others to engage and lead</td>
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**STRATEGIC PRIORITY 4: INCREASE SUSTAINABILITY**

- **LEAD**
  - Build the case for increased and sustained budget allocation for family planning.

- **CONTRIBUTE**
  - Track and monitor family planning expenditures and funding flows.

- **ENCOURAGE OTHERS**
  - Conduct fiscal space analysis and broad financial policy analysis in the context of health systems strengthening and UHC.
### ILLUSTRATIVE EXAMPLES

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**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.**
## ILLUSTRATIVE EXAMPLES

**LEAD**

Where UNFPA will lead or make a high priority

**CONTRIBUTE**

Where UNFPA will contribute (with others)

**ENCOURAGE 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.**
## Strategic Priority 7: Build Resilience and Improve Adaptation

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- 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.
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**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.
Thank you
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.
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.

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 in 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.

CHWs “provide health education, referral and follow up, case management, and basic preventive health care and home visiting services in 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.hiphighimpactpractices.org/overview.
Educating Girls - 2014

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

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

- Policies, legislation, and financing
  - HIP Briefs
    - Policy
    - Galvanizing commitment
    - Domestic resource mobilization

- Institutions, collaborative governance, and management
  - HIP Briefs
    - Leaders and managers
    - Supply chain management
    - Strategic social accountability

- Social and economic factors
  - HIP Briefs
    - Girls’ education

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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
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

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

Advancing measurement, monitoring, and decision-making related to HIP implementation
SHERP project overview
SHERP design

Inform recommendations for strengthening the HIP evidence review and vetting process

**FOCUS**
- **Evidence review**: process of identifying and summarizing evidence during the drafting or updating of a HIP brief
- **Evidence vetting**: process of deciding merit & weight of evidence presented to determine if a practice can be considered a HIP

**APPROACH**
- **Key informant interviews**
- **Desk review** of evidence vetting/grading scales

**OUTPUT**
- **Perspectives of experts** engaged in the development of HIP briefs and/or other identification processes and of HIP brief users on aspects of the current HIP evidence review process
- Summary of the advantages and disadvantages of selected evidence vetting/grading scales relative to application in the context of the HIP initiative
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
<table>
<thead>
<tr>
<th>Themes</th>
<th>Specific areas to address in questions</th>
<th>KI groups</th>
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</table>
| Describing the HIP process of evidence identification and review | - 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   | - What has worked well?  
- What are remaining gaps or challenges? | 1, 3 |
| Making changes in the process                    | - 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              | - 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

- Summary of key features of ~10 scales

Selection of subset of 4-5 scales

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

- **Initial engagement with HIP TAG**: Jan 2023
- **KII**: Feb - April
- **In-depth review of selected scales**: April
- **Initial summary of KII findings**: May
- **Participatory consultation with HIP TAG**: June
- **Summary of TAG recommendations from June meeting**: July 2023

Engagement with advisory group: Feb - July
Feedback

**KII s**
- 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
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

<table>
<thead>
<tr>
<th>HIPs</th>
<th>IPPFP</th>
<th>CHWs</th>
<th>PAFP</th>
<th>PDS</th>
<th>MM</th>
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<tr>
<td>USAID-funded Research for Scalable Solutions (R4S) Project</td>
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**Service delivery HIPs**

IPPFP = 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).

Core components

- Policy standards
- Readiness standards

Key informant interviews + desk review

Surveys at point of service

Desk review of media plans and products
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

<table>
<thead>
<tr>
<th>QUALITY DOMAINS</th>
<th>CORE COMPONENT</th>
<th>POLICY STANDARDS</th>
<th>READINESS STANDARDS</th>
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<td>Technical competency (availability of trained and competent health workers)</td>
<td>Health workers across cadres are trained and demonstrate competency in delivering client-centered PAFP counseling and service provision, including LARC methods.</td>
<td>Facility leadership uses national guidelines and a training curriculum that includes client-centered PAFP counseling and service provision, including LARC methods.</td>
<td>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.</td>
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Process for defining measures for readiness score

1. Map survey questions to readiness standards
2. Prioritize key questions for each standard
3. Define potential options for associated variables
   - Engage with TEG to select best variables and “passing levels” and identify room for country variations
   - Engage with countries to contextualize measures and passing levels as needed
   - Use results and country and global convening to produce final recommendations
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. LARC; & 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?

