HIP
FAMILY PLANNING
HIGH IMPACT PRACTICES

High Impact Practices Technical Advisory Group

Meeting Report July 31 - August 1, 2024

In Person Meeting Hosted by the Gates Foundation

Report Prepared by FP2030

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Day 1 – Tuesday July 30, 2024

Moderator: Gael O'Sullivan

Opening Remarks and Introductions

Chris Galavotti and Baker Maggwa, the Technical Advisory Group (TAG) Co-Chairs, welcomed everyone to the meeting and thanked the Gates Foundation for hosting. Everyone introduced themselves and participated in an Olympics-themed icebreaker.

Meeting Norms, Role of Co-Chairs, and Dates of Next Meeting

Opening Remarks:

Chris and Maggwa opened the meeting by discussing the importance of communication between TAG meetings and how to improve the overall process, including the timing and format of future meetings.

Key Questions:

Several questions framed the discussion regarding leadership and decision-making:

- Whose meeting is the TAG meeting? Should it be led by TAG, Co-Sponsors, or a collaborative approach?
- How should TAG structure its meetings to foster consensus and effective communication?

Role of Co-Chairs:

Maggwa and Chris circulated an email seeking feedback from TAG members before the meeting, which resulted in thoughtful suggestions aimed at making meetings more inclusive. The group noted that Co-Chairs had requested to join the Co-Sponsors meeting in a liaison role and heard from the Co-Sponsors that this was not within their role. Concerns were raised about the exclusion of co-chairs from Co-Sponsor meetings, prompting discussions on the need for better liaison roles.

Equity and Accessibility:

The TAG emphasized the issue of equity in meeting structure, and the importance of ensuring everyone can attend in-person gatherings. To address this, the TAG agreed that continued scholarships for TAG members to join in-person meetings as needed was important to ensuring that resources are available for those who may otherwise be unable to attend.

Discussion:

1. Decision-Making Dynamics: TAG members expressed frustration over their lack of input in the planning process for TAG meetings. There was concern about a lack of clarity and disconnect in governance and decision-making.

2. Stakeholder Engagement: The TAG highlighted the importance of stakeholder engagement and accountability, asserting that clear communication about agendas is critical for TAG's involvement.

3. Clarifying Roles: The Secretariat provided insights on the evolution of Co-Sponsors and their roles, stating that the group has grown organically and is still figuring out its dynamics. The Secretariat aims to facilitate better communication between TAG and Co-Sponsors.

4. Challenges with Organizational Recommendations: Members voiced concerns about recommendations made during previous organizational assessments not being reflected in final reports, leading to feelings of disconnection and frustration.

5. Future Strategy: The Co-Sponsors in the room suggested using the upcoming strategy development as an opportunity for TAG input, focusing on diversity and how to represent the needs of various countries effectively.

6. Who can be a HIP Co-Sponsor: Members of the TAG asked for clarification on the criteria for becoming a HIP Co-sponsor. One TAG member expressed interest in their organization joining that group depending on the criteria.

Takeaways and Recommendations:

- Meeting Modality: The group agreed that hybrid meetings are not ideal, and one meeting a year in-person attendance should be encouraged, supplemented by scholarships. The other meeting should be fully virtual.
- Avoiding Holidays: Meetings should not be scheduled during key holidays to accommodate all members.
- Meeting Timing: Proposed timing for meetings is in the fall and spring, avoiding peak summer and winter holiday periods.
- Consensus Building: Instead of waiting until the end of meetings to reach decisions, the group should aim for consensus after each session.
- Location Considerations: Potential venues for future meetings were discussed, including Washington, Geneva, and Nairobi. There is interest in hosting meetings in the Global South for better field exposure and engagement, but other TAG members noted that there is a benefit for TAG members not based in Washington D.C. to utilize the opportunity to meet with other partners when the meeting is held there. The discussion on meeting locations was tabled for further analysis of costs and logistical considerations.

Concluding Remarks:

The TAG expressed the desire to be more involved in strategy processes and emphasized the need for clarity on why previous recommendations were not acted upon. The Co-Sponsors in the room expressed their regret that the TAG does not feel valued and made a commitment to work with the broader Co-Sponsors group to discuss and address the issues raised in this meeting.

The meeting concluded with a call for improved communication between TAG and Co-Sponsors, and a focus on creating a more equitable decision-making process moving forward.

Overview of HIP Products

Laura Raney and Rachel Templeton presented on the HIPs website data and the upcoming HIPs production pipeline. Highlights from the presentation included:

- Overall usage of the HIPs website is on trend, with an equal share of users accessing the website through desktop and mobile. While the data disaggregation of users by age group is imperfect,

young people (18-24) seem to be accessing the website at higher numbers than other age groups.
- The top five products in terms of page views are Post Abortion Family Planning (PAFP), Pharmacies and Drug Shops, Immediate Postpartum Family Planning (IPPFP), Community Health Workers (CHWs), and Social Norms. Service delivery briefs continue to be the most popular grouping of HIPs briefs.
- Looking at the HIPs product pipeline, there are eight new and updated products currently at concept note stage or in production. A timeline of HIPs production since 2012 shows that overall the HIPs pipeline has not decreased over time, but rather in some years like 2022 and 2024, increased significantly.

After the presentation, the group discussed the implications of the data presented. Discussion focused on a few key areas, including:

Understanding the HIPs Audience:

- The TAG expressed interest in understanding the age demographics of HIP users. The current data indicates that younger audiences may be the primary users of the website, prompting a discussion on whether HIPs should focus more on youth engagement. It was suggested that adolescents might use HIPs mainly for academic purposes and advocacy work.
- There is a need to better understand the target audience for HIP products, how it may be different from when the HIPs were originally devised, and how it may differ between different types of products (i.e. Service Delivery briefs vs Enabling Environment briefs).

Understanding HIPs Usage:

- The TAG discussed whether it is possible to understand why specific HIPs are accessed more frequently than others, particularly looking at why service delivery briefs tend to be more used than others like Enabling Environment. Understanding the drivers of use (for instance, whether certain products are more easily found on the website, whether certain products are disseminated more than others by partner organizations, whether usage spikes after certain events like webinars, whether certain topics are not as interesting or relevant) would be helpful to strategize moving forward.
- Dr. Rodolfo Gomez proposed an experiment to test whether including a link to certain HIPs through Latin American Center for Perinatology / Women's Health and Reproductive Health's (CLAP/WR) training courses would drive website usage data, and the Secretariat noted they would follow up on this experiment ahead of the next TAG meeting.

Improving the HIPs Website to Meet Users' Needs

- Concerns were raised about low usage rates of certain HIPs, suggesting a review of website accessibility and dissemination priorities.
- The necessity for improved website functionality and design was emphasized, particularly as the current platform is outdated. The Secretariat provided an update on the current website development needs, including the need to eventually rebuild the HIPs website on newer technology.

HIPs Production Pipeline Sustainability

- It was noted that the pipeline this year is significant, and that updating a product can be almost as resource-intensive as creating a new product. Overall it may be worth examining the pipeline with sustainability and resources in mind.

Overall Recommendations:

- Conduct deeper analysis on how HIPs are used, including tracking user pathways to the website (e.g., through search engines or direct access).
- Link related HIPs within their content to enhance discoverability.
- Assess the frequency of HIP citations in mainstream literature as a measure of influence.
- Address the urgency of updating the HIP website and materials to meet current user needs and preferences.

Self-Care Enhancement Brief

Sara Onyango and Gilda Sedgh presented to the TAG on the Self-Care Enhancement Brief Concept that was up for vote during this TAG meeting. Highlights of the presentation include:

- Sara provided an overview of the conversations around a self-care HIP to date, noting that the TAG had requested a literature review to be conducted to provide more evidence and data to inform the decision on whether self-care should be a HIP Enhancement Brief.
- Sara presented the HIP the Technical Expert Group (TEG) is proposing - Integrate contraceptive self-care into all aspects of family planning and reproductive health programming - a revised draft theory of change, and the definition of self-care developed based on feedback from the TAG:
    - **Contraceptive self-care** is the ability of individuals to freely and effectively space, time and/or prevent pregnancies in alignment with their fertility preferences with or without the support of a healthcare provider, facilitated by awareness and access to the full range of biomedical and behavioral methods.
- Gilda presented the results of the literature review, including the primary research question: “What evidence exists that contraceptive self-care interventions enable women to use the method they want when they want it, thereby enabling them to achieve their fertility intentions?”. The broadened scope of the review focused on methods that support self-management, and included 109 papers.

During the presentation, the TAG engaged Gilda and Sara on a number of questions. Overall topics of discussion included:

- *Self-care in humanitarian settings*: The TAG discussed the importance of self-care in humanitarian contexts, including COVID-19 pandemic and Zika. Gilda shared that there are limited studies on self-care in these contexts.
- *Enabling environment*: The TAG raised the question of enabling environment (supply-related issues, regulatory and policy context), and the extent to which it should be addressed in the brief. Gilda noted that there was very little in the literature review on the enabling environment, and that if the enhancement brief is developed further information could be gathered on these topics.
- *Counseling and referrals*: The TAG discussed how counseling and referrals showed up in the literature review, given their importance for method continuation and satisfaction. Gilda noted that there were no studies comparing women who received a certain type of counseling in terms of effectiveness, and that this kind of study would be appropriate for a service delivery brief.

However, the literature shows the importance of counseling for uptake, particularly for self-injection. The TAG discussed programs like DISC that shifted to empathy-based counseling to address low uptake of self-injection. Finally, in terms of discontinuation, studies showed that low uptake or discontinuation were often related to side effects, trouble managing the self-care aspect.

- *Methods included in literature review:* The TAG discussed the number of studies in the literature review on the vaginal ring (19), and the decision to exclude studies on male and female condoms. Gilda shared that while they first tried to include studies on female condoms, it was difficult to disentangle papers focused on contraceptive purposes versus HIV. Male condoms were not included because the literature review focused on a woman's ability to manage contraceptive use.

After thanking the TEG for their presentation, the TAG discussed the literature review internally, and the path forward with the self-care enhancement brief. A vote was held whether to move forward with the Self-Care HIP Enhancement Brief, with 14 voting yes and 1 abstention. Chris Galavotti volunteered to act as TAG representative with the TEG, and Erin Mielke volunteered to provide support on the question regarding condoms. Nathalie Kapp also volunteered to support as a co-sponsor. The TAG agreed upon the following feedback and issues to flag for the TEG as they move forward with developing the first draft of the brief:

- The TAG requests that you look into the male and female condom studies that were initially excluded in the literature review. Please do an additional screening to identify if there are any studies that can tell us anything relevant relating to contraceptive self care. If the results confirm that there is not enough evidence, consider including a callout box in the brief noting the overall importance of condoms for self care, and explain the reasons for excluding them.
- Consider the following areas for further research as you develop the brief: equity, fragile settings, transitioning from DMPA-IM to DMPA-SC, extent to which self-care guidelines and/or regulatory context impact availability, and the impact of self care on mCPR.
- Please ensure the brief's scope includes issues related to the enabling environment for contraceptive self care.
- As you are developing the brief, please take the WHO Health System Building Blocks into consideration.
- In the brief, consider the importance of counseling and referrals, particularly where and how users get support when problems arise.

Day 2 – Wednesday July 31, 2024

Moderator: Saswati Das

Draft Community Health Workers Brief

Mojisola Alere from the TEG working on updating the Community Health Workers HIP Brief presented to the TAG on the process the TEG had taken to update the brief, the key content updates, and the questions the group have for the TAG as they move forward. Highlights from the presentation include:

- The process kicked off in August 2023 through a kick-off workshop facilitated by Knowledge Success, and the TEG proceeded to work with the writer from September-April 2024 to draft the

revised brief. In May there was a two week public comment period, after which the TEG reconvened to incorporate public comments and finalize the draft for the TAG review.
- Key content updates included a slight language update to reflect the changed environment, and the updated brief attempts to address notable trends identified in the literature review and programmatic experience.
- The TEG had a few questions for the TAG, including how to address the question of cost-effectiveness of CHWs specific to FP, and help with prioritizing indicators, research questions, and resources.

