

Leveraging High Impact Practices in Family Planning for India's FP 2030 Commitments

September 27, 2023



Ados May, WHO/IBP Network Moderator

Ados is a Senior Technical Advisor at the WHO/IBP Network Secretariat. Ados provides technical leadership engaging the network member organizations on documenting effective practices in family planning, dissemination and use of high-impact practices (HIPs), and knowledge management. He has over 20 years of experience in international public health program design, technical assistance, management, and capacity building, focusing on HIV/AIDS and Reproductive Health.



Today's Agenda

- Welcome Ados May, [WHO/IBP Network](#)
- Opening Remarks Andrea M. Wojnar, [UNFPA India](#)
Dr. Pawan Kumar, [MoHFW India](#)
- Introduction to the High Impact Practices Pragati Singh, [WHO India](#)
Ados May, [WHO/IBP Network](#)
- Adolescent Responsive Contraceptive Services Anand Sinha, [Packard Foundation India](#)
- Post abortion Family Planning Saswati Das, [UNFPA India](#)
- Digital Health for Providers Smisha Agarwal, [CGDHI Johns Hopkins](#)
- Questions & Answers Moderator
- Closing Remarks Deepa Prasad, [UNFPA India](#)



Before we Begin



Webinar will be recorded



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Opening Remarks



Andrea M. Wojnar
UNFPA India



Pawan Kumar
MoHFW India



Andrea M. Wojnar, UNFPA India

Ms. Andrea Wojnar is the Resident Representative for UNFPA India and the Country Director for Bhutan. In a career spanning thirty-six years, Ms. Wojnar has been at the forefront of programmes that have focused on the rights and health of women and girls, and giving a voice to youth and adolescents. The 'power of data' being her core guiding principle, she is passionate about using evidence-based results to conduct public advocacy and high-level policy dialogue to influence decision-makers on the importance of gender equality for sustainable development. Ms. Wojnar is a strong advocate of ensuring Rights and Choices for All.



Opening Remarks



Pawan Kumar, MoHFW India

Dr. Kumar is the Additional Commissioner, In charge Maternal Health & Family Planning Division at Ministry of Health & Family Welfare, Government of India. Dr. Kumar has a career spanning over 23 years at various positions in the health sector including Health Care Management/Public Health ranging from Primary Health Care to the State & National level (Planning, Policy, Implementation, Monitoring & Supervision). He is associate editor for Journal of Advance Research in Medicine (JoARM). He has published/presented more than 75 research papers in national and international journals/conferences, written chapters in books on public health and health care management on highly innovative topics. He currently serves as the Treasurer of Indian Society of Hospital Waste Management.



Opening Remarks



Leveraging High Impact Practices
in Family Planning for India's
FP 2030 Commitments



Our Panelists



Pragati Singh
WHO India



Anand Sinha
Packard Foundation
India



Saswati Das
UNFPA India



Smisha Agarwal
Johns Hopkins
University



Introduction to the High Impact Practices (HIPs)



Pragati Singh, WHO India

Dr. Pragati is a National Professional Officer in WHO and is also supporting Ministry of Health and Family Welfare for strengthening Sexual and Reproductive Health (SRH) Services. She has more than 15 years of rich public health experience in government and development sector. Dr. Pragati is a medical professional with specialization in public health. She has a certification on Climate change and health from Harvard University and Climate solutions from University of Edinburg. She also contributed to FP initiatives under USAID as Senior reproductive health advisor where she was actively involved in devising innovative models for leveraging private sector participation, and addressing climate change and SRH. She has been a member of India core convener group for FP 2030 and spearheaded the development of country's FP 2020 and FP 2030 vision document and country commitments.



HIP
**FAMILY
 PLANNING**
**HIGH IMPACT
 PRACTICES**

The HIPs: Tools to help achieve your FP goals

Dr. Pragati Singh, WHO- Country Office for India
 Ados May, WHO/IBP Network

September 27, 2023

FP in India- Charting way ahead

Stage 3: High Prevalence*

*(Growth slows and eventually stops- MCPR reaches max.)

MCPR = 57%
Sub-national variation exist

Increasing access further will require-

- Task-sharing,
- Investing in additional training of health care workers,
- Engaging the private sector,
- Or other interventions.