Should the measure include whether different cadres have been trained?
Process for defining measures for readiness score

1. Map survey questions to readiness standards
2. Prioritize key questions for each standard
3. Define potential options for associated variables
4. Engage with TEG to select best variables and “passing levels” and identify room for country variations
5. Engage with countries to contextualize measures and passing levels as needed
6. Use results and country and global convening to produce final recommendations
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

**Prioritization of questions and potential options for associated variables**
*Jan-Feb 2023*

**Engagement with countries**
*March-April*

**Country and global convenings**
*August-September 2023*

**Engagement with TEG**
*Feb-March*

**Data analysis**
*May-July*
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 Nov. 14-17, Pattaya
ICFP 2022: IBP Track Program Implementation Subcommittee
Timeline 2022

January
IBP Track and Program Implementation Merge

February
- Themes for 8 sessions discussed
- Teams start forming

Mar-Sept
- Preconference themes
- Session teams established
- Trailblazers join

October
- Social Media
- Webinars held
- FP Insight

November
IBP Track Program Implementation Delivered
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

- Alesha May
- Alessio Thiene
- Allison Beckerbower
- Amanda Cardosa-Gomez
- Anne Ballard Serra
- Anne Pfister

Subcommittee Members

- Adeel Zaidi and Barnabas Atek
- Bethany Arnold and Carolin Biman
- Catalina Camparese and Stefania Dottoli
- Elke Pettigrew
- Emily Sommerville
- Fatim Nkindia-Tagore
- Greasette Hovehaman
- Isabelle Goveaux
- Jimmy Nowo
- Kristen Krueger
- Marian Keizer

WHO/IBP Network Fellows and Youth Trailblazers

- Anne Rukundakene
- Anaíse Perelman
- Bénédicte Bagouci
- Ed Asare-Prah
- Laura Tammas
- Narayan Tripathi
- Nabi Reke
- Daisy Kasozi
- Paul Philippe Ripaissot
- Pearson Mallya
- Rafaella Traversi
- Seisai Shimo

Subcommittee Members

- Aani Reddy
- Abdusalam Ousseni
- Abdulkarim Soed
- Abou Matoume Diaw
- Adejumo Adekeye
- Aghanta Kambo
- Alissa Bell
- Alexander Njoku
- Allison Meltzer
- Alison Ricks
- Anajha Ouseu
- Arina Doray
- Anatolia Merati
- Arinya Makin
- Ann Marjeoire Mubale
- Arie D’Ocren
- Anna Siregar
- Astanae Kanyampwe
- Ashwini Karthik
- Ben Bellows
- Ben Licht
- Ben Mombaye
- Beth Eldredon
- Beth Fredrick
- Bill Byrson
- Blasco Aijala
- Beatrice Buhle
- Benita Ushe
- Brighton Mubwewa
- Bridget Myracle
- Brittany Rosen
- Caroline Rabini
- Carina Martin
- Catherine Rick