Following Mojisola's presentation, the TAG raised a few questions for discussion with the TEG members who joined virtually. The discussion focused on the following topics:

- *CHWs and Universal Health Care (UHC):* CHWs are often the primary contact for health care in communities, and CHW programs thrive in a policy environment that prioritizes UHC. However, this HIP must focus on CHWs and FP, and so must be narrower in scope.
- *Task-shifting for CHWs*: It would be valuable to understand existing policies and evidence around task-shifting for CHWs, the extent that it has been operationalized, lessons learned, challenges around continuum of care for methods like LARCs, etc. There is strong evidence to support task shifting, particularly from WHO, which could be incorporated in this updated brief. There are also cost-savings related to task-shifting.
- *Cost-effectiveness:* The TAG was quite interested in the update addressing cost-effectiveness. However, the literature review did not provide much on this topic, highlighting this gap.
- *Remuneration and burn out*: There was much discussion around career advancement, remuneration, and burnout for CHWs. For instance, in some contexts CHWs are volunteers, and some health systems have a long way to go to fully remunerate health providers across all cadres. However, there are significant challenges related to burnout, growing scopes of work, and lack of advancement opportunities. Overall, the issue of professionalizing CHWs is important but can lead to pushback.
- *Measurement*: It can be challenging to measure the implementation and impact of CHW programs, given that national HMIS do not disaggregate data by cadre outside of specific surveys.

After this discussion, the TAG thanked the TEG for their work, and proceeded to have an internal discussion on the presentation and the draft updated brief. As discussants for this brief, Mario Festin and Anand Sinha walked the TAG through a presentation overviewing the changes made in the update, with overall comments including:

- The present brief is straight-forward in identifying the functions of CHWs on providing information, enhancing FP promotion, and facilitating access.
- Some potentially important sections in the existing brief were no longer included in the updated version
- The updated version enhances the focus on equity and marginalized groups and updates the data in some areas.

Following Mario and Anand's presentation, the TAG discussed their feedback to the TEG. In addition to the above points, the discussion touched on the following areas for feedback:

- *Retaining relevant content from old version:* The TAG discussed the concern that in this update, there is relevant information from the past version of the brief that is lost. This led to a

discussion on broader processes to ensure that as briefs are updated, there is a way to link to past briefs and/or have guidance so that relevant content is not lost.

- *Level of evidence and HIPs Criteria Tool:* There was general concern that the evidence does not come through strongly enough in this update. The TAG discussed whether the HIPs Criteria Tool should be applied, given the original CHW brief was developed before the tool was in place.
- *Language around fertility*: The TAG reflected that there is a need to provide better guidance on how HIPs products should talk about fertility, perhaps building on the language and framing from the self-care presentation.
- *Pre-testing briefs*: A suggestion was raised to pretest this brief and other new/updated materials with 1-2 countries to gather their perspective on how it could be additive to their strategies, policies, and work on the subject.

After this discussion, the TAG voted to move forward with this draft, with the following feedback for the TEG as they finalize the updated brief:

- This draft verges on a general CHW program brief, rather than focusing on CHWs for FP specifically. Please adjust the language and scope to provide a clearer focus on what makes CHWs particularly effective for FP.
- The evidence featured in the brief is largely from Sub-Saharan Africa. We would encourage the TEG to ensure that there is evidence from other regions, as is available.
- The presentation shared by the TEG during the TAG meeting included current trends relevant for CHWs, such as technology and self care. The updated draft of the brief does not seem to include or reflect these trends. Please consider addressing these trends in the brief, and if there is not enough evidence to include then consider integrating as research questions.
- The brief currently puts a heavy emphasis on /recommendation for remuneration of CHWs. While many TAG members support this recommendation in theory, it is not clear if there is evidence that remuneration for CHWs lead to higher impact, or the effect of remuneration on relevant FP outcomes. It is also confusing that this is a recommendation in the HIP, but is also included as a research question. If the evidence does not exist to link remuneration to FP outcomes, please limit it to a research question.
- Can you please confirm that there is no evidence on sustainability and cost effectiveness of these programs? If so, please include this as a priority research question.
- Throughout the brief, please use clearer language in terms of impact. For instance, don't use "can help" if the evidence shows that it does help.
- Appendix 1 on the summary of studies is useful, but consider including it as an online annex rather than an annex in the published brief.
- Some potentially important sections in the existing brief were eliminated in this updated version, and the TAG would like the writing group to either include them in the updated version, or provide an explanation to the TAG why they were removed.

Draft FP Mobile Outreach Brief

Dina Abbas from the TEG working on updating the Mobile Outreach HIP Brief presented to the TAG on the process the TEG had taken to update the brief, and the key content updates. Highlights from the presentation include:

- The TEG comprised 8 members who met for an inception workshop followed by individual desk review, expert virtual meetings, individual/group brief review, and addressing public comments.

- The update included a new theory of change, combined streamlined and dedicated provider models, expanded impact areas, and new indicators.

Following Dina's presentation, the TAG raised a few questions for discussion with the TEG members who joined virtually. The discussion focused on the following topics:

- *Evidence-base*: There was discussion on the evidence base presented in the updated brief, and question of whether there is in fact a significant body of new evidence as previously assumed when this update was approved. The TEG noted that there was limited new evidence in the form of peer reviewed publications, which is where they focused, but there is a body of new evidence from gray literature. The TAG discussed whether there is a need to keep the old references.
- *Models*: Overall the TAG found the section on the different models confusing, and the TEG shared how the models reflected the experience of implementing partners in countries like Guatemala.
- *Equity and marginalized populations*: There was interest in understanding the evidence base regarding equity for adolescents, people living with disabilities, refugee populations, etc. The evidence included in the draft on adolescents was based on lived experience from organizations on the TEG, but there is limited documented evidence.
- *Continuity of care*: The TAG noted that continuity of care can be a significant concern for women, and asked if there are effective models that could be highlighted in the brief.
- *Indicators*: The TAG questioned the basis for choosing the indicators in the updated draft, given the need to measure quality and follow-up care
- *Sustainability*: There was discussion of whether there are successful models or examples of government ownership, including how to optimize existing outreach structures within the government, examples of when the government has bought into mobile outreach, etc. There was also discussion on the private sector for mobile outreach, particularly in LMICs. The TEG shared that it is still a struggle to find examples of fully government-led mobile outreach, and this highlights a need to make the case.

After this discussion, the TAG thanked the TEG for their work, and proceeded to have an internal discussion on the presentation and the draft updated brief. As discussants for this brief, Medha Sharma and Gamachis Shogo walked the TAG through a presentation overviewing the changes made in the update, with overall comments including:

- The brief is well organized, and evidence from implementation research should be incorporated
- It would be good to include country experiences who graduated from funding for mobile outreach services
- Some terminologies are not clear or need revision
- Who benefits from the practice should be clearer, and stick with those groups for which evidence is available
- Streamline mobile outreach models

Following Medha and Gamachis' presentation, the TAG discussed their feedback to the TEG. In addition to the above points, the discussion touched on the following areas for feedback:

- *Evidence Base and HIPs Criteria Tool*: similar to the CHW brief update, the TAG discussed whether it would be useful for this brief to go through the HIPs Criteria Tool. There was also discussion whether the evidence in the current draft could be strengthened through inclusion of gray literature in line with the HIPs guidance of including the best available evidence. In general, there is a need in the future for more rigorous research to capture what is being done.

After this discussion, the TAG voted to move forward with this draft, with the following feedback for the TEG as they finalize the updated brief:

- Please strengthen the importance of the continuum of care throughout the brief. For instance, please include examples of effective models that ensure continuum of care, and change the indicator from "Number of FP method removals" to capture the ready availability of removals and continuity rate.
- The section on Mobile Outreach Service Delivery Models requires more context and framing to make it clear that these are models that are broadly familiar and that the purpose of this section is to explain the different models so that the reader can choose which to implement depending on their context and needs. Please also link it throughout the document (for instance, the models are discussed as a table in the background section, but not linked with other sections like impact, tips for implementation, etc.) and streamline the contents as possible.
- Please strengthen the language around bias and coercion, and include in the indicators (for instance, including an indicator around method mix).
- Please confirm that there is not a good example of a sustainable model where the government has graduated from funding for mobile outreach services. If there is, please include a government model in the implementation tips section. If not, please include a box or paragraph that makes the case for governments and decision-makers why mobile outreach is a key component of the health system.
- Please strengthen the emphasis on task-shifting in the brief.
- The current evidence base for this updated brief is not as strong as the TAG had hoped when it approved the update. We know that there is extensive programmatic experience and evidence - please explore including more programmatic evidence in this update. For instance, consider including programmatic evidence from the WISH program and other programs to strengthen the evidence base.
- Please be clearer about whether there is evidence that specific groups are benefiting (or not) from mobile outreach (e.g. youth, displaced/refugee populations, people living with disabilities). If it does not come out in the programmatic evidence, consider including this question of equity as a research question. The evidence in the background section on this is currently not presented adequately, and there is a need to streamline the presentation of groups who are positively impacted by mobile outreach in the impact section. For instance, it is not clear which model(s) the impact data is referring to with regards to privacy for young people through mobile outreach.

Draft Strategic Plan Guide (SPG) Guidance

Karen Hardee presented the draft guidance for Strategic Planning Guides, starting with a background on SPGs and how they have evolved over the years. After the presentation, the TAG discussed the draft, including the following points:

- *SPG Expert Group Makeup:* There was a question of who should make a final determination of who is on the expert group - the TAG, the co-sponsors, or the Secretariat. In general it is important to make the group inclusive which may require more support for non US-based organizations even at the concept-note stage.
- *Future of SPGs*: The resources required to update SPGs are significant, and there was question as to whether SPGs should have HIPs branding if they are only led by one organization.

- *SPG Process*: The main feedback of the TAG to the process outlined in the draft was to ensure that the SPG goes for public comment, and then returns to the writing group to incorporate public comments before it is shared with the TAG for final review. This will be reflected in the final version of the document.

Karen proposed that due to timing, this discussion continued in the third day's agenda.

Determining Criteria for Evaluating the Relevance of Existing HIPs and the Need to Retire Older Briefs

Sara Stratton and Barbara Seligman presented slides on potential criteria for retiring briefs, which included website statistics for the least accessed HIPs products. Highlights from this presentation include:

- The HIPs were established to highlight a "limited" set of practices, with the assumption that having too many HIPs dilutes the original purpose to build consensus and focus on a limited set of HIPs. This is why it's important to talk about the retirement of content.
- Draft criteria for retirement include growing evidence calling into question the practice as a HIP; the field is changing too quickly to be reflected in the brief; the practice is not as relevant; the practice evolved/merged into another practice or something else; the number of web page views is minimal (i.e. less than 1000 in the past year)
- Applying these draft criteria, the following briefs could be considered for retirement: Galvanizing Commitment, Family Planning Vouchers, Digital Health for Systems, and Social Franchising.

Following this presentation, the TAG discussed the draft criteria and the need for retiring content. Discussion included the following topics:

- *The need for retirement*: There was a question of whether the limit of 25 briefs is still relevant, given that currently the HIPs function more as a library than a clear select menu of practices.
- *Enabling Environment briefs:* The TAG discussed that many of the Enabling Environment briefs are among the least accessed, and it's possible that some of the Enabling Environment practices become so broad that their usefulness becomes limited. However, it's possible that these briefs are not being shared with the right audience, given that they are different from the audience for service delivery or SBC briefs. Additionally, the titles may not be clear or attractive enough for users. Finally, issues like supply chain and domestic resource mobilization are significant gaps in the field, and so it may be a sign there needs to be more promotion of these briefs.
- *Criteria for retirement*: the TAG noted that if a brief has linkages with multiple others, that indicates it has value. Additionally, there was agreement that the web statistics don't tell the full story and should not determine whether a brief is retired. There may also be a need for a process to shift from promising to proven as evidence emerges.

At the end of this discussion, the group agreed to continue this conversation in the small groups and throughout the meeting.