FP use in Young Women (15-24 yrs) as % of WRA

Category	Sub-category	Value
Sexually active	No Need	5
	Unmet Need	1
	Modern User	3
Not sexually active	-	21

Investments and Interventions in adolescent and youth programming

PPFP use in PP Women as % of WRA

Delivery Type	Not Using FP at 6 mths PP	Using FP at 6 mths PP
Facility Del.	3	2
Home Del.	1	0.5

Investments in PPFP

Places with large proportion of postpartum women and not using modern contraception

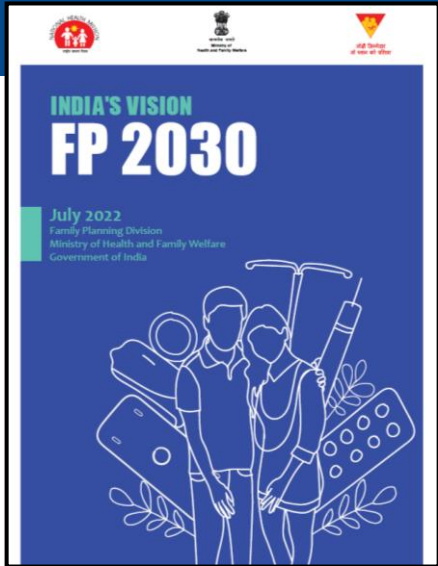
NCIFP Scores (2017)

Dimension	Score
Total	64
Accountability	54
Equity	62
Quality	64
Data	60
Strategy	81

Strength of the enabling environment can impact the potential for growth in mCPR



Contd...



Key strategic priorities:

- Adolescent and Youth,
- Expanding contraceptive basket,
- Quality Improvement,
- Community Engagement,
- Strengthening supply chain systems,
- Ensuring male participation,
- Private Sector engagement,
- Strengthening data systems and
- Ensuring resilient health systems

Supported by WHO-SAMARTH





C Consensus and direction around what works
Country context
Compliment WHO Guidelines

HIP

High Impact Practices

what works' in FP interventions

do not tackle the “how” around
implementation or scale up

HIP FAMILY
PLANNING
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PRACTICES

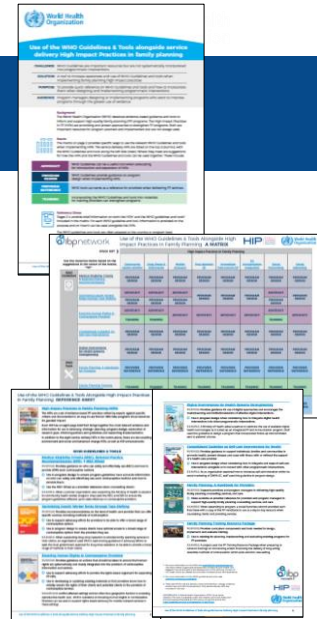
***“A genuine leader is not a searcher for consensus but a molder of consensus.” -
Dr. Martin Luther King, Jr.***





WHO/HIP Matrix Tool to Link WHO Guidelines and High Impact Practices

- 1** Background
- 2** Matrix
- 3** WHO Guidelines and Tools



Contd...

Advocacy+ Prog. Design Advocacy + Training



Optimizing Health Worker Roles through Task Shifting

Ensuring Human Rights in Contraceptive Provision

Advocacy



5th edition



Medical Eligibility Criteria (MEC), Selected Practice Recommendations (SPR),

Consolidated Guideline on Self-care Interventions for Health

Digital Interventions for Health Systems Strengthening

Program Design



2022 edition



Family Planning: A Handbook for Providers

MEC Wheel

Provider Reference



Training Resource Package for Family Planning

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

[Getting Started with TRP](#) [Browse Training Modules](#)

USAID World Health Organization


Family Planning Training Resource Package

- Cross-Cutting Topics
- Permanent Methods
- Emergency Contracep
- LARC
- Fertility Awareness Based Methods
- Barrier Methods
- Hormonal Contracep

Training

Which HIP? ▶

Use the resources below based on the suggestions in the center of the matrix.