Members and Presenters

- Bolilin Innocent
- Borihn Houssa
- Innocent Gant
- Isabelle Beba
- Isidora Smirnova
- Jeff Jordan
- Jen Kudoel Drake
- Jennifer Hellawell
- Joaochinh Childe
- Julia Thom
- Jutrojane Odein
- Kabib Singh
- Kate Dieingere
- Kadiyan Bryant-Coombs
- Kaya Sy
- Kaylene Adele
- Kaife Wabion
- Khadjia Kalam
- Kimberly Inthrophy
- Kissane James
- Kristen Little
- Laquiel Amador
- Laura Humley
- Laura Stany
- Laverne Doughtery
- Leigh Wynn
- Leona Myracle
- Mandy Baskin
- Maimouna Bah
- Maimouna Djakha
- Marija Nekimian
- Marguerite N’kour
- Maria Bia
- Maria Syr Drape
- Marjorie Mubale
- Meriam Mangen
- Martin Gutierrez
- Mary Lynn Caffell
- Mathew Balmeyer
- Mathew Gomar
- Masahiko Iwai
- Meg Vashan
- Mike Uken
- Mohammed Brooks
- Naima Verna
- Nathalie Kass
- Natale Rathnag
- Nilu Sah
- Nooraneen Jospe Niliapu
- Oumar Ouaknaga
- Paola Elsaw
- Patricia Mahesh
- Peter Murdoga
- Polly Walker
- Rosamoe Manthey
- Pritha Biswas
- Rebecca Wilkins
- Rebekah Lindgren
- Rebecca de la Moree
- Reshna Nalik
- Rita Kabra
- Romina Menendez
- Sandrine Sibanda
- Shabihah Zakhra
- Shaila Shafii
- Shutiel Shuali Shulea
- Simmi Banerjee
- Sophia Chabuta
- Stanley Illele kulap
- Stefania Mogale
- Stefanie Thoedoi
- Sudhir Kumar Salpathy
- Sushma Tino
- Sylvia Pae
- Tamer Khomassoud
- Thiruva Samban
- Tumay Kansarnay
- Utamasa Funem Ome
- Utsho Bokalmui
- Valenise Covinder
- Vencaros Isboko Kizwana
- Wako Nkali
- Violet Munanga
- Vianar Malisoghi
- Vaidhul Akmal
- Vamala Nicholas Kissalye
- Vhuyu Mchungu
- Yano Chanda
- Yohannes Ebaba Wako
- Yoricke Bizikto
- Zahid Hussain Khan
- Zahid Meneen
Activities at a Glance

**SUNDAY 15 NOVEMBER**

**PRE-CONFERENCE**
- Program Implementation at ICFP2022
  - HIP Family Planning High Impact Practices
  - 10:00 AM - 5:00 PM
  - Engage – Create – Innovate – Document Implementation, Storytelling, Social Media and Engagement with Decision-Makers
  - Monitoring Implementation of Family Planning Practices

**INTERACTIVE SESSIONS**
- Tuesday, 15 November
  - 9:00 AM - 5:00 PM
  - Interactive sessions are taking place in parallel to maximize learning.
  - 4:30 PM - 5:00 PM
  - Roundtable Sessions

**ROUNDTABLE SESSIONS**
- Royal Summit Chambers - Royal Cliff Beach Hotel
  - 1:00 - 3:00 PM

**USEFUL LINKS**
- [ICFP BP: Basic Program implementation](https://www.icfpbp.org)
- [WHO Implementation: Implementation Stories](https://www.who.int)
- [SRH Implementers Network](https://www.who.int)
- [SRH Implementers Network](https://www.who.int)

**CURATE AND SHARE CONFERENCE RESOURCES**
- Share your SRH knowledge through storytelling.
  - The IIBP 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 HIV SRH programming, and to convey how effective interventions make a real difference in people’s lives.

**Visit our exhibition area at ICFP**
- [ICFP2022.org](http://icfp2022.org)

**RESOURCEFUL LINKS**
- [SRH Implementers Network](https://www.who.int)
- [SRH Implementers Network](https://www.who.int)
- [SRH Implementers Network](https://www.who.int)

**SHARE YOUR SRH KNOWLEDGE THROUGH STORYTELLING**
- The IIBP 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 HIV 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**
- ICFP2022.org » Implementation stories

**Download our list of resources on HIV SRHP**
- [ICFP2022.org](http://icfp2022.org)

**IBP Network**
- Activities at a Glance
  - Program Implementation at ICFP2022
    - Piste de mise en oeuvre
    - IBP à la CIPF

**ICFP2022.org/program-implementation**
Pre-conference

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

- 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
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](http://www.fpinsight.org)
2. Search “IBP Track” in the search bar
3. Using the yellow Categories toolbar on the left, select “Collections”
4. Explore!
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
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
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
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
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
Agenda
Website Usership
Top 10 HIP Products
HIP Webinars and Podcasts
Twitter Engagement
HIP Newsletter
HIPs in Peer-Reviewed Literature
Website Users FY2018 – FY2022

Website Users over time

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Website Users</th>
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<tr>
<td>FY17</td>
<td>13,065</td>
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<tr>
<td>FY18</td>
<td>24,160</td>
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<tr>
<td>FY19</td>
<td>43,760</td>
</tr>
<tr>
<td>FY20</td>
<td>78,118</td>
</tr>
<tr>
<td>FY21</td>
<td>101,365</td>
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<tr>
<td>FY22</td>
<td>108,933</td>
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## Quick Analytics