Small Group Discussion

The group self-selected into two different small groups to continue discussion on key questions and issues raised in the meeting so far: language around fertility intentions, and right-sizing the HIPs

production pipeline. After breaking out into the small groups, each group returned and shared the following recommendations and next steps:

- *Fertility Intentions*: There is agreement that it's important to ensure language in and around HIP products is more person-centered, rights-based, and fertility neutral. Next steps include:
    - Looking at the language the self-care group used and determine if it's language TAG recommends to use more broadly across HIPs
    - Consider developing language for the website and/or guidance for writing groups
    - Identify a subgroup to do further work on this before the next TAG.
- *HIPs Pipeline:* There is a need to understand the full end-to-end budget for developing and updating HIP products. There is also a need for additional resources to regularly assess if new evidence warrants updating or retiring a brief; bringing the HIPs website up to date and more user friendly; and do some research with policy-makers and advocates to better understand if/how Enabling Environment briefs are being used and if not, what is needed. Next steps include:
    - Change language from "retired briefs" to "archived briefs"
    - Consider archiving the digital health, vouchers, and social franchise HIPs
    - Identify a subgroup that moves these items forward before the next TAG

Day 3 – Thursday August 1, 2024

Moderator: Barbara Seligman

Draft SPG Human Rights Based Approaches to FP

Christine Zampas and Emilie Filmer Wilson presented slides on the draft SPG for Human Rights based Approaches to FP (HRBA). Highlights of the presentation include:

- The process for developing this SPG has been lengthy, with the concept note being reviewed and approved by the TAG in 2022. The expert group was formed in 2024, along with an expert writer's group.
- The SPG is focused on assessing family planning programmes from an HRBA perspective, and is based around the framework developed by UNFPA and What Works Association (HRBA to FP Framework).

Following Christine and Emilie's presentation, the TAG raised a few questions for discussion with the expert group who joined virtually. The discussion focused on the following topics:

- *Focusing on the assessment:* The original concept note was more broadly focused on planning for HRBA and FP, while the draft is more narrowly focused on the assessment step. The expert group shared that the first draft followed the concept note, but in the end they were concerned that it wasn't practical enough to inform where key investments are needed, or allows for context-specificity.
- *Socio-ecological model:* The framework closely mirrors the socio-ecological model, and there was discussion as to whether it should be explicitly linked. The expert group shared that human rights tend to speak more to the duty bearer level rather than the inter-relational level.

After this discussion, the TAG thanked the expert group for their work, and proceeded to have an internal discussion on the presentation and the draft SPG. As the discussant for this brief, Karen Hardee walked the TAG through a presentation on the history of this SPG, with overall comments including a more detailed dive into the UNFPA and What Works Association's framework, and the history of its development.

The TAG then proceeded to discuss feedback on the draft, including:

- *Purpose of the SPG:* The TAG noted that currently, it's unclear how the SPG is meant to be used, either as a checklist for existing programs or a pre-implementation tool. There was discussion around the purpose of an SPG in general, noting that it is not an advocacy document.
- *Focus on assessment:* There was general agreement that focusing on the assessment stage makes it difficult for users to understand how the assessment fits in the broader process, including how the results of the assessment would be used.

Given the changes between the concept note and the draft, the TAG agreed on the following feedback to be shared with the expert group, and identified Karen Hardee and Chris Galavotti to act as liaisons from the TAG moving forward, including reviewing the revised draft before it moves to production:

- Overall, this draft SPG differs significantly from the concept note originally submitted. Of note, the concept note proposed a number of practical steps, one of which was an assessment, whereas the draft focuses solely on the first assessment step. This makes it difficult to see how this would be used by implementers, particularly how the assessment fits into a larger process and/or how it would be operationalized in an FP program. We also recognize that the following steps are context dependent and so may be difficult to get into more detail. Given this, please revise the SPG to outline all of the steps in the process, including the assessment, and detail how the assessment sits within the context of these steps and could be operationalized. Consider structuring it or more clearly linking it to the 8 steps outlined in the HRBA for FP Support tool. If it is needed, you may add an additional page to the page limit to do this.

With the time left, the group reflected on the draft SPG guidance with this example in mind. The TAG recommended that since this is the first SPG following this revised process, including coming back to the TAG before publication, the Secretariat should document the process so as to inform future SOPs.

Development of New HIPs and Ensuring HIPs are Responding to Needs of the Field

Monica Kerrigan and Baker Maggwa shared that this sub-group had formed from the past TAG meeting to discuss how HIPs can better respond to the needs of the field. After meeting virtually before the TAG meeting, the sub-group wanted to use this time to discuss further and ultimately provide information and guidance to the Secretariat, whose role it is to move this forward. The TAG discussion focused on the following points:

- *Tracking usage:* Opportunities to track usage and understanding of HIPs include how often HIPs are cited in programs, planning, and evaluations; and how HIPs are represented in meetings and conferences.
- *Process for ongoing feedback:* There is a need to find a way to have regular methodologically sound process to collect this type of information – what's being used, how it's being used, if something is no longer useful, and what are topics on horizon people are wrestling with that we

can find out if there is enough evidence to be considered a HIP. This relates to the conversation on retiring HIPs.
- *Understanding the HIPs audience*: There was general agreement that more work is needed to understand the HIP audience apart from ad hoc surveys and key informant interviews to date. The TAG raised the opportunity FP2030's regional hubs provide to hear back from target audiences at country-level in a more systematic way.

Gender Equality and FP SPG Concept Note

Laura Raney presented the results of the TAG's scoring for the Gender Equality and FP concept for a new SPG. Following this, the TAG discussed feedback and next steps:The TAG discussed their feedback on the concept note:

- *Appropriateness as a HIP product*: The TAG discussed that while gender is an important topic, this concept is not necessarily appropriate for a HIP-branded product. The concept was deemed too broad without enough actionable information to make it a "how-to" guide, which is the purpose of an SPG. The TAG also felt that there was overlap between this proposed SPG and existing HIP products. FInally, the TAG felt that this concept note did not make a strong enough case that this SPG would fill a learning gap for the global family planning community, given existing tools and resources on gender equality and FP, including the work that stakeholders like IGWG are leading.
- *Importance of gender as a topic:* There was discussion that gender-transformative approaches for FP are critical and perhaps there is a need to include existing resources on this topic on the HIPs website under the resource tab. Additionally, there was discussion on the role of the HIPs to not just respond to demand, but also fill gaps or address insufficient understanding on topics where demand may not exist yet.
- *Gender analysis of HIPs products:* Heidi Quinn noted that UNFPA reviewed the HIPs and found that some HIPs were not gender transformative. The TAG was interested in having a presentation from the writers of this concept note on the results of this analysis to better understand if there are HIPs that may need to be updated. It was also discussed whether there should be a way to include gender in the review of new HIPs briefs or SPGs.

The TAG voted not to move forward with this concept note, but asked the Secretariat to set up a presentation on the writers' gender analysis of existing HIPs.

HIP Enhancement Brief: Applying HIPs in Fragile and Crisis-Affected Settings Concept Note

Laura Raney presented the results of the TAG's scoring for the Applying HIPs in Fragile and Crisis-Affected Settings concept note for a new HIP Enhancement Brief. Following this, the TAG discussed feedback and next steps:

- *Transition from SPG to Enhancement:* There was discussion on how there is a current SPG on FP in Humanitarian (published in 2020), and this concept in effect proposes to transition this topic to a HIP Enhancement Brief and expand it to include fragile settings. The TAG noted that there may be gaps in the existing FP in Humanitarian SPG, but it may mean it needs to be updated rather than turning it into a HIP Enhancement Brief. Overall the concept felt more like an SPG,

because it is more focused on implementing existing HIPs in this setting, rather than helping HIPs be better implemented more generally.
- *Importance of FP in fragile settings as a topic:* The TAG discussed that FP in these settings is really important, and similar to the gender concept noted that if there are existing resources that could be included on the HIPs website it would be good to explore.

The TAG voted not to move forward with this concept, but to reach out to the authors of the concept to see if there is an existing resource that may be included under the "resource" tab on the HIPs website.

Proposed Update to Equity SPG

Morrisa Malkin presented a proposal to revise the Equity in Family Planning Strategic Planning Guide. Highlights of this presentation include:

- The group is proposing to add new development in equity since 2021, notably from R4S' equity work in Uganda and Niger, the WHO inequality monitoring manual, and a compendium of equity measurement tools being developed by R4S.
- This update will also replace broken links and add new resources to replace those no longer available. The four steps of the SPG and structure of the SPG will not be changed in this update.

Following Morrisa's presentation the TAG asked Morrisa to share more detail on R4S' work in Uganda, and whether it's possible to link to the FPdatapro app that R4S collaborated on with Track20, particularly the equity module. There are some issues with this, as each country makes their own version of the app, and the equity module is included only in Uganda's version at this time. After thanking Morrisa for her presentation, Jay Gribble led the discussion on TAG feedback and decision-making as the discussant:

- *Process for Updating an SPG*: The TAG discussed the need to articulate a process for how and when to update an SPG. In this case, FHI360 reached out regarding updating this SPG given their recent experience, and the Secretariat had to clarify that they needed approval from the TAG to do so. There was also discussion on when an update is needed for an SPG, given the associated production costs. In this case, the updates are minimal, but are mostly done already.
- *Organizational diversity:* The TAG noted that it's important that in developing and updating SPGs multiple organizations are involved so that it doesn't just involve the experience of one program or organization.

After discussion, the TAG voted to move forward with the update to the Equity SPG, with 8 voting yes and 3 voting no. The update will move forward with a question from the TAG to the expert group ensuring that they consult with the Equity Working Group to ensure organizational diversity feeding into the updates.

Update from Co-Sponsors

Jennie Greaney presented an update from the Co-Sponsors group, which included a presentation from Melkam Tessaw on the work of CIFF, the newest HIP Co-Sponsor. After the presentation, the TAG had a chance to ask questions of the co-sponsors in the room, which included:

- Q: Currently it's hard to see how relationships play out in the organogram. Can you clarify the role of IBP in the HIPs Partnership? Would also suggest including a way to explain relationships and reporting lines graphically.

    - A: IBP leads the Stakeholder Engagement Group (SEG), and Ados May is at every Co-Sponsor meeting. Perhaps there are ways to better connect the SEG and TAG, and more broadly across the HIPs Partnership.
- Q: How should the TAG approach work planning, particularly with regards to the upcoming HIPs Partnership Strategy?
    - A: Rather than be prescriptive, perhaps this can be a discussion between the Co-Sponsors, the TAG co-chairs, and the Secretariat

The discussion ended with the TAG welcoming CIFF as a co-sponsor and a great addition to the initiative.

Advancing Measurement of HIP Implementation

Slides from D4I and R4S were shared with the TAG ahead of the meeting for review, because the organizations were not available to join the TAG meeting to present due to scheduling conflicts. Because of timing constraints, the TAG briefly discussed the slides, and noted that they were interested in hearing from D4I and R4S when the investment had wrapped up near the end of the year, once recommendations are ready to be shared.

Final Reflections and Closing

The TAG closed their three-day meeting reflecting on the rich discussions held and key decisions made. There was interest in continuing with a small-group discussion format in future meetings, and a hope that these meetings continue to tackle important subjects for the HIPs Partnership. The TAG members thanked the TAG co-chairs for their role in the meeting, and noted that the shared responsibility between the co-chairs, the Secretariat, and daily chairs was a successful model to continue with in future meetings. The meeting ended with an ask for everyone to bring the next generation into the HIPs Partnership through joining writing groups, Technical Expert Groups, public comments, etc, and to see this as a way to mentor and raise up the next group of leaders who may eventually join the TAG in the future.

TAG Recommendations and Next Steps

Over the course of the HIP TAG meeting, the TAG identified a number of specific recommendations, and topics to continue discussing in future meetings and through sub-groups. The below table lays out these recommendations and next steps discussed throughout the workshop.

TAG Decisions Regarding HIPs Products:

- The TAG voted to move forward with developing a HIP Enhancement Brief on Self-Care and an update to the Equity SPG.
- The TAG also provided feedback to finalize the updated CHW and Mobile Outreach HIP Briefs, and the new HRBA SPG.
- The TAG provided feedback on the SPG Guidance document, which will be finalized and uploaded to the website based on this feedback, including adding a step in the process after the public comment period for the writing group to revise the draft SPG before it is sent to the

TAG for final review.

- The TAG voted to not move forward with the concepts for a new Gender SPG, or a new HIP Enhancement Brief on FP in Fragile and Crisis-Affected Settings. The TAG requested the Secretariat to organize a meeting with the UNFPA Gender team to learn more about their gender analysis of existing HIPs materials, and for the Secretariat to follow up with the group that submitted the concept on Fragile and Crisis-Affected Settings to see if they have any recommended existing products that may be included in the "resource" section of the HIPs website.