		High Impact Practices		
		Community Health Workers	Drug Shops & Pharmacies	Mobile Outreach
WHO Guidelines	 Medical Eligibility Criteria & Selected Practice Recommendations	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN
	Optimizing Health Worker Roles through Task Shifting	ADVOCACY	ADVOCACY	ADVOCACY
	Ensuring Human Rights in Contraceptive Provision	ADVOCACY	ADVOCACY	ADVOCACY
		TRAINING	TRAINING	

Aligning country priorities with WHO Guidelines



Developed with support of WHO-SAMARTH



REFERENCE MANUAL FOR INTEGRATED RMNCAH+N COUNSELING



Guidelines for provision of Family Planning services during and post D-19 Pandemic



Women's Health and COVID-19 Vaccination FAQ Series



SUBDERMAL CONTRACEPTIVE IMPLANT (SICI)



India adapted-MEC Wheel-2022



PARLIAMENTARY ENGAGEMENT IN STRENGTHENING REPRODUCTIVE HEALTH PROGRAMME IN INDIA

Country Adaptation of Self-care Guidelines



National Expert Consultation on WHO's Guidelines



SELF-CARE KIT

Existing-in-country technical & program guidelines



human reproduction programme
research for impact 50
UNEP-UNFPA-UNICEF-WHO-WORLD BANK

What are the HIPs?



Evidence-based family planning



Vetted by experts against specific criteria



Documented in an easy-to-use format

High Impact Practices in Family Planning

- HIPs are an *authoritative synthesis* of the evidence in family planning
- HIPs are **tools** to help countries achieve their SRH goals
- HIPs assist policy makers and program implementers in identifying *what works* in family planning programs
- HIPs develop *consensus* around practices that:
 - Have demonstrated impact
 - Are applicable across settings
 - Are scalable
 - Are sustainable
 - Are cost-effective

HIP Categories

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing



HIP Partnership

The **Technical Advisory Group (TAG)** is made up of 25 experts in family planning, including representatives from the co-sponsors.

The **Co-sponsors** include the following organizations:



HIP

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Adolescent Responsive Contraceptive Services



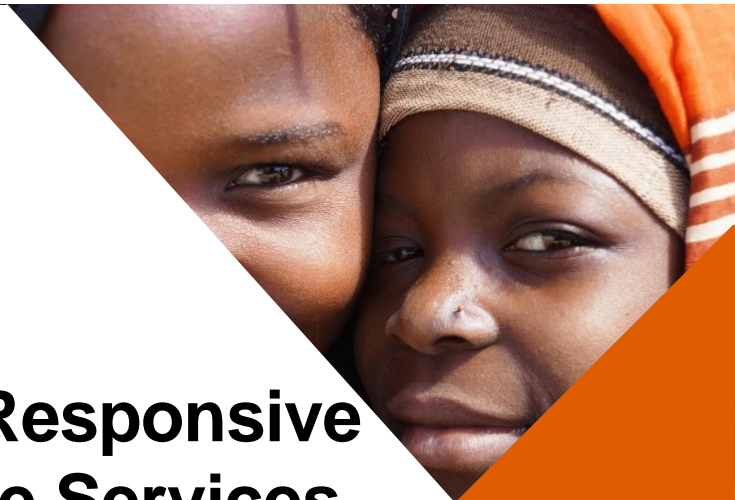
Anand Sinha, Packard Foundation India

Anand Sinha is based in Delhi and is the Advisor for the David & Lucile Packard Foundation's Reproductive Health Program in South Asia. He has over 28 years of experience in public health, primarily related to reproductive, maternal and child health in India. Before joining the Packard Foundation he was at the Gates Foundation and led their primary health care initiative in partnership with the government of Bihar, and prior to that was the Country Manager for Abt Associates on their private sector reproductive health initiatives in India.



Adolescent-Responsive Contraceptive Services

Institutionalizing adolescent-responsive elements to
expand access and choice



High Impact Practice

Apply a systems approach to make existing contraceptive services *adolescent-responsive*.



Adolescent-Responsive Contraceptive Services

Background

Health systems must institutionalize service delivery that:

- Acknowledges adolescents as distinct from other age groups
- Addresses the **barriers** that limit adolescents' access to and use of contraception.

FIGURE 01. **Barriers to access and use of contraceptive services for adolescents**



LAWS AND POLICIES

Laws often police adolescent sexuality and policies can prevent provision of contraception to unmarried adolescents or to those under a certain age.



GENDER AND SOCIAL NORMS

Social and gender norms that stigmatize unmarried adolescent sexuality, legitimize coercive sex, pressure married girls to prove their fertility, and limit girls' mobility and agency can hinder adolescents from seeking services.



MISCONCEPTIONS AND LACK OF KNOWLEDGE

Adolescents may be less informed about their bodies, contraception, and different methods than adults, and hold misconceptions about contraceptives and their effect on fertility or pleasure, which limit contraceptive use.