<table>
<thead>
<tr>
<th></th>
<th>FY22</th>
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</thead>
<tbody>
<tr>
<td>Users</td>
<td><strong>108,933</strong> (88% are new users)</td>
</tr>
<tr>
<td>Sessions</td>
<td>139,316</td>
</tr>
<tr>
<td>Pageviews</td>
<td>196,784</td>
</tr>
<tr>
<td>Avg session duration</td>
<td>1 min 15 sec</td>
</tr>
</tbody>
</table>
Website Users by Region FY22

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

40% North & South America*
14% Europe
35% Africa
9.5% Asia
.5% Oceania
Website Users by in the Americas FY22

- 47% Northern America
- 16% Central America
- 31% Southern America

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

<table>
<thead>
<tr>
<th>Language</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>72%</td>
<td>63%</td>
<td>47%</td>
<td>42%</td>
</tr>
<tr>
<td>Spanish</td>
<td>14%</td>
<td>24%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>French</td>
<td>13%</td>
<td>12%</td>
<td>18%</td>
<td>25%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Website Users – Top 10 Countries, past year

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. US</td>
<td>19,261 (17%)</td>
</tr>
<tr>
<td>2. France</td>
<td>7,726 (7%)</td>
</tr>
<tr>
<td>3. Colombia</td>
<td>5,346 (5%)</td>
</tr>
<tr>
<td>4. Mexico</td>
<td>4,248 (4%)</td>
</tr>
<tr>
<td>5. Nigeria</td>
<td>3,878 (3%)</td>
</tr>
<tr>
<td>6. Cameroon</td>
<td>3,469 (3%)</td>
</tr>
<tr>
<td>7 India</td>
<td>3,145 (2.8)</td>
</tr>
<tr>
<td>8. DRC</td>
<td>3,050 (2.5)</td>
</tr>
<tr>
<td>9. Peru</td>
<td>2,998 (2.4%)</td>
</tr>
<tr>
<td>10. Mozambique</td>
<td>2,662 (2.2%)</td>
</tr>
</tbody>
</table>
Website Users by Device

- Desktop: 48%
- Mobile: 50%
- Tablet: 1%
Website Users – Acquisition Overview

Top Channels

- Organic Search: 68.8%
- Direct: 25.6%
- Referral: 2.6%
- Social: 2.5%
- Email: 2.5%
- (Other): 0.2%
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
Top 10 HIP Products, June 2022 - Present

1. Prestation de Services
   - Planification familiale après avortement
   - PROMISING

2. Service Delivery
   - Pharmacies and Drug Shops
   - PRÁCTICA PROMETEDORA

3. Prestación de Servicios
   - Farmacias y droguerías
   - PRÁCTICA COMPROBADA

4. Prestación de Servicios
   - Planificación familiar post-aborto
   - PRÁCTICA COMPROBADA

5. Evidence Summary
   - Economic Empowerment

6. Service Delivery
   - Social Marketing
   - PROVEN

7. Environnement Propice
   - Gestion de la chaîne d'approvisionnement

8. Prestación de Servicios
   - Planificación familiar inmediatamente posparto
   - PRÁCTICA COMPROBADA

9. HIps
   - Family Planning High Impact Practices List
   - PROVEN

10. Service Delivery
    - Immediate Postpartum Family Planning
    - PROVEN
Top 10 Downloads, June 2022 - Present

- Prestation de Services
  - Planification familiale après avortement
- Family Planning High Impact Practices List
- Service Delivery
- Pharmacies and Drug Shops
- Prestación de Servicios
  - Planificación familiar inmediatamente posparto
- Evidence Summary
  - Economic Empowerment
- Immediate Postpartum Family Planning
- 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
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

<table>
<thead>
<tr>
<th>Top 5 by # of Tweets:</th>
<th>Top Influencers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge SUCCESS</td>
<td>FP 2030</td>
</tr>
<tr>
<td>R4S Project</td>
<td>USAID GH</td>
</tr>
<tr>
<td>FP 2030</td>
<td>Knowledge SUCCESS</td>
</tr>
<tr>
<td>EVIHDAF</td>
<td>JSI Health</td>
</tr>
<tr>
<td>Farhan Yusuf</td>
<td></td>
</tr>
</tbody>
</table>
Since the newsletter’s launch in June 2020, over 780 FP stakeholders from over 86 countries have subscribed to the HIPs newsletter.