General TAG Recommendations and Next Steps:

- The TAG Co-Chairs will work with the TAG to draft a letter to the co-sponsors articulating their recommendations and questions regarding overall HIPs Partnership governance, roles and responsibilities of the TAG and TAG co-chairs, and process for planning TAG meetings.
- The TAG recommends that the HIPs Criteria Tool will be applied retroactively to the updated Mobile Outreach and CHW briefs, and the Secretariat should work to identify and pilot a sustainable approach to implement the HIPs Criteria Tool.
- The Secretariat should document the process for updating the Equity SPG and developing the HRBA given the additional step of sending it back to a small group of the TAG for final review, and make recommendations for SOPs based on these experiences.
- The TAG recommends that additional resources be allocated towards the following issues:
    - Establishing a process to regularly assess if new evidence warrants updating or retiring a brief
    - Research with policy makers and advocates to better understand how Enabling Environment briefs are being used, and if not, what is needed to increase their usage.
    - Bring the HIPs website up to date and make it more user friendly

Topics to Explore in Next TAG Meeting

- *Better Understanding the HIPs Audience:* Leading up to the next TAG meeting, the Secretariat will work with the webmaster to better understand the age-disaggregated web statistics, and will make an effort to look at web statistics after certain events (i.e. HIPs workshops) to see if there is a bump in usage and/or work with CLAP to experiment tracking web usage after sharing HIPs briefs through existing training courses.
- *Guidance to Writers:* A sub-group should form to provide recommendations on additional guidance that the TAG should provide to TEGs and writing groups including 1) making decisions about what to take from older briefs when updating; 2) universal frameworks every brief/product should take into consideration (WHO building blocks); and 3) any other additional guidance that may be needed to strengthen drafts. Volunteers are needed.
- *Fertility Intentions*: A sub-group is needed to review the language used in the self-care literature review to determine if it's language the TAG recommends to use more broadly across HIP products, and develop guidance for both the website and writing groups on this.
- *Archiving Briefs:* From the small group discussion, there was a recommendation to archive the following briefs: Digital Health for Systems (2017), Family Planning Vouchers (2020), and Social Franchising (2018) HIP Briefs. This recommendation was tabled for a vote for the next meeting, and it may be useful for a sub-group to form (or continue) to make a final recommendation that can be voted on, and agree upon clear timing and process to arrive at a decision on when/how to update and when/how to archive products.
- *TAG Work Planning*: The Secretariat should work with the TAG co-chairs and the co-sponsors

to determine what type of work planning is required from the TAG, and how to go about developing and tracking this work plan in the future, and share this at the next TAG meeting.

For the above topics, the Secretariat will work with the TAG co-chairs to prioritize topics to move forward before the next TAG meeting and identify volunteers.

Appendix A: Meeting Agenda

Technical Advisory Group Meeting

July 30 - August 1, 2024, Gates Foundation, 1300 I Street NW, Suite 300 East, Washington DC 20005

Objectives

- Clarify meeting norms
- Clarify roles and responsibilities of TAG members and Co-sponsors
- Discuss and agree on meeting cadence and potential locations
- Review literature review for self-care and decide on whether or not this will be an enhancement brief
- Provide input on draft HIP knowledge products presented for review
- Agree on criteria for assessing need for new HIP products, updating existing ones, and retiring older ones

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Find a local number
Phone conference ID: 976 544 906#

Tuesday, July 30, Gael O'Sullivan, Moderator

09:00 am Washington, DC | 15:00 Geneva/Abuja | 17:00 Nairobi | 19:30 New Delhi - Find time in other time zones here

Time EST	Agenda Item	Reference materials
08:15 – 09:00	**Breakfast and gathering**	
09:00 – 09:45	**Opening Remarks and Introductions** Chris and Maggwa, TAG co-chairs	
09:45 – 11:00	**Meeting norms** **Role of Co-Chairs** **Dates of next meeting**	
11:00 - 11:20	**Break**	
11:20 - 1:00	**Overview of HIP products**	Slides

	Web stats + HIPs Status update Presentation: Laura and Rachel Discussion	
1:00 - 2:00	**Lunch**	
2:00 - 2:15	**Background on Self-Care from 3 previous TAG Meetings (Jan and June 2023 and Feb 2024) and where are we now** Presentation: Sarah Onyango, PSI	Slides
2:15 - 3:45	**Literature review for Self-Care (update)** Presentation: Gilda Sedgh and Rose Stevens Discussion **What is the HIP?** Presentation by the TEG: Sarah Onyango, PSI, Jane Cover, PATH, Holly Burke, FHI 360, Gertrude Odezugo, USAID, Andrea Ferrand, PSI, Funmilola OlaOlorun, College of Medicine, University of Ibadan, Ibadan, Nigeria, Josselyn Neukom, SwipeRx, Megan Christofield, Jhpiego Clarification questions from TAG	Slides
3:45 - 4:30	**Way forward with Self-Care brief** **-Vote on moving forward** **-If yes, what are the guidelines and key considerations for the writing team? If no, what are the main reasons why the TAG decided not to move forward at this point?** **-Ask for volunteer(s) TAG to participate in the Technical Expert Group (TEG), if the brief is voted to move forward.** Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm	**(presenters leave)**

Wednesday, July 31, Saswati Das, Moderator

New Teams link:
Microsoft Teams Need help? **Join the meeting now**
Meeting ID: 258 316 595 069 Passcode: pTXQEL
Dial in by phone (833) 696-7489, 808426433# United States (Toll-free) Find a local number
Phone conference ID: 808 426 433#

09:00 am Washington, DC | 15:00 Geneva/Abuja | 17:00 Nairobi | 19:30 New Delhi - Find time in other time zones here

Time EST	Agenda Item	Reference materials
08:30 - 9:00	**Breakfast and gathering**	
09:00 - 9:15	**Welcome and Reflections from Day 1**	
09:15 - 10:45	**Draft Community Health Workers brief** Presentation: Mojisola Alere, DAI Nigeria TEG members: Mojisola Alere, DAI Nigeria, Afua Aggrey, USAID/Ghana, Asante Kamuyango, WHO, Christopher Kuria, CARE Kenya, Khadija Swalehe Ally, AFYA Yangu Clubs, Tanzania, Pritha Biswas, Independent consultant, Ronald Kibonire, Save the Children, Sanjeeta Gawri, IPE Global Limited, Sarah Castle, Independent consultant, Merrill Wolfe, Independent consultant Clarification questions from TAG, then TEG leaves Discussants: Mario and Anand Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm	Draft brief slides slides
10:45 - 11:05	**Break**	
11:05 - 12:35	**Draft FP Mobile Outreach brief** Presentation: Dina Abbas, MSI TEG members: Collins Otieno, Amref Health Africa, Comfort Chizinga, Palladium, Dina Abbas, MSI, Eleanor Unsworth, WINGS Guatemala, Levent Cagatay, EngenderHealth, Sahil Tandon, David and Lucile Packard Foundation, Linda Cahaelen, Independent consultant Clarification questions from TAG, then TEG leaves Discussants: Medha, Gamachis Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm	Draft brief & references slides slides
12:35 - 1:00	**Draft Strategic Planning Guide (SPG) guidance** Presentation: Karen	Document slides

Time EST	Agenda Item	Reference materials
	Vote on finalization of guidance and posting on website	
1:00 - 2:00	Lunch	
2:00 - 2:45	**Determining criteria for evaluating the relevance of existing HIPs and the need to retire older briefs** Presentation: Barbara and Sara	slides
2:45 - 3:00	**Review Day 1 Overview of HIP products** Presentation: Laura	handouts
3:00 - 4:15	**Small Group Discussion**	gather flip charts
4:15 - 4:30	**Report back and closing**	

Thursday, August 1, Barbara Seligman, Moderator

New Teams link:
Microsoft Teams **Need help?** **Join the meeting now**
Meeting ID: 210 543 786 269 - Passcode: zYaqqV
Dial in by phone (833) 696-7489,697445969# United States (Toll-free) Find a local number
Phone conference ID: 697 445 969#

09:00 am Washington, DC | 15:00 Geneva/Abuja | 17:00 Nairobi | 19:30 New Delhi - Find time in other time zones here

Time EST	Agenda Item	Reference materials
08:30 - 9:00	**Breakfast**	
09:00 - 9:15	**Welcome and Reflections from Day 2**	
9:15 - 10:15	**Draft SPG Human Rights Based Approaches to FP** Presentation: Christina Zampas and Emilie Filmer Wilson, UNFPA Clarification questions from TAG, then TEG leaves Discussant: Karen Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm	Draft SPG slides slides
10:15 - 10:55	**Sub-group Report out - Development of new HIPs & ensure HIPs are responding to needs of the field** Presentation: Maggwa, Monica, Nandita, Rodolfo	slides
10:55 - 11:15	**BREAK**	

Time EST	Agenda Item	Reference materials
11:15 -1:00	**Presentation of concept notes, discussion, and voting:** • Gender Equality and FP: Enhancing Programming to Improve Gender Equality and FP Outcomes SPG • HIP Enhancement Brief: Applying HIPs in fragile and crisis-affected settings reaches more communities to maximize FP scale and impact (to update the FP in Humanitarian Settings SPG) Presentation of scores: Laura Discussion Vote Include space to verbalize TAG recommendation(s) to be communicated to teams and for TAG to confirm	slides
1:00 - 2:00	Lunch	
2:00 - 3:00	**Proposed update to the Equity HIP Strategic Planning Guide** Presentation: Morrisa Malkin (R4S) Clarification questions from TAG, then TEG leaves Discussant: Jay Vote on whether to move forward or not Include space to verbalize TAG recommendation(s) to be communicated to the TEG and for TAG to confirm	slides
3:00 - 3:30	**Update from Co-sponsors** - joint work plan, introduction of CIFF, AOB Presentation: Jennie	slides
3:30 - 4:00	**Advancing Measurement of HIP Implementation** R4S, SMART + HIPs - Trinity Zan, Aurelie Brunei, Barbara Sow, FHI 360 Presentation: Laura (see slide 10 for questions)	slides
4:00 - 4:30	**AOB** **Recap of the day and recommendations** **Final reflections and closing**	

Appendix B: List of Participants

TAG Members	
Name	**Country based**
Anand Sinha	India
Baker Maggwa	USA
Barbara Seligman	USA
Christine Gallavotti	USA
Erin Mielke	USA
Gael O'Sullivan	USA
Gamachis Shogo	Sierra Leone
Ginette Hounkanran	Burkina Faso
Jay Gribble	USA
Karen Hardee	USA
Mario Festin	Philippines
Medha Sharma	Nepal
Rodolfo Gomez	Uruguay
Salma Anas	Nigeria
Sara Stratton	USA
Saswati Das	India
Sonia Caffe	USA
Observers from the HIPs Co-Sponsors and Secretariat	
Name	**Organization**
Perri Sutton	Gates Foundation
Heidi Quinn	UNFPA
Nathalie Kapp	IPPFP
Jennie Greaney	UNFPA
Laura Raney	FP2030
Monica Kerrigan	FP2030
Rachel Templeton	FP2030
Melkam Teshome-Kassa	CIFF
Mozaam Ali	WHO

Appendix D: Presentations

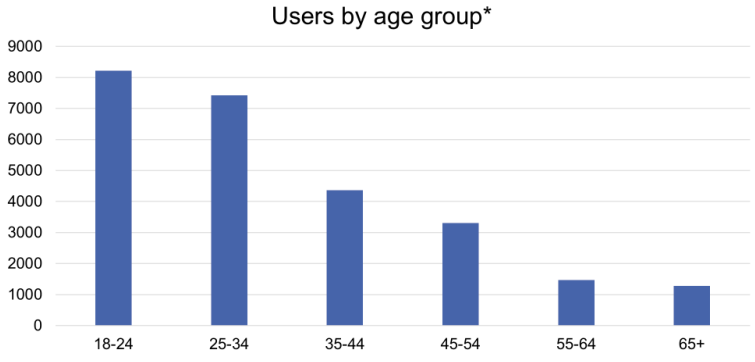
Overview of HIP Products

HIPs Website Usage

- 104,131 users June 2023 - June 2024
  - On trend: 108,933 in FY22, and 101,365 in FY21
- 180k+ Pageviews
  - Average 1.73 pages per user
  - Average 46 seconds spent on each page

Who is using the website?

- Top 10 countries:
  - USA: 18,050
  - France: 6,009
  - Mexico: 4571
  - Colombia: 4550
  - India: 3807
  - Nigeria: 3586
  - Brazil: 3579
  - Peru: 3025
  - Cameroon: 2682
  - Philippines: 2613



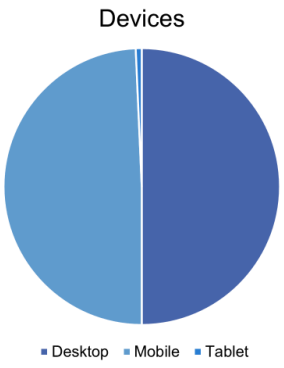
*only assessed when possible, does not add up to total number

Usage by language over time

Language	FY19	FY20	FY21	FY22	FY23	2024
English	72%	63%	47%	42%	41%	49%
Spanish	14%	24%	17%	15%	19%	18%
French	13%	12%	18%	25%	30%	23%
Portuguese	1%	2%	4%	5%	6%	8%

5

How are they accessing it?