FINANCIAL BARRIERS

Adolescents often have fewer financial resources than adults, which can reduce access to contraception, especially in settings where contraception is not subsidized or free.



LACK OF PRIVACY AND CONFIDENTIALITY

Facilities may not be equipped or services delivered in a way that ensures privacy and confidentiality—a key concern of adolescents.



PROVIDER BIAS

Due to personal beliefs, social norms and structural factors, providers may refuse to serve adolescents, restrict their access to certain methods, or treat them in a judgemental manner that deters them from seeking services.



Adolescent-Responsive Contraceptive Services

Background

Adolescent-friendly services, when well-designed and well-implemented, can help **increase access to and use of contraception**.

Establishing adolescent-responsive contraceptive services (ARCS) is emerging as a more **scalable and sustainable** way to meet adolescents' needs for contraceptive information and services.



Adolescent-Responsive Contraceptive Services

A systems-approach to ARCS

A systems approach implies that policies, procedures, and programs across the entire health system are adapted to respond to the diverse needs and preferences of adolescents.

Box 2: A systems-approach to adolescent-responsive contraceptive services

A systems-approach to adolescent-responsive contraceptive services includes the following evidence-informed elements:

WHO HEALTH SYSTEMS BUILDING BLOCKS: Evidence-informed elements for adolescents

Health Information Systems	Service Delivery	Access to essential medicines	Health Workforce	Financing	Leadership/Governance
Age and sex-disaggregated data available*	Information and services available where and when adolescents can access them; audio and visual privacy ensured; confidentiality ensured; services linked to demand generation	Full contraceptive method mix offered, including emergency contraception and long-acting reversible contraception	Competent providers offer technically sound nonjudgmental and confidential services	Services are free or subsidized	Adolescents involved in service design, implementation and monitoring*

**Although current evidence does not show a direct contribution of these two elements to increased contraceptive use, it does show that they are grounded in good public health practice and are important for adolescent-responsive service delivery (4, 12, 30).*



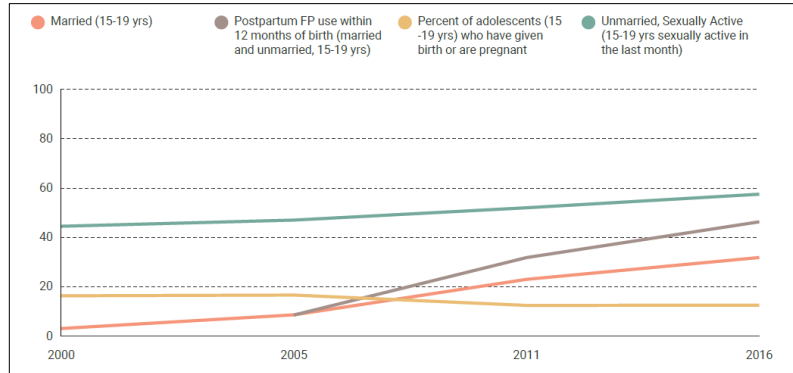
Adolescent-Responsive Contraceptive Services

Evidence of Impact: Ethiopia

Ethiopia has reported **consistent increases in contraceptive uptake** among all sexually active adolescents and **fewer adolescent births**.

FIGURE 2

Modern contraceptive use among adolescent girls aged 15-19, Ethiopia, by study year, percent



Source: Ethiopia DHS 2005, Ethiopia DHS 2011, Ethiopia DHS 2016



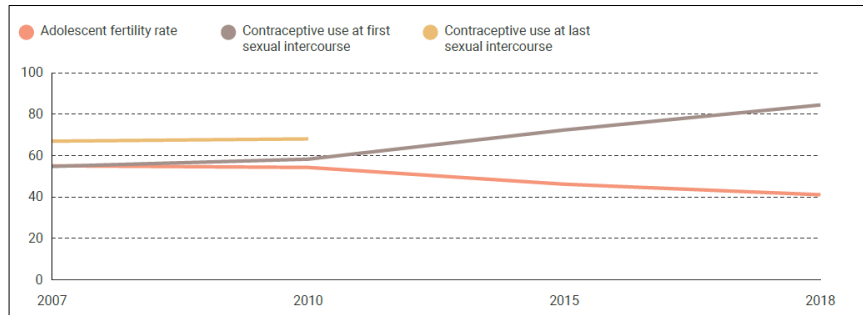
Adolescent-Responsive Contraceptive Services

Evidence of Impact: Chile

Positive outcomes included a **decrease in the birth rate among adolescents aged 15-19**.