<table>
<thead>
<tr>
<th>Top Countries</th>
<th># of Subscribers</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>312</td>
</tr>
<tr>
<td>India</td>
<td>37</td>
</tr>
<tr>
<td>Kenya</td>
<td>35</td>
</tr>
<tr>
<td>Nigeria</td>
<td>31</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>26</td>
</tr>
</tbody>
</table>
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.

STAY TUNED!
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

Source: June 2022 TAG meeting report
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

<table>
<thead>
<tr>
<th>Topic</th>
<th>HIP product recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care in FP</td>
<td>Brief (Service delivery) - recommended as a brief on Sept 7, 2022 meeting given the importance of the topic.</td>
</tr>
<tr>
<td>FP/RH services in crisis/shock situations</td>
<td>Brief - enhancement (an <a href="#">SPG on FP in humanitarian settings</a> already exists)</td>
</tr>
<tr>
<td>FP/HIV integration</td>
<td>Brief - service delivery</td>
</tr>
<tr>
<td>Task sharing</td>
<td>Brief - enhancement (an <a href="#">SPG on task sharing</a> already exists)</td>
</tr>
<tr>
<td>FP counseling</td>
<td>SPG (we have tried to develop a brief but the evidence is hard to summarize/not there)</td>
</tr>
<tr>
<td>Topic/criteria</td>
<td>Relevance FP/RH</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Self-care</td>
<td>High</td>
</tr>
<tr>
<td>FP/RH services in crisis/shock situations</td>
<td>High</td>
</tr>
<tr>
<td>FP/HIV integration</td>
<td>High, as HIV field focus on offering comprehensive services</td>
</tr>
<tr>
<td>Task sharing</td>
<td>High, task sharing policies exist (but may not be implemented) in various countries</td>
</tr>
<tr>
<td>FP counseling</td>
<td>High, critical portion of the FP service</td>
</tr>
</tbody>
</table>
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 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**

<table>
<thead>
<tr>
<th>Summary</th>
<th>EN</th>
<th>ES</th>
<th>FR</th>
<th>PT</th>
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<td>35337</td>
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<td>5407</td>
<td>1864</td>
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<td>SBC</td>
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Source: Table of number of views per page
Most and Least Accessed HIP briefs - 2022

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*New in Q4 2022 (incomplete year)

Source: Table of number of views per page
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
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

<table>
<thead>
<tr>
<th>Finding</th>
<th>What does this tells us about the number of briefs?</th>
<th>Recommendation</th>
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</table>
| 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                                        | - 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                                                                                          |
| Citing umbrella categories                        | - We may have already reached saturation as some people prefer to cite umbrella categories                                           | - Take steps to better distinguish the SPGs from the briefs                                                                                                                                         |
| Mixing HIP briefs with SPGs                      | - Adding SPGs is not helping us as, for some, it add to the number of “HIPs”                                                             | - Focus energies on addressing need to providing guiding tools (more details forthcoming)                                                                                                                  |
| 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.
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.

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?
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<td>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?</td>
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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.
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
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
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**
- VACCINE DELIVERY
- UNDER-FIVE MORTALITY REDUCTION
- NEONATAL & MATERNAL MORTALITY

**COVID-19**
- COVID-19 RESPONSE

**HEALTH SYSTEMS**
- COMMUNITY HEALTH WORKERS
- PRIMARY HEALTH CARE

**NUTRITION**
- STUNTING REDUCTION

**WOMEN’S HEALTH**
- FAMILY PLANNING
- ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH & RIGHTS
- WOMEN’S HEALTH & WELLBEING

**AFRICA**
- ETHIOPIA
- GHANA
- KENYA
- LIBERIA
- CAMEROON
- MALAWI
- MOROCCO
- NIGER
- RWANDA
- SIERRA LEONE
- SENEGAL
- UGANDA

**LATIN AMERICA**
- BRAZIL
- DOMINICAN REPUBLIC
- COSTA RICA
- PERU
- BOLIVIA

**ASIA**
- BANGLADESH
- INDIA
- KYRGYZ REPUBLIC
- NEPAL
- PAKISTAN
- PHILIPPINES
- SRI LANKA
- THAILAND
- LAO PDR
- BOLIVIA
- KENYA
- LAO PDR
- MALAWI
- SENEGAL
- SIERRA LEONE
- UGANDA
- CAMEROON
- GHANA
- PERU
- RWANDA
- SIERRA LEONE
- UGANDA

**KEY**
- Countries
- Subnational regions

**Country selection currently underway for first 2 countries**

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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

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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 India

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
Adolescent Sexual & Reproductive Health & Rights: How have Exemplars achieved success in reducing adolescent fertility rates and advancing SRHR including prevention and management of unintended pregnancy?