- Desktop and mobile continue to be the dominant ways users access the website
- In FY22 and FY23, the trend appeared to be moving towards more mobile users (47% in FY22 and 57% in FY23).
- 2024 shows an almost equal share between desktop (50%) and mobile (49.3%)

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

HIPs Products Overview

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Total HIP Products

- 21 HIPs Briefs
  - 8 Service Delivery
  - 7 Enabling Environment
  - 6 SBC
- 4 HIP Enhancements
- 8 Strategic Planning Guides
- 4 Papers

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Top Ten HIPs Products (Page Views)

Product	Category	Year Published	Year Updated	Total Page Views	Top Language
Postabortion Family Planning	Service Delivery	2012	2019	23,896	French
Pharmacies and Drug Shops	Service Delivery	2013	2021	13,538	Spanish
Immediate Postpartum Family Planning	Service Delivery	2017	2022	13,475	English
Community Health Workers	Service Delivery	2012	2015	7,729	French
Social Norms	SBC	2022		7,107	English
Economic Empowerment	Evidence Summary	2017		5,700	English
Supply Chain Management	Enabling Environment	2020		4,773	French
Adolescent Responsive Contraceptive Services	HIP Enhancement	2015	2021	3,945	English
Knowledge, beliefs, attitudes and self-efficacy	SBC	2022		3,442	English
Family Planning and Immunization and Integration	Service Delivery	2013	2021	3,351	English

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Service Delivery Briefs

Product	Published	Updated	Page View Ranking
PAFP	2012	2019	1
Pharmacies and Drug Shops	2013	2021	2
IPPFP	2017	2022	3
CHWs	2012	2015	4
FP and Immunization Integration	2013	2021	11
Social Marketing	2013	2021	17
Mobile Outreach Services	2014		18
Social Franchising	2018		32

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Enabling Environment Briefs

Product	Published	Updated	Page View Ranking
Supply Chain Management	2020		7
Educating Girls	2014		11
Social Accountability to Improve FP Information and Services	2022		17
Comprehensive Policy Processes	2013	2022	26
Domestic Public Financing	2014	2018	28
Leading and Managing	2015	2022	29
Galvanizing Commitment	2015		35

11

HIP Enhancements

Product	Published	Updated	Page View Ranking
Adolescent Responsive Services Enhancement	2015	2021	8
Digital Health to Support FP Providers	2020		26
Digital Health for Systems	2017		33
Family Planning Vouchers	2020		34

13

Strategic Planning Guides

Product	Published	Updated	Page View Ranking
Engaging Men and Boys in FP SPG	2018		12
Strengthening Partnership with Faith Actors in FP SPG	2023		13
Contraceptive Method Introduction to Expand Choice SPG	2022		21
Meaningful Engagement of Adolescents in FP SPG	2022		22
Facilitate the Inclusion of Persons with Disabilities SPG	2023		23
Adolescents SPG	2015		24
Family Planning in Humanitarian Settings	2020		27
Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access	2019		31

14

HIP Papers

Product	Published	Updated	Page View Ranking
Economic Empowerment	2017		6
Discussion on Equity for the HIPs Partnership	2019		36
Guidance on Assessing the Potential Sustainability of Practices	2017		37
Finding Balance with the Importance of Rigorous Research and Tacit Learning in Assessing “What Works?”	2024		NA

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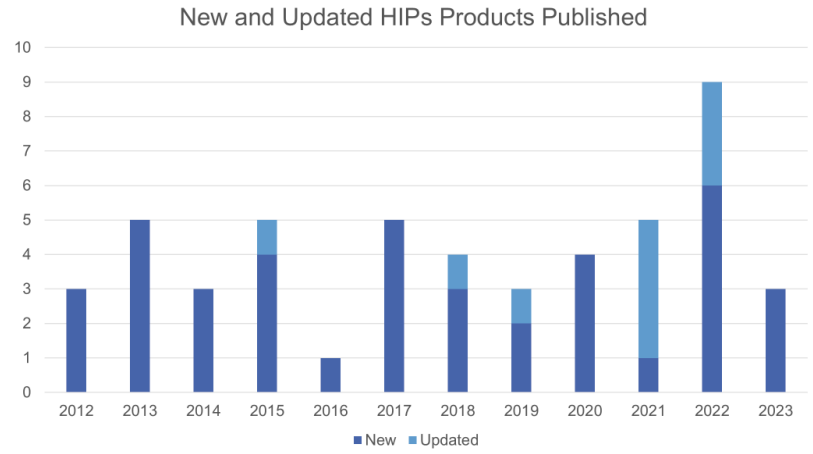
HIPs Pipeline

HIPs Pipeline: Looking Back



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

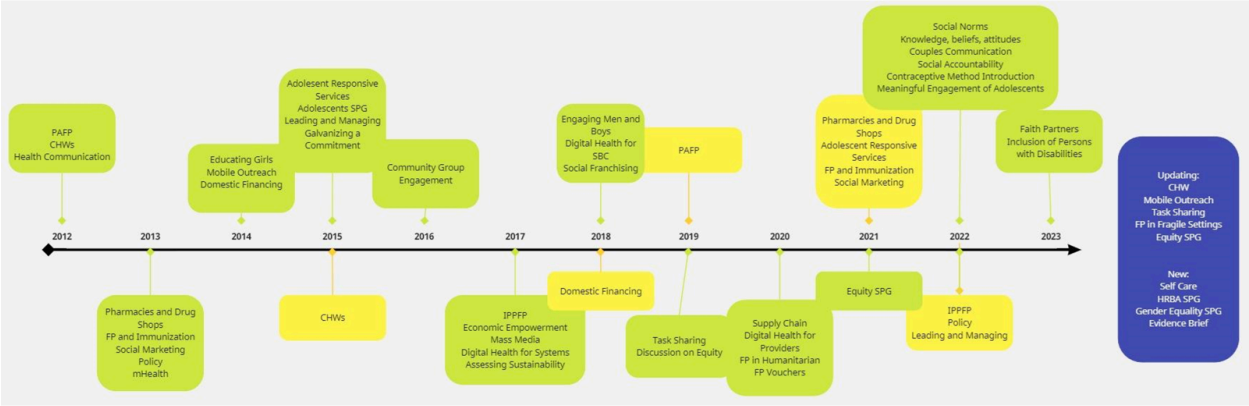
HIPs Pipeline Now

New HIPs Products	Status
Self Care	Concept Note/Literature review and selection
Gender Transformative Approaches SPG	Concept Note review and selection
HRBA SPG	Draft review

Updated HIPs Products	Status
FP in Fragile Settings Enhancement	Concept Note review and selection
Community Health Workers	Draft review
Mobile Outreach	Draft review
Equity SPG	Proposed update review
Task Sharing Brief	Fact Checking/Copy Editing/Layout

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Discussion



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Self Care Enhancement Brief

Self-Care for FP
HIP Enhancement Brief

Progress Update July 2024

To Be Covered

- A brief background
- How we're adjusting the approach:
  - The HIPs
  - Definitions
  - Theory of Change
- Literature Review Results: Self Care
- Discussions
- Next steps

HIP Enhancement Brief | ***Self-Care for FP***

What we've Heard |

1. More **evidence/data** is needed to inform the decision to do a HIP Enhancement Brief
2. Reinforce need for **connections to the health system** through referral, linkages, and accountability - *self-care does not give health systems a pass on accountability!*
3. Reinforce **self-care as an informed choice**, offered – but never mandated – within the context of client-centered care, regardless of age, marital status, income level, education or literacy, etc.
4. **Demonstrate linkages to other relevant HIPs**, illustrating its *enhancing* – but not duplicating – value (e.g., to HIPs around 'Educating Girls', 'Pharmacies and Drug Shops', 'Social Norms', 'Knowledge, Beliefs, Attitudes, and Self-efficacy, Digital Health for Social and Behavior Change, and many others)
5. Further consideration needed on **terminology** (e.g., contraception vs family planning, etc)

How We're Adjusting the Approach |

- Refined the definition of Contraceptive Self-Care
- Updated Theory of Change
- Revised scope of the Literature Review

HIP Enhancement Brief | ***Self-Care for FP***

What is the HIP we are proposing

Integrate contraceptive self-care into all aspects of family planning and reproductive health programming

Definitions of Self-Care

Self care is the ability of individuals, families and communities to promote health, prevent disease, maintain health and to cope with illness and disability with or without the support of a healthcare provider [World Health Organization]

Contraceptive self-care is the ability of individuals to freely and effectively space, time and/or prevent pregnancies in alignment with their fertility preferences with or without the support of a healthcare provider, facilitated by awareness and access to the full range of biomedical and behavioral methods

*HIP Enhancement Brief | **Self-Care for FP***

Text will be simplified and reduced

Self-Care for FP Theory of Change [Updated Draft]

Barriers this HIP addresses	High Impact Practice Enhancement	Individual / Social Changes	Health System Changes	Outcomes
• Limited agency to act on contraceptive intentions • Lack of client control over contraceptive decisions and use • Health system inefficiencies • Limited access to FP information, services and products • Inequity in diversity of channels from which the most marginalized can access information, services and products	Integrate contraceptive self-care into all aspects of family planning and reproductive health programming	○ Increased bodily **literacy, knowledge, and skills** to make informed choices and self-manage contraceptive use ○ Increased **belief** that self-care can lead to good health outcomes ○ Increased **self-efficacy** among individuals that they can execute self-care behaviors ○ Shifts towards **norms** that uplift individuals as informed and capable caretakers of their health and health-related decisions ○ Improve **relationship** between providers and users, with avenues to hold health systems **accountable** for autonomy in care	○ **Diversification in physical and digital channels** to receive affordable, quality contraceptive-related information, services, and products, including those requiring less support from a healthcare provider ○ **Stronger linkages** for support and follow-up care for those who use self-care interventions ○ **Capability amongst health workforce** to promote and support clients' self-care ○ Applied solutions for **information systems** to capture self-managed aspects of contraceptive care ○ Availability of a **variety of quality-assured contraceptive options** that enable self-use ○ **Affordable financing** for those who self-acquire and manage their contraception ○ Mechanisms for **health systems accountability** when care is undertaken outside facilities and/or without healthcare providers ○ **Institutionalization** of self-care into national health systems	• Individuals have **decision making autonomy and are empowered** to contracept freely and effectively, to manage their fertility in alignment with their preference • When offered as a choice, can contribute to **more efficient use** of health-care resources • Enabling environment where **self-care interventions are made available in effective and appropriate ways** • Increased **use, continuation,satisfaction, coverage of - and access to** - equitable FP information, services & products • Service delivery **quality improvement**

HIP
FAMILY PLANNING
HIGH IMPACT PRACTICES

Literature Review Results: Self Care

Gilda Sedgh
Rose Stevens
July 30, 2024

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

In this presentation

- Research question and scope of review
- Search strategy and search results (PRISMA)
- Characteristics of papers identified
- Preliminary themes and findings
- Limitations

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

RESEARCH QUESTION AND SCOPE OF REVIEW

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Scope of HIPS Enhancement Brief

HIP Enhancements are "technologies or practices that are not typically standalone interventions, but rather implemented *in conjunction with HIPs* to further intensify the impact of the HIPs."

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Research question

Primary question:

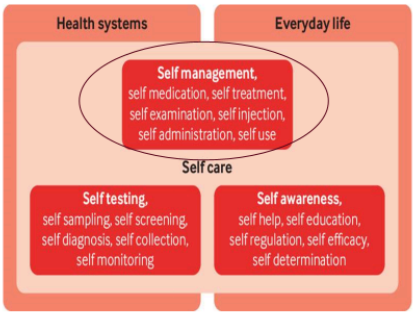
- What evidence exists that contraceptive self-care interventions enable women to use the method they want when they want it, thereby enabling them to achieve their fertility intentions?

Secondary questions:

- Do some population subgroups prefer self-care options?
- What lessons have been learned about delivery of self-care?

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Scope of this review



Source: Narasimhan M, Allotey P, Hardon A. Self care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance BMJ 2019; 365 :l688 doi:10.1136/bmj.l688

This review focused on methods that support **self-management**, and specifically self-administration by the person at risk of getting pregnant.