FIGURE 03.

Modern contraceptive use among all adolescents aged 15-19, Chile, 2007-2018, percent



Sources: [1]INJUV. Quinta Encuesta Nacional de Juventud. Santiago, Chile: Instituto Nacional de la Juventud; 2007. [2]INJUV. Sexta. Encuesta Nacional de Juventud. Santiago, Chile: Instituto Nacional de la Juventud; 2010. [3]Dides C, Fernández C. (Ed.). Salud Sexual Salud Reproductiva y Derechos Humanos en Chile. Estado de Situación 2016. Santiago de Chile: Corporaci Miles; 2016. [4]INJUV. Novena Encuesta Nacional de Juventud. Santiago, Chile: Instituto Nacional de la Juventud; 2019.

Note: The estimates for contraceptive use at first and last sexual intercourse are for all adolescents and not disaggregated by sex (sex-disaggregated data for this age group was not available in the National Youth Surveys for the respective years).



Adolescent-Responsive Contraceptive Services

Evidence of Impact: Chile, Ethiopia, Uruguay

Each country developed its own approach to scale up, and the following points were commonalities in their efforts:

Box 3. Lessons from Chile, Ethiopia, and Uruguay

- Dedicated advocates created momentum for scale-up
- Supportive policies enabled the development and implementation of evidence-informed interventions
- Communication around scale-up was clear and directive
- Adequate resources were allocated
- The scale up effort was effectively managed Scale-up execution was systematic and pragmatic
- Relevant stakeholders were actively engaged and contributed to sustainability
- Assessments and periodic reviews enabled the adaptive management of programs, and effectively communicated successes
- Ongoing advocacy ensured sustained integration across policies, programs, strategies, services, and indicators



Adolescent-Responsive Contraceptive Services

Measurement and Indicators

1a. Number and percent of health facilities that currently provide adolescent contraceptive services

Measured by the percent of facilities that provided contraceptive services to at least one adolescent under the age of 20 years

1b. Total number of contraceptive visits by clients under the age of 20 years

2. Proportion of districts (or other geographic area) in which adolescents aged 15-19 years have a designated place in community accountability mechanisms on access to and quality of health services

The denominator is the number of districts with a community accountability mechanism in place, and the numerator is the number of them in which adolescents have a designated place.



Adolescent-Responsive Contraceptive Services

Priority Research Questions

- What are the factors and system conditions that allow for adolescent-responsive contraceptive services to be scaled and sustained?
- What actions have governments taken to integrate ARCS into universal health care (UHC), and what were the results?
- What social accountability mechanisms—including those that are led by adolescents—could increase contraceptive services' responsiveness to adolescents?



Adolescent-Responsive Contraceptive Services

Implementation Tips



Service Delivery

Employ a variety of sectors and channels, to reach different adolescent segments.

- Use **different channels to reach a wider range** of adolescents, taking into consideration adolescents' needs and preferences.
- **Integrate contraceptive products and services** into other health services, especially services that adolescents readily seek.
- Consider **promising new modalities**, especially relevant in the context of COVID-19, such as self-care models and direct-to-consumer models.



Adolescent-Responsive Contraceptive Services

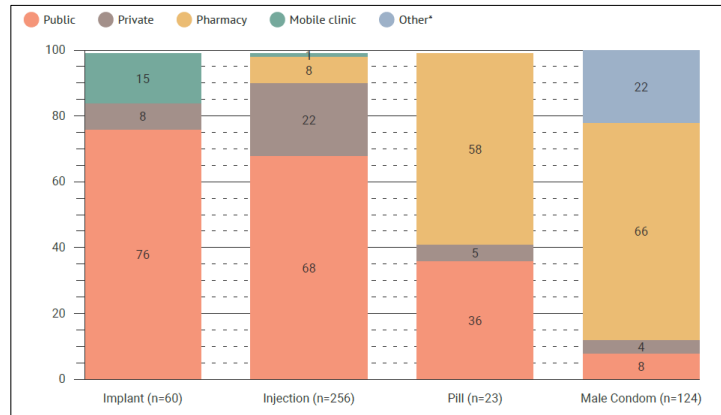
Implementation Tips

Service Delivery

Employ a variety of sectors and channels, to reach different adolescent segments.

An example from Kenya shows the importance of offering a range of channels to obtain contraception.