Women’s Health & Wellbeing: How have Exemplars improved girls’ & women’s wellbeing comprehensively across their life course? And how can we better measure this?

Family Planning: How have Exemplars increased voluntary use of modern contraception and demand satisfied?

NMR/MMR: How have Exemplars reduced maternal and neonatal mortality over the past two decades?

Anemia among WRA: What are the determinants of anemia reduction among WRA in Exemplar LMICs?

Source: WHO age bands

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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
FAMILY PLANNING
EXEMPLARS PROJECT
**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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International Planned Parenthood Federation, Western Hemisphere Region (IPPF-WHR)

Interim Replacement: Shyami de Silva
USAID's Office of Population and Reproductive Health

Annie Haakenstad
Institute for Health Metrics and Evaluation

Asha George
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Emily Keats
Sr Research Associate The Hospital for Sick Kids

Muhammad Islam
Research Associate The Hospital for Sick Kids

Maya Kshatriya
Research Associate The Hospital for Sick Kids

Family Planning

12
IN-COUNTRY RESEARCH PARTNERS LEADING THE WORK

MALAWI

AFIDEP
African Institute for Development Policy

Nurudeen Alhassan
Julius Chingwalu
Eliya Zulu

KENYA

ICRH
International Centre for Reproductive Health

Sophie Chabeda
Gladys Waruguru

SENEGAL

UNIVERSITE CHEIKH ANTA DIOP DE DAKAR

Dr. Sylvain Faye
Dr. Rose Andre Faye
CONCEPTUAL FRAMEWORK

National context
- Political
- Legal
- Economic
- Social
- Cultural
- Gender relations
- Religious
- Civil society
- Private sector
- Demographic

Government Policies
- Education
- Health
- Employment
- Infrastructure
- Gender Inequality

Sub-national / local context
(physical, socio-economic, regional and income inequalities, social norms)

Individual factors
(household wealth, female education, employment, child mortality, health decision-making)

FP financing, policy, program
(supply /demand, public/private)
High Impact Practices (HIPs)

Women’s Agency
Ability to act by accessing information and services

Women’s preferences, demand for children
(number, timing)

Access to FP information

Access to services and products
(equity, cost, quality)

mCPR
(initiation, continuation)

Demand satisfied for modern methods

Family Planning
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...

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

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)

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

Davide Chabeda
PI: Sophie Chabeda
Malawi
PI: Eliya Zulu
Senegal
PI: Sylvain Faye

Note: Have selected a 2nd set of countries: Lao PDR, Bolivia, and Sierra Leone

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

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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**

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<th>Who: priority stakeholders for FP Exemplars</th>
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<tr>
<td>FP HIP Co-Sponsors: BMGF, FP 2030, USAID, UNFPA, WHO, IPPF</td>
</tr>
<tr>
<td>Exemplar country governments</td>
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<table>
<thead>
<tr>
<th>What: goal(s) with the most important people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform global health funders FP strategies, investments</td>
</tr>
<tr>
<td>Integrate EGH evidence in FP 2030 regional hub TA</td>
</tr>
<tr>
<td>Integrate EGH evidence in FP CIPs, commitments, strategic plans</td>
</tr>
<tr>
<td>Drive evidence-based updates to HIP briefs and tools</td>
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</table>