These are methods that

- ❑ the person can start using, stop using, **or** replenish her supplies of, without having to engage with a health service provider, **and**
- ❑ are in the 2022 WHO Family Planning Handbook.

Some aspects of self-awareness are already covered in other HIPs.

SEARCH STRATEGY

Inclusion criteria

- Methods: Self-managed methods in WHO FP handbook (see next slide)
- Outcomes: Uptake, satisfaction, or continuation
- Time period: Published from 2010 onward
- Setting: Research takes place in LMICs
- Language: Published in English

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Inclusion criteria

Eligible methods:

1. Self-injected DMPA-SC
2. EC and OC when women can obtain or resupply without a service provider
3. Vaginal ring
4. Contraceptive patch
5. Diaphragm
6. Cervical cap
7. Sponge
8. Spermicide
9. Lactational amenorrhea method
10. Fertility awareness methods in the FP handbook

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Exclusion criteria

Exclusion criteria

- Condoms - male or female
- Outcomes are awareness, knowledge or attitudes of non-users only
- Papers on multipurpose methods that only address use for non-contraceptive purposes

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Database searches

Databases:

1. PubMed
2. CINAHL
3. Web of Science

Concepts:

1. Self-care
2. Contraception
3. LMIC

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Search terms: Pubmed

Concept #1: self-care (244,100 results)

Self care[mesh] OR self care[tiab] OR self manage*[tiab] OR self administ*[tiab] OR self inject*[tiab] OR self treatment[tiab] OR selfcare[tiab] OR selfmanagement[tiab] OR selftreatment[tiab] OR user control[tiab] OR drug shop*[tiab] OR pharmacy [tiab] OR pharmacist*[tiab] OR advanced provision[tiab] OR over the counter[tiab] OR over-the-counter[tiab] OR without a prescription[tiab]

Concept #2: contraception: (62,800 results)

Contraceptive Devices[mesh] OR Contraceptive Agents, Female[mesh] OR Female Contraceptive Agent*[tiab] OR Female Contraceptive*[tiab] OR Natural Family Planning Methods[Mesh]

Concept #3: LMIC filter (2.6 million results)

(See document in literature review folder)

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Search terms: mini-search for additional papers

Concept 1: Specific methods (62,400)

(vaginal ring [tiab] OR contraceptive patch [tiab] OR diaphragm [tiab] OR sponge [tiab] OR spermicides [tiab] OR natural FP methods[tiab])

Concept 2: Contraception (62,900 results)

Contraceptive Devices[mesh] OR Contraceptive Agents, Female[mesh] OR Female Contraceptive Agent*[tiab] OR Female Contraceptive*[tiab] OR Natural Family Planning Methods[Mesh] "contraceptive devices"[MeSH Terms] OR "contraceptive agents, female"[MeSH Terms] OR "female contraceptive agent*"[Title/Abstract] OR "female contraceptive*"[Title/Abstract] OR "natural family planning methods"[MeSH Terms]

Concept #3: LMIC filter (2.6 million results)

(See document in literature review folder)

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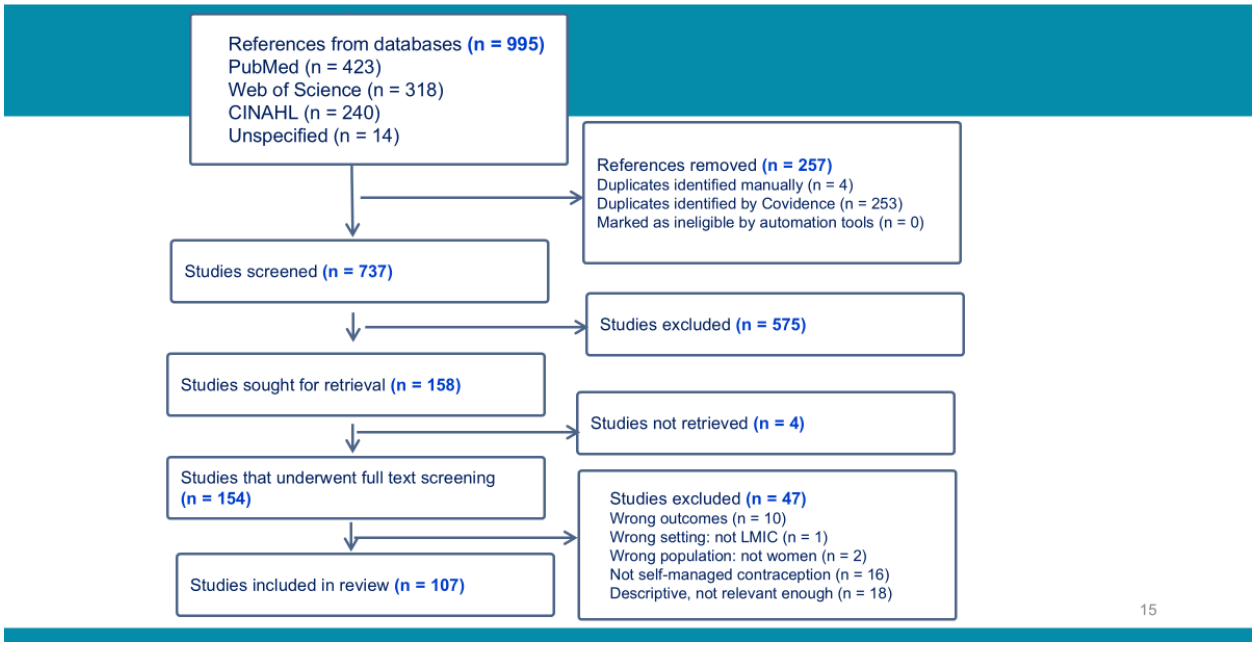
HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Search yields

	Total	**Unique/Added to previous**
Original database search:	522	522
Hand searches and grey lit:	18	14
Mini search:	272	202
Total # results:	**812**	**737**

14



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Distribution of papers by method and region

Distribution of papers by self-care method

Multiple methods	34
Injectable	24
Emergency contraception	23
Vaginal ring	19
Diaphragm	4
Oral contraception	3
Natural methods	2
	109

Distribution of papers by region

Sub-Saharan Africa	70
Multiple	22
Latin American Region	8
Asia	5
Middle East/North Africa	4
	109

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Preliminary themes and illustrative findings

Uptake:
Demand for self-care (and populations that prefer SC)

- Some studies demonstrated the demand for user-controlled methods and/or self-care options and identified populations that are especially likely to use them, such as:
  - Young and/or unmarried women (#693-Keesbury 2011)
  - Women who want to keep their sexual activity or their contraceptive use a secret (#699-Both 2014)
  - Women who have infrequent sex (#693, #699 and #740-Kalamar 2022)
    - including women whose husbands travel and those who had non-consensual sex
  - Women living in pandemics who want a short term-method (Zika) (#1092-Bahamondes 2017) or lack access to facilities (Covid) (#8170-Asali 2022)

OC SI ring EC multiple

Preview of limitations

1. In many of the study countries, ECs are available without prescription so they count as self-care methods, but we have no comparison with populations where EC is not available as a self-care method. So we cannot always disentangle the method (EC) from the self-care aspect of the method (OTC access) in these studies.

2. All self-care methods are also short-acting methods, and in some studies it is hard to disentangle the role of self-care from the role of short-acting protection on user outcomes.

OC SI ring EC multiple

Satisfaction: Acceptability of contraceptive self-care

- **Some studies showed high acceptability of self-care methods**
  - Women found vaginal rings easy to use, insert and remove, unlike some provider-controlled methods (#1016 Griffin 2019)
  - Self-perceived competence with SI increased over time (#149 Cover 2017, #41 Burke 2018) (Need to ensure less educated women are as able to self-inject as others)
- **But self-care is not for everyone**
  - Some women declined the option to self-inject (#149) or were concerned about whether they could do it (#741 Ali 2023)

OC SI ring EC multiple

Satisfaction:
Perceived advantages of contraceptive self-care

- Many women favored the saving of cost and time, and not having to interact with health care providers (#41, #860-Gonzalves 2020)
- Many also liked the increased privacy (#41, #132-Appleton 2022, #860-Gonsalves 2020)
- Some want to avoid risk of facing stock-outs at facilities (#41)

Continuation:
Contraceptive self-care continuation rates

- At least two studies compared continuation rates for women who **self-managed a method vs those using the same method without self-managing**
  - For OC, continuation rates were higher for OTC users vs prescription users (#95-Potter 2010) (US study)
  - For DMPA, continuation rates were higher for self-injectors (SI) vs those who used provider administered DMPA (#142, #165-Cover 2018)
- At least one study compared continuation rates among women using **self-managed methods vs other methods** altogether: discontinuation was higher with self-care methods (#1171-Laporte 2024)
  - Some studies suggest women would have benefited from better counselling and support to help them continue using a method; e.g., women using vaginal ring who experienced expulsion (#9019)

What lessons have been learned about delivery of self-care?
Provider biases can interfere with delivery of SC services

- **Some studies showed pharmacists judging or turning away unmarried women seeking contraception.**
  - (#740 Kalamar-2022) (#873 Hémono 2022)
- **Others indicate that the *fear* of being treated poorly by providers was a barrier to seeking care**
  - Unmarried younger users worried pharmacists judge them for seeking contraception. (Many were surprised by the lack of judgement they experienced) (#740)
  - Risk of judgement was perceived to be *lower* at pharmacies than health facilities, particularly for younger unmarried women, with some exceptions.

What lessons have been learned about delivery of self-care?
Some research demonstrated ways to mitigate provider bias

- **A program that provided incentives for vendors increased pharmacists' and shopkeepers' willingness to provide services to adolescents**
  - A branding and rewards program increased revenues which increased reduced gatekeeping tendencies and earned providers' recognition as champions of AGYW well-being (#813 Liu 2023)
- **Program that trained providers to be more empathic with users led to increase in SI visits and % of DMPA visits that were SI**
  - Model included provider training, follow-up supervision and mentoring (#1243)

OC SI ring EC multiple

What lessons have been learned about delivery of self-care?
SC can be supported through a variety of channels

- **Studied identified a few preferred sources of care**
  - Many women valued receiving care from pharmacies for speed, affordability and privacy (#860)
  - In one study, adolescents said they would prefer to get SI training from CHWs because of privacy, convenience, and affordability (#741-Ali 2023)

- **Evidence-based recommendations for pharmacy/drug seller provision include :**
  - Establish mechanisms for referral to other sectors (#528-Chin-Quee 2018)
  - Applying knowledge about effective counseling to drug shops and pharmacies (#528)
  - Women liked getting written reminder cards and instructions on using SI from pharmacists (#41)

OC SI ring EC multiple

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What lessons have been learned about delivery of self-care?
SC can be supported through a variety of channels

- **Digital care may help some young people overcome provider-specific barriers**
  - Students in a pilot study expressed interest in a digital self-care intervention– but study did not show students actually ordering methods through these services (#873)
  - A systematic review of evidence from LMICs and HICs provides *limited* evidence that interventions delivered by mobile phone improve contraception use (#40-Smith 2015)

OC SI ring EC multiple

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What lessons have been learned about delivery of self-care?
Use of SC should occur in the context of reproductive autonomy

- **Some partners want to make contraceptive decisions for their wives**
  - Some research described men making the decision of when to stop using a SC method (#49-Obare 2022)
  - Recent experience of IPV was associated with diaphragm nonadherence (#1054-Kacanek 2013)
- **Some providers also make contraceptive decisions for women**
  - A number of women reported that their providers made contraceptive decisions for them; these women were less likely to be using the method they wanted, compared with women who chose their methods on their own (#875 Tadele 2021) (not specific to SC but potentially relevant)

OC SI ring EC multiple

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What lessons have been learned about delivery of self-care?
Normalization of SC can facilitate use of contraceptive self-care

- **Partner and family approval has been linked to satisfaction with vaginal ring use**
  - Some partners and family members are supportive of self-care methods, others are not (#1016)
- **Support from social networks can facilitate use of SC methods**
  - Women described instances of husbands reminding partners to reinject. In some cases, friends reminded them (#41)
- **Familiarity with a method in a community can facilitate its acceptability**
  - Acceptance of vaginal rings improved as they become more well known and the use of vaginal products generally was normalized (#1016, #1124- Kestelyn 2016)

OC SI ring EC multiple

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HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Limitations