FIGURE 05 Method source by current method, all users ages 15-19 years, Kenya DHS, percent



*Other methods include female condoms, LAM, IUD.
Total sample size of all users ages 15-19 is 463, and n=the number of users for the method.

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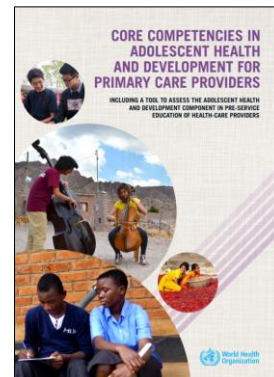
Adolescent-Responsive Contraceptive Services

Implementation Tips

Health Workforce

Improve providers' competency in providing ARCS.

- Use **whole clinic training** that equips all providers and staff with the competencies necessary to offer respectful care.
- Train small groups using **low dose, high frequency training** methodologies.



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Adolescent-Responsive Contraceptive Services

Implementation Tips



Health
Workforce

Improve providers' competency in providing ARCS.

- Reinforce training through **job descriptions** that reference quality standards, job aids, refresher training, mentorship, and supportive supervision.
- Complement trainings with interventions that **address the individual, situational and social factors** contributing to provider bias.



Adolescent-Responsive Contraceptive Services

Implementation Tips



Health
Information
Systems

Collect and use data to design, improve, and track ARCS implementation.

- Use quantitative and qualitative data to **determine the specific needs and preferences** of different adolescent groups.
- Review existing health information systems to collect, compile, and **analyze age- and sex-disaggregated data**.



Adolescent-Responsive Contraceptive Services

Implementation Tips



Health
Information
Systems

Collect and use data to design, improve, and track ARCS implementation.

- Collect **adolescent feedback**.
- Include **adolescent-focused indicators** in quality improvement frameworks.
- Review data at the facility, district, and national level to **ensure that corrective action is taken**, and resources are appropriately allocated.



Adolescent-Responsive Contraceptive Services

Implementation Tips



Financing

Address financial barriers to adolescent contraceptive use.

- Include ARCS in **universal health care** and national insurance schemes and/or use other approaches such as **offering vouchers** or offering **subsidized services**.
- Finance ARCS through **national and sub-national budget allocations** and distributions.



Adolescent-Responsive Contraceptive Services

Implementation Tips



Leadership and
Governance

Support meaningful participation and leadership of adolescents.

- Ensure that national policies are designed and implemented to **acknowledge adolescents' rights to meaningful engagement** and establish mechanism that facilitate adolescents' meaningful participation in the design, implementation, and monitoring of ARCS.
- Support adolescents to effectively contribute to **advocacy, governance and accountability** efforts.



Adolescent-Responsive Contraceptive Services

Thank You

Continue to the extra slides or access the [HIP brief](#) for more information.



Adolescent-Responsive Contraceptive Services

Post abortion Family Planning



Saswati Das, UNFPA India

Dr. Saswati Das is a highly accomplished public health professional with a Master's degree in Public Health from Jawaharlal Nehru University (JNU), New Delhi and an MBBS from Calcutta University, India, where she earned top honors in community medicine. Currently, she serves as the Sexual and Reproductive Health Specialist at the United Nations Population Fund (UNFPA) in India, leading the SRH thematic unit since August 2021. Before joining UNFPA, Dr. Das spent 11 years as Director of Program and Clinical Services at Jhpiego, India. With almost three decades of experience, Dr. Das is an expert in maternal health, family planning, reproductive health, and HIV prevention public health programmes. Throughout her career, Dr. Saswati Das has left a lasting impact on public health, improving healthcare services for women and families.





HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Postabortion Family Planning

A critical component of postabortion care

Webinar: September 27, 2023

Dr. Saswati Das
(HIP TAG Member)
SRHR Specialist,
UNFPA India

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Postabortion Family Planning



A proven High Impact Practice

Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based postabortion care.