- Close and ongoing alignment with BMGF on FP strategy and investments
- USAID engagement (TAG, PRH teams including research and M&E advisors)
- World Bank and GFF
- Initial engagements with FP 2030 E/S and N/W/C Africa regional hubs; Asia and LAC forthcoming. Potential Q2 co-convenings.
- WHO engagement via TAG; expanded UNFPA partnership
- OP engagement, including on research agenda
- Senegal’s FP strategic plan, CHAI market work
- Kenya’s ICPD 25 investment case, CIPs (including subnational)
- Malawi population policy
- Pakistan TA request
- HIPs research working group (ICFP and beyond)
- HIP co-sponsors engagement
HIPS LINKAGES & PRELIMINARY FP EXEMPLARS FINDINGS
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
HIPS WORKING SESSION
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)
HIP -
The Co-Sponsors and
the
Technical Advisory
Group
Co-Sponsors – Purpose and membership

• Serves as a secretariat for the HIP work

• Members: BMGF, FP2030, IPPF, UNFPA, USAID and WHO
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.
Technical Advisory Group - Purpose

• Reviews evidence and makes recommendations on updating and implementing HIPs.

• The TAG meets twice a year
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
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

<table>
<thead>
<tr>
<th></th>
<th>IPPFP</th>
<th>CHWs</th>
<th>PAFP</th>
<th>PDS</th>
<th>MM</th>
</tr>
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<tbody>
<tr>
<td><strong>USAID-funded Research for Scalable Solutions (R4S) Project</strong></td>
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<td>Mozambique</td>
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<td><strong>BMGF-funded Scaling Measurement and Replication Techniques (SMART-HIPs) Project</strong></td>
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<td>Burkina Faso</td>
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<td>India</td>
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<td>Nigeria</td>
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<tr>
<td><strong>SMART-HIPs assessment in Ouagadougou Partnership countries</strong></td>
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<td></td>
</tr>
<tr>
<td>Regional</td>
<td></td>
<td></td>
<td>ALL HIPs</td>
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</table>

**Service delivery HIPs**
- IPPFP = 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

**Foundational activities**
- Stakeholder engagement
- HIP mapping and indicator inventory
- HIP core components

2021-Present

**Assessment**
- Assessment of the scale, reach, quality and cost of HIP implementation
- Assessment of the HIP landscape in Ouagadougou partnership countries

Aug 2022-Sep 2023

**Consensus-building**
- Country level
- Global level

Oct-Dec 2023
## Assessment design

<table>
<thead>
<tr>
<th>Objective</th>
<th>Vertical scale</th>
<th>Horizontal scale</th>
<th>Equity of access</th>
<th>Policy-level intention</th>
<th>Readiness</th>
<th>Start-up and annualized costs</th>
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</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE 1</strong></td>
<td>KII with MOH</td>
<td>KII with program managers</td>
<td>Service statistics</td>
<td>Surveys at point of service</td>
<td>SBC strategies/plans and media products</td>
<td>Activity-based costing</td>
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<tr>
<td>Vertical scale</td>
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<td>Horizontal scale</td>
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<td><strong>OBJECTIVE 2</strong></td>
<td>KII with MOH</td>
<td>KII with program managers</td>
<td>Service statistics</td>
<td>Surveys at point of service</td>
<td>SBC strategies/plans and media products</td>
<td>Activity-based costing</td>
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<tr>
<td>Equity of access</td>
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<td></td>
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<td><strong>OBJECTIVE 3</strong></td>
<td>KII with MOH</td>
<td>KII with program managers</td>
<td>Service statistics</td>
<td>Surveys at point of service</td>
<td>SBC strategies/plans and media products</td>
<td>Activity-based costing</td>
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<tr>
<td>Policy-level intention</td>
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<tr>
<td>Readiness</td>
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<tr>
<td><strong>OBJECTIVE 4</strong></td>
<td>KII with MOH</td>
<td>KII with program managers</td>
<td>Service statistics</td>
<td>Surveys at point of service</td>
<td>SBC strategies/plans and media products</td>
<td>Activity-based costing</td>
</tr>
<tr>
<td>Start-up and annualized costs</td>
<td></td>
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</table>
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
### History and Timeline

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

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

<table>
<thead>
<tr>
<th>Level</th>
<th># of KII</th>
<th># of participants</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Project</td>
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<td>5</td>
</tr>
<tr>
<td>District</td>
<td>29</td>
<td>20</td>
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<tr>
<td>Total</td>
<td>43</td>
<td>25</td>
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</table>