- Some of the papers that were excluded because they did not address the outcomes (uptake, continuation, satisfaction) did address useful topics, such as:
  - Provider attitudes and practices
  - Non-users' attitudes toward self-care
  - Factors that influenced attitudes toward contraceptive self-care
- Papers on multipurpose methods use exclusively for HIV prevention were excluded but might have had useful information on user experiences

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Additional topics for exploration

- **Topics for further exploration in literature or through new research:**
  - Impactful SC interventions aside from those addressed in other HIPs, including
    - interventions that support normalization of self-care
    - impacts of self-care guidelines on the access to and use of SC
  - Evidence on whether self-care expands *equitable* access to quality care

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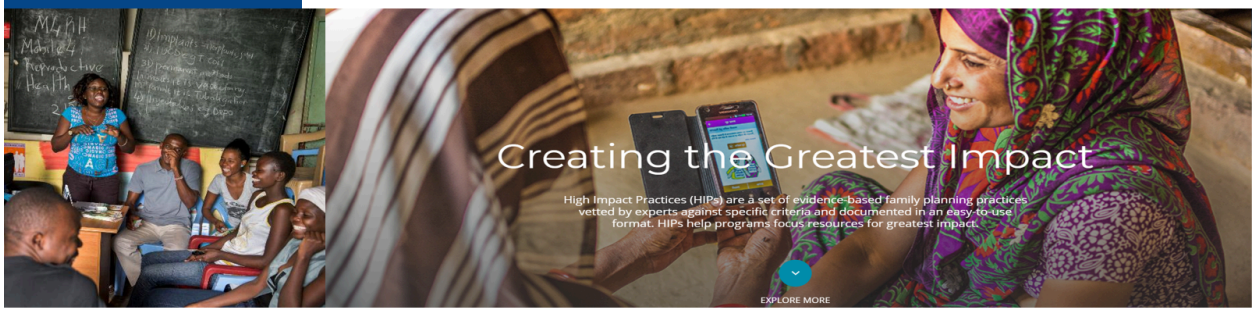
QUESTIONS AND DISCUSSION

Draft Community Health Worker Brief Update

HIP FAMILY PLANNING HIGH IMPACT PRACTICES



Updating the HIP Brief on Community Health Workers

Presentation to Technical Advisory Group
31 July 2024

Presentation overview

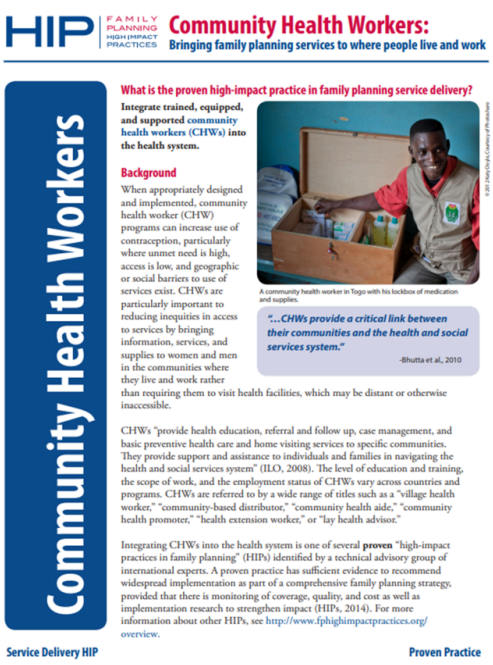
1. Task, team, process
2. Key content updates
3. Questions for the TAG

Task

Update 2015 HIP brief:

Community Health Workers:

Bringing family planning services to where people live and work



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Community Health Workers:
Bringing family planning services to where people live and work

Community Health Workers

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

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

Background

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

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

"...CHWs provide a critical link between their communities and the health and social services system."
-Bhutta et al., 2010

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

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

Service Delivery HIP

Proven Practice

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Team

Technical Experts	Sanjeeta Gawri	Mojisola Alere
	Afua Aggrey	Asantesana Kamuyango
	Ronald Kibonire	Christopher Kuria
	Pritha Biswas	Khadija Swalehe Ally
	Sarah Castle	
HIP Points of Contact	Emeka Nwachukwu and Mohammed Nasiruzzaman, USAID	
HIP TAG Members	Gamachis Shogo, UNFPA, and Saad Abdulmumin, BMGF	
Lit review	Kimberly Mihayo, JHU	
Writer	Merrill Wolf	

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Process

August 2023	Two-part kick-off workshop facilitated by Knowledge Success to review process and lit review findings, and to draft outline
September 2023 - April 2024	• Individual TEG members' review and input on draft outline • Met as a full group every week or two to reach consensus on contents • Small groups worked between full-group meetings • Extended original timeline to incorporate results of February K4 Learning Circle on CHWs
May 2024	Two-week public comment period
June - July 2024	Reconvened to incorporate public comment and finalize draft for TAG review
Next	Incorporate TAG input and finalize brief by end of August

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Key content updates

Retained core elements/definition of HIP:

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

Slight language update to reflect changed environment:

- Moved to "contraceptive services" rather than "family planning" in some instances

Incorporated lit review findings (next slide)

Key content updates

Notable trends identified in literature review and programmatic experience:

- Expansion in CHW roles to include safe and effective delivery of LARCs
- Role of CHWs in promoting self-care
- Integrated services (e.g., FP and MCH) provided by CHWs
- Use of mobile technology to support CHW training and program implementation (outreach, logistics, etc.)
- CHWs' essential role in COVID pandemic, other crisis situations
- Recognition of need to professionalize, adequately remunerate and otherwise better integrate CHWs into the health system
- Remaining and emerging knowledge gaps related to implementation, policy and impact

Questions for TAG

- **How to address question of cost-effectiveness of CHWs specific to FP.** We didn't find much data so highlighted it as a research question. Other suggestions?
  - We noted in discussion that recommended changes in remuneration would alter the landscape with regard to cost-effectiveness. Need to address?
- **Help prioritizing (reducing the number of) indicators, research questions, and resources**
- **Any other comments, concerns, suggestions**

Thank you!

HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

fphighimpactpractices.org

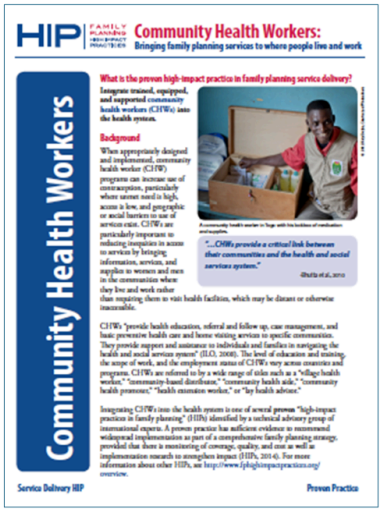
High Impact Practices Community Health Workers

Bringing contraceptive information and services to people where they live and work

REVIEWERS

MARIO PHILIP R. FESTIN

ANAND SINHA


HIP FAMILY PLANNING HIGH-IMPACT PRACTICES

Community Health Workers:
Bringing family planning services to where people live and work

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Service Delivery HIP

Proven Practice

GENERAL COMMENTS

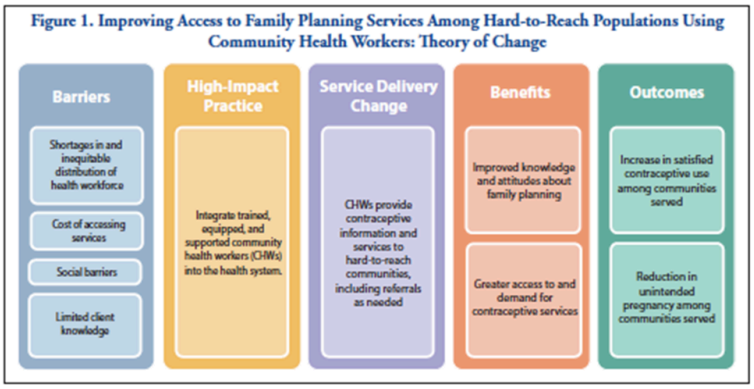
- This is an updated version of an existing CHW HIP brief.
- The present brief is straight forward in identifying the functions of CHWs on providing information, enhancing FP promotion, and facilitating access.
- Some potentially important sections in the existing brief were no longer included in the updated version.
- The updated version enhances the focus on equity and marginalized groups and updates the data in some areas.

COMMENTS – BACKGROUND SECTION

- Compared to present brief, the new version focuses on the various activities of CHWs as important components that can be integrated into the present health systems. This can ensure better sustainability and institutional support, plus can also facilitate referrals and continuing education.

- Theory of change has been updated and has more components in the sections on Benefits and HIP Outcomes
  - New to 'Benefits' – Improved Quality, Client Satisfaction and Reduced Health Sys Congestion and Inequity
  - New to 'HIP Outcomes' – Improved Efficiencies, Continuation and Correct Use, and HTSP

Theory of Change – present version



Barriers to Contraceptive Access and Use	High-Impact Practice	Service Delivery Change	Benefits	(HIP) Outcomes
Shortages in and inequitable distribution of health workforce	Integrate trained, equipped and supported CHWs into the health system	CHWs reliably provide contraceptive information and services to communities, including hard-to-reach populations, and referrals as needed	Improved knowledge, attitudes and practices in family planning	Increase in satisfied contraceptive use among communities served
Distance to and cost of accessing services				
Gender-based and other social, cultural and mobility barriers			Improved access to, demand for and use of contraceptive services; reduced unmet need	Reductions in unintended pregnancy among communities served
Limited client knowledge			Improved quality and responsiveness of family planning services	Improved efficiencies in provision of contraceptive services/family planning
			Improved acceptability and satisfaction among clients	Increased, continued, consistent, correct use of contraception
			Reduced health system congestion and inequity	Healthy timing and spacing of pregnancies

COMMENTS – What are the Challenges?

	In Old and New	Only in Old	Only in New
	• **Geographic barriers** • **Financial barriers** • **Social barriers**	• Mobility constrained by social norms	• Knowledge gaps • Young peoples' needs • Humanitarian settings
Comments			**Overall more detailed** **Data on HR shortages updated**

COMMENTS – What is the Impact of this HIP?

	In Old and New	Only in Old	Only in New
	• Increasing contraceptive use • Decrease unmet need • Access to wide range of methods (Inj, SDM)	• Reduce fertility rates • Links with clinic-based services more cost effective • Counseling and referrals for clinic-based services	• Improve knowledge and attitudes, especially in other sectors • Increase use in places with no clinic services • Improve continuation • Improve equity and reach disadvantaged
Comments		Dropping the elements on linkages with clinic based services was unclear since the HIP is about CHW integration with health system	

COMMENTS – Tips from Implementation

	In Old and New	Only in Old	Only in New
Integrate to Health Sys	• **Link to health system by referrals and supervision systems** • **Use of and input to HMIS (up to national),**	• Use of mobile technology	• Involve in policy development
Train CHWs	• **Competencies** • **Low dose, high freq training**	• Methods • BCC, Communications	• Digital technology
Equip CHWs	• **Supply chains**	• Visibility of community logistics data • QI	• Transport for CHWs
Support	• **Local recruitment** • **Career progression** • **Fair compensation**	• Community engagement • Male CHWs • Adapt for evolving needs	• Incentives • Professionalize status • Regular supervision and task sharing • Political support and domestic funding
Comments		Some of these seemed important to keep	

COMMENTS – Implementation Measures/Indicators

- This section was not in the present version, now added in new version
  - CHWs employed
  - Clients reporting information
  - CHWs receiving training (new or in-service)
  - Supervision events
  - CHWs salaried (or receiving remuneration)
  - CHWs part of annual planning process.