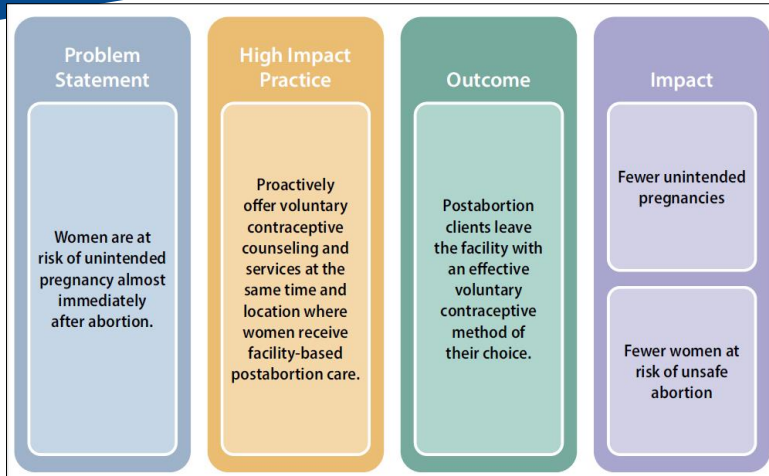
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Postabortion Family Planning



Theory of Change

Postabortion period is an opportune time to counsel and offer clients voluntary contraception.



HIP FAMILY PLANNING HIGH IMPACT PRACTICES
Postabortion Family Planning



Rationale

Spacing is important for women's and children's health

Unmet need for family planning is high among post-abortion clients

Improves contraceptive acceptance and continuation

Reduces unplanned pregnancies and subsequent abortions

Unsafe abortion is a major contributor to maternal morbidity and mortality

HIP FAMILY PLANNING HIGH IMPACT PRACTICES
Postabortion Family Planning



What challenges can PAFP help countries address?

- Postabortion family planning can **reach many women and girls in need** of contraceptive counseling and services.
- Postabortion family planning can **help clients achieve their reproductive intentions** and is likely to **provide cost savings** for women, families and the health system.



What challenges can PAFP help countries address?

- Many postabortion clients and health workers do not know that **postabortion clients are at risk of pregnancy almost immediately** after abortion.
- **Unsafe abortion is a major contributor to maternal morbidity and mortality** in developing countries, and postabortion family planning can reduce subsequent abortions.



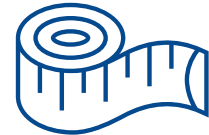
Recommended Indicators

Percentage of postabortion clients who were counseled on family planning

Disaggregated by age group, <20 years vs. >20 years

Percentage of postabortion clients who leave the facility with a modern contraceptive

Disaggregated by type of method and age group, <20 years vs. >20 years

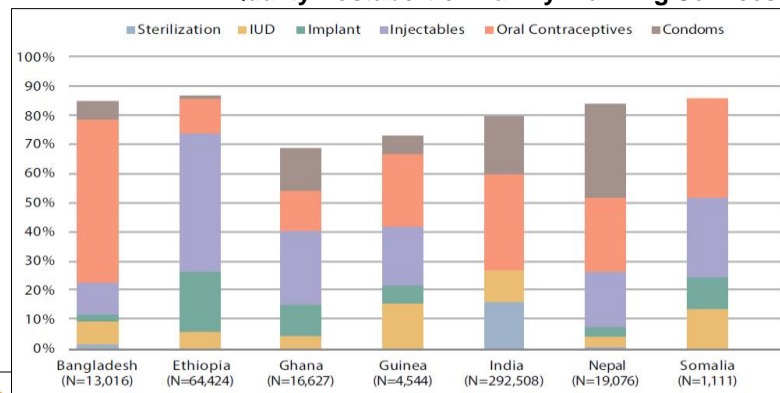


Evidence of Impact

Across a wide variety of settings, data consistently show that **acceptance of contraception is high when women are offered counseling** and services as part of PAC.

FIGURE 2

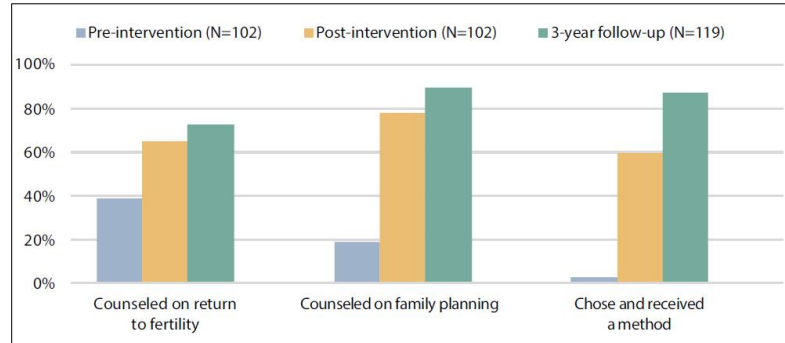
Percentage of Postabortion Clients Leaving the Facility With a Modern Contraceptive Method in Selected Countries with High-Quality Postabortion Family Planning Services



Evidence of Impact

Postabortion family planning is **scalable and sustainable**, and program effectiveness can increase over time.