### Participants for administering the core component checklists

<table>
<thead>
<tr>
<th>HIP</th>
<th># of projects</th>
<th># of participants</th>
</tr>
</thead>
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<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Integrated CHW</td>
<td>7</td>
<td>21</td>
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<tr>
<td>MOSD for contraceptives</td>
<td>6</td>
<td>16</td>
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<tr>
<td>Immediate PPFP</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>55</td>
</tr>
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</table>
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
IPPFP Core Components

Immediate postpartum family planning (IPPFP): 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 IPPFP 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

### Rank Definitions

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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

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<table>
<thead>
<tr>
<th>Core Component (supplies, materials)</th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
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<tbody>
<tr>
<td>HOW IS THE CORE COMPONENT MONITORED?</td>
<td>Indicator</td>
<td>Report (textually)</td>
<td>Other (specify)</td>
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</table>

**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.

- To what extent is a national norms or procedures document that describes how CHWs will be resupplied 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 hold 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.
### Selected Findings – High Level

#### Number of instances of each rank

<table>
<thead>
<tr>
<th>Ranks</th>
<th># of instances of each rank</th>
<th>Project Teams</th>
<th>Evaluation Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank of 1 (Limited)</td>
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<td>10</td>
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<tr>
<td>Rank of 2 (Emerging)</td>
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<td>Rank of 3 (Advancing)</td>
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<td>Rank of 4 (Foundational)</td>
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#### Average rank for each HIP

<table>
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<th>Average rank (scale of 1 to 4)</th>
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<th>Evaluation Team</th>
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<td>Integrated CHW</td>
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<td>3.17</td>
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<td>MOSD for contraceptives</td>
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<td>3.45</td>
<td>3.03</td>
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<tr>
<td>Immediate PPFP</td>
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<td>3.58</td>
<td>3.12</td>
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## Selected Findings – CHW Core Component Checklist

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

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.
### Selected Findings – CHW Core Component Checklist

<table>
<thead>
<tr>
<th>CHW CORE COMPONENTS</th>
<th>Bangladesh Project Teams</th>
<th>Bangladesh Evaluation Team</th>
<th>Tanzania Project Teams</th>
<th>Tanzania Evaluation Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts</td>
<td>3.75</td>
<td>3.50</td>
<td>3.00</td>
<td>2.33</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>CHW CORE COMPONENTS</th>
<th>Bangladesh</th>
<th>Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project Teams</td>
<td>Evaluation Team</td>
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<tr>
<td>7 Formalizes the role of CHWs as part of the health system to recognize their services</td>
<td>2.75</td>
<td>2.25</td>
</tr>
</tbody>
</table>

### 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 ever “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?
This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

www.data4impactproject.org
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 pharmacists 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?
   
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.

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%)
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’
HIPs Implementation and Scale Up Survey: High Level Results

Elizabeth Larson
January 2023 TAG meeting
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

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<tr>
<th>Intervention Region</th>
<th>Central Africa</th>
<th>East Africa</th>
<th>West Africa</th>
<th>Southern Africa</th>
<th>Middle East / North Africa</th>
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### In-Depth Interviews*

*One interview excluded due to lack of HIPs implementation*

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# Focus Group

<table>
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<tr>
<th>Organization Intervention Level</th>
<th>Country in which informant is based</th>
<th>Total # of Informants</th>
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<tr>
<td>Total # of Informants</td>
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</table>

**Country in which informant is based**

- **Kenya**: 1 informant
- **Nigeria**: 1 informant
- **Switzerland**: 1 informant
- **USA**: 2 informants
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

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Support Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opposition from Government and Local Leaders</td>
<td>Governmental / Local Leadership Support</td>
</tr>
<tr>
<td>Lack of Guidance</td>
<td>Implementation &amp; M&amp;E Guides</td>
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<tr>
<td></td>
<td>Contextual Adaptation</td>
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<tr>
<td></td>
<td>Implementation Experiences</td>
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<tr>
<td>Health Systems</td>
<td>Financing</td>
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<tr>
<td></td>
<td>Training / Skills</td>
</tr>
<tr>
<td>Attitudes / Norms / Beliefs</td>
<td>Cross-Cutting Engagement</td>
</tr>
</tbody>
</table>
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
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.
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.)
So 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)
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
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
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)
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?
Reflections on the FP field

What to consider in 2023 based on ICFP and SBCG
Training PAHO lessons learned

Pattaya 2022
Matriculados: 45.323
Aprobados: 18.690

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