Figure Postabortion Family Planning Outcomes in Peru Before, During, and Three Years After Technical Assistance



Source: Benson and Huapaya (2002)

Implementation Tips

<https://www.fphighimpactpractices.org/briefs/postabortion-family-planning/>

Make contraception free or

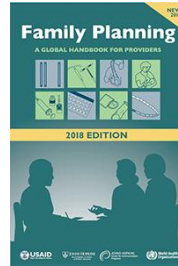
- **Invest in quality.** Offer a wide range of contraceptive methods.
- Encourage and support providers **to treat all clients respectfully.**
- Link clients to resources for **ongoing support.**

Ensure **equitable access** to postabortion contraception, regardless of:

- **Client's age,**
- **Local contexts, and**
- **The type of evacuation procedure received.**

Address stigma, social and community barriers.

Tools & Resources



[Postabortion Care e-learning course](#)

[Postabortion Care Resource site](#)

[Family Planning: A Global Handbook for Providers](#)

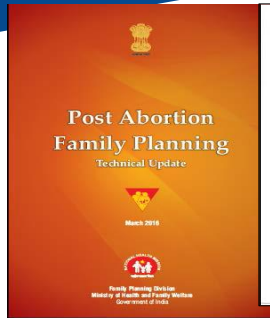
HIP FAMILY PLANNING HIGH IMPACT PRACTICES
Postabortion Family Planning



India (MoHFW) Resource Materials

GoI Materials for Providers and Trainers:

- Technical Update on Post Abortion Family Planning
- Operational Guidelines for Post Abortion Family Planning



FP 2030- India's commitments includes post pregnancy contraceptive services: Postpartum and post abortion family planning services



HIP FAMILY PLANNING HIGH IMPACT PRACTICES
Postabortion Family Planning



Thank You

Please access the [HIP brief](#) for more information.

<https://www.fphighimpactpractices.org/briefs/postabortion-family-planning/>



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Postabortion Family Planning



Digital Health for Providers



FAMILY
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HIGH IMPACT
PRACTICES



Smisha Agarwal,
Center for Global Digital Health
Innovation, Johns Hopkins U.



**Digital Health for
Providers**



Questions & Answers



Closing Remarks



Deepa Prasad, UNFPA India

Dr Deepa Prasad is the Chief of Programmes at UNFPA India Country Office. She is an Obstetrician trained from the Bangalore Medical College and Research Institute and holds an MSc in Public Health with specialisation in Health Services Management from the London School of Hygiene and Tropical Medicine. Dr. Deepa has her core expertise in health system strengthening and has extended strategic support in designing and implementing policies and programmes for women and young people and has worked extensively on issues around Maternal and Reproductive Health. She has been with UNFPA India for over 12 years, leading portfolios of Sexual and Reproductive Health, advancing gender equality and health and wellbeing of adolescents.



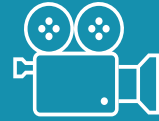
Closing Remarks



Before we close

Presentation and Recording available here:

<https://www.fphighimpactpractices.org/leveraging-high-impact-practices-in-family-planning-for-indias-fp-2030-commitments/>



Tools & Resources

Adolescent Responsive Contraceptive Services:

<http://www.fphighimpactpractices.org/briefs/adolescent-responsive-contraceptive-services/>

Post Abortion Family Planning:

<http://www.fphighimpactpractices.org/briefs/postabortion-family-planning/>

Digital Health for Providers:

<http://www.fphighimpactpractices.org/briefs/digital-health-to-support-family-planning-providers/>



For more information, please visit:

High Impact Practices: www.fphighimpactpractices.org

HIP Products:

<https://www.fphighimpactpractices.org/hip-products/>



Invitation to Networking Event

Connecting for Impact: Strengthening Partnerships across Asia

Join Knowledge SUCCESS and the WHO/IBP Network for an exciting opportunity to cultivate meaningful new connections with FP/RH colleagues across Asia, learn from one another, and find opportunities for collaboration.

Wednesday, October 12th

8 AM Lahore | 8:30 AM New Delhi | 10 AM Jakarta | 11 AM Manila

Register here:

<https://us02web.zoom.us/meeting/register/tZAceyrri0qGNagu5TgWMGWDb9acTfs2fn#/registration>



**Thank you for your
participation today!**