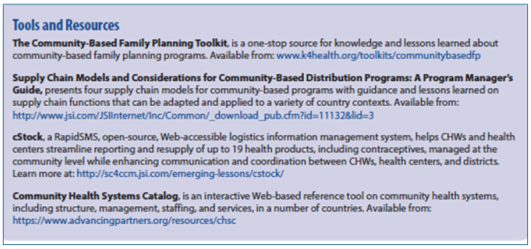
COMMENTS – Priority Research Questions

- Priority Research Questions
  - Evidence on strategies for
    - Work environment and
    - Integration with health systems
  - Models of remunerations
  - Use of tools and resources- esp to support in humanitarian crises, outbreaks etc.
  - Representation in governance and policy-making
  - Role impact in marginalized communities
  - Impact on fertility indicators

COMMENTS

- Possibility of incorporating more statements on UHC implementation or support

Tools and Resources
Different list from previous version – reason for removal



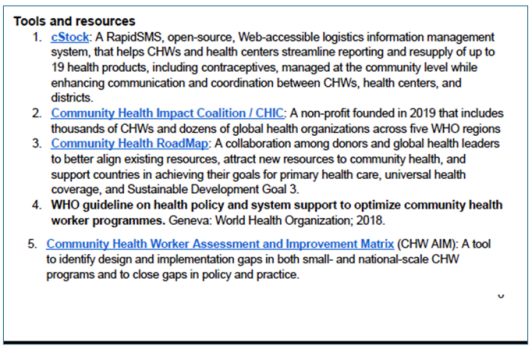
Tools and Resources

The Community-Based Family Planning Toolkit, is a one-stop source for knowledge and lessons learned about community-based family planning programs. Available from: www.k4health.org/toolkits/communitybasedfp

Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide, presents four supply chain models for community-based programs with guidance and lessons learned on supply chain functions that can be adapted and applied to a variety of country contexts. Available from: http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=11132&lid=3

cStock, a RapidSMS, open-source, Web-accessible logistics information management system, helps CHWs and health centers streamline reporting and resupply of up to 19 health products, including contraceptives, managed at the community level while enhancing communication and coordination between CHWs, health centers, and districts. Learn more at: http://sc4ccm.jsi.com/emerging-lessons/cstock/

Community Health Systems Catalog, is an interactive Web-based reference tool on community health systems, including structure, management, staffing, and services, in a number of countries. Available from: https://www.advancingpartners.org/resources/chsc



Tools and resources

1. cStock: A RapidSMS, open-source, Web-accessible logistics information management system, that helps CHWs and health centers streamline reporting and resupply of up to 19 health products, including contraceptives, managed at the community level while enhancing communication and coordination between CHWs, health centers, and districts.
2. Community Health Impact Coalition / CHIC: A non-profit founded in 2019 that includes thousands of CHWs and dozens of global health organizations across five WHO regions
3. Community Health RoadMap: A collaboration among donors and global health leaders to better align existing resources, attract new resources to community health, and support countries in achieving their goals for primary health care, universal health coverage, and Sustainable Development Goal 3.
4. **WHO guideline on health policy and system support to optimize community health worker programmes.** Geneva: World Health Organization; 2018.
5. Community Health Worker Assessment and Improvement Matrix (CHW AIM): A tool to identify design and implementation gaps in both small- and national-scale CHW programs and to close gaps in policy and practice.

Comments

- Table 2 on Planning, Implementing, and Scaling-Up CHW Programs – not included in new version, may be useful

Table 2. Planning, Implementing, and Scaling-Up CHW Programs

Program Considerations	Factors Contributing to Success	Factors Contributing to Failure	Considerations for Scale-Up
General Approach	Understanding that CHW programs are complex and challenging to sustain.	Misconception that CHW programs are simple and self-sustaining.	Plan for scale-up from the beginning. Make a systematic plan for scale-up based on country strategy and existing program.
Range of Services	Broad range of services and commodities that reflect the preferences of the communities served.	Preoccupation with a single commodity or service resulting in failure to develop a comprehensive service system.	Adapt service package to meet community needs.
Community Involvement & Political Support	Community involvement, particularly at the strategic planning stage. CHW selection guided by community opinion.	Lack of broad political support. Responsibility of galvanizing and mobilizing communities rests solely with CHWs.	Sustain engagement of community and health system with leadership from district and health center staff.
Sustainability vs. Compensation	Paid workers perform better than volunteers. Completely voluntary schemes do not work well. If workers are not paid, some other motivational scheme is required, and the scope of work for unpaid volunteers should be realistic.	Overemphasis on sustainability and cost recovery, which may be incompatible with the objective of reaching poor and remote communities.	Advocate with governments, donors, and community for support. Provide cost-benefit information. When planning the program, consider costs of scaling-up as well as of maintaining the program at scale.
Quality & Social Barriers	CHWs trained and engaged in social and behavior change communication activities.	Failure to address quality and social barriers to contraceptive use.	Improve quality continuously through active organizational management. Address broad contextual and health system barriers.
Supervision of CHWs	Supportive, rather than directive, CHW supervision.	Lack of connection with larger health system.	Consider innovations to support remote case management, such as mobile technologies.
Management Information Systems	Management information systems that support the informational needs of CHWs as a first priority.	Stock-outs threaten support for and reputation of CHWs.	Consider SMS and Web-based mHealth systems, where data are transformed into relevant, usable reports and shared on a timely basis.
Referrals & Linkages	CHWs linked to and have ongoing relationship with facility-based services.	CHW system viewed as separate from the health system.	Ensure dependable national-level availability of products and a supply chain that facilitates efficient movement of products to resupply points as well as data to and from all levels of the system.

Source: Adapted from Chandani et al., 2014; Liu et al., 2011; Phillips et al. 1999; and WHO, 2007.

Appendix 1 on summary of studies (2024) – useful, but maybe in an online annex?

APPENDIX 1
Summary of key studies on CHWs' impact in increasing knowledge, access and use of modern contraception

Citation	Type and topic of study	Key findings
Ayuk et al., 2022	Systematic review of provision of injectable contraceptives by CHWs in sub-Saharan Africa	Provision of DMPA by CHWs improved both access to family planning services and method choice in underserved or difficult-to-reach populations. Uptake of DMPA services provided by CHWs was significant across all studies, indicating that DMPA injections delivered by CHWs are not only acceptable but also very effective.
Brooks et al., 2019	Cross-sectional household survey of young married women in rural Niger to determine if visits by CHWs are associated with increased use of modern contraception	Use of modern contraceptive methods almost doubled among young married women who were visited by a CHW compared to those who were not.
Burke et al., 2018	Randomized controlled trial in rural Malawi examining the effect of self-administration versus provider-administered injection of subcutaneous DMPA on continuation rates, including by CHWs	The study found clinically significant improvement in the rate of method continuation among women assigned to self-injection compared with those who received injections from a provider, including CHWs and yielded evidence that CHWs can safely and effectively train women to self-inject DMPA-SC in LMIC settings.
Burke et al., 2019	Randomized controlled trial to measure and assess supply- and demand-side factors influencing DMPA-SC continuation rates in Malawi among women who received the method from a provider and those trained to self-inject, by clinic-based providers or CHWs	Continuation rates were significantly higher among women in the self-injection group, with no differences reported by type of provider in continuation, pregnancy, or safety. The study provides further evidence that public-sector CHWs can safely and effectively provide DMPA-SC and train women to self-inject DMPA-SC in low-resource settings.
Herrera-Almanza and Rosales-Rueda, 2020	Intervention study on the effects of a large-scale community-based health delivery program on short-term fertility in Madagascar	Exposure at the commune level to CHWs trained in maternal and child primary health reduced women's quarterly probability of conception by about 12% and increased women's likelihood of ever-using any contraceptive method.
MacLachlan et al., 2018	Intervention study comparing continuation of subcutaneous and intramuscular DMPA when administered by facility-based health workers in Burkina Faso and village health teams (VHTs) in Uganda	The study found no difference in 12-month continuation (through four injections) between DMPA-SC and DMPA-IM whether from facility-based health workers in Burkina Faso or VHTs in Uganda. Continuation was higher through community-based distribution in Uganda than health facilities in Burkina Faso and than global averages, potentially reflecting an added benefit of injectable contraceptive administration by VHTs.
Ouedraogo et al., 2021	Desk review and analysis of implementation and impact of	Findings indicated an increase in family planning indicators resulting from the
	task-sharing policies for family planning in Burkina Faso, Democratic Republic of Congo, Ethiopia, Ghana and Nigeria, which included training and supporting CHWs to provide a wider range of contraceptive counseling and methods, including long-acting and reversible methods	task-sharing programmes, including: - In Burkina Faso, LARC uptake increased by greater than three times within a period of six months, and the new contraception program averted 11.7% of expected pregnancies in 2019. - In Ethiopia, task-sharing contributed to a doubling of CPR and declining rates of total fertility and unmet needs for contraception. - Ghana and Nigeria reported an increase in the number of new contraception users with a significant uptake of implants and IUCDs.
Scott et al., 2015	Systematic review of evidence on effectiveness of CHW provision of FP services in LMIC	93% of studies assessed found increased use of modern contraception; 83% found improved knowledge and attitudes
Solanke et al., 2023	Intervention study examining the impact of health service contacts with CHWs on intention to use modern contraception among non-users in rural communities of Nigeria	Controlling for individual demographic and social characteristics, the odds of the intention to use modern contraceptives were found to be higher among women who had health service contacts with CHWs than among women who did not.
Tadesse et al., 2022	Analysis of data from a national rural Health Extension Program (HEP) assessment to determine the role of the HEP in reducing unmet for family planning	Women exposed to HEP had a lower level of unmet need, a higher demand for family planning and a higher CPR compared to women unexposed to HEP. Exposure to family planning services and to higher-level HEWs in the catchment health post were significantly associated with lower levels of unmet need for family planning.
Tilahun et al., 2017	Analysis of data from 2009-2015 on the impact of Ethiopia's Federal Ministry of Health's task-sharing initiative, aimed at improving availability of long-acting reversible contraception at the community level, which trained HEWs in implanon insertion	Between 2009 and 2015, 1.2 million women received implanon implants from trained HEWs. Of the approximately 7,000 implant service visits made during the first 6 months, 25% were among women who had never used contraception before.
Weldert et al., 2017	Intervention study on the impact of combining community-based distribution of DMPA injections, along with counseling and referral for other methods, with a social marketing approach in Tigray, Ethiopia	There was a 25% significant increase in contraceptive use among surveyed women, from 30.1% at baseline to 37.7% at endline, with DMPA use largely responsible for this increase. 19% of CHW clients were new to family planning and 25% were new to DMPA.
Wu et al., 2020	Intervention study on the impact on contraceptive use in rural Nepal of employing CHWs aided by mobile technology to deliver patient-centered, home-based antenatal and postnatal counseling on postpartum modern contraceptive	The intervention contributed to increasing contraceptive use through knowledge transfer, demand generation, referrals to healthcare facilities, and follow-up. Modern contraceptive use increased from 29% to 46%.

Draft Mobile Outreach Brief Update

Family Planning Mobile Outreach Services: Expanding equitable access for a full range of modern contraceptives

Outline of revised HIP 2024

Team and Process

The expert group comprised of **8 members** with technical expertise in family planning mobile outreach services from Guatemala, Malawi, United Kingdom, Nigeria, Turkey, United States.

The revision included: inception workshop for the experts, individual desk review, series of experts virtual meetings, individual/group brief review, and addressing public comments.

Mobile outreach: Framing

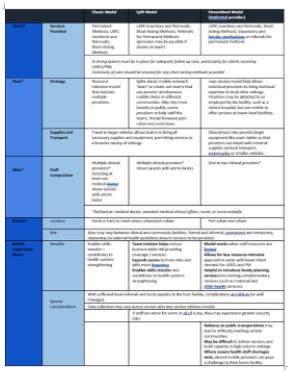
– – –

★ A service delivery approach that brings trained providers, equipment, and supplies to locations to better reach populations with diverse access challenges/barriers.

+ **Cost-effective** deployment of resources
+ Reach populations for whom economic, or social barriers limit access and service uptake - **living in poverty and peri-urban, rural, displaced, marginalized populations, youth, indigenous peoples, people with disabilities, female sex workers, migrant populations, LGBTIQ+ community**
+ **Deliver in variety of structures** (permanent health facilities + community structures), temporary facilities

Mobile outreach: Service delivery models

– – –



Removed from How To Tips section and included upfront

★ Varies by demand (local needs, recipient), provider, location, resources, staffing, supply, service type, location of the service provision.

★ Implemented through partnerships between the government, non-governmental organizations (NGOs), and the private sector (public-private partnerships)

+ **Combined streamlined and dedicated provider models**
+ Added **split team** model
+ Added detail on strategy
- Removed detail on arrangement (partnerships)

Theory of Change

NEW

Barriers	Mobile Outreach HIP	Inputs/ actions	Outcomes	Impact
Limited access to trained providers Geographic/Economic/Socio-cultural factors Provider bias Limited equipment & supplies for LARCs & PMs Limited client demand for trained providers to maintain proficiency to offer some methods	Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods	Map area/select sites Form public-private partnerships Link with local community leaders and health structures, including local government and health workers Raise awareness and increase demand Recruit, train, and support providers; incorporate initial and ongoing provider training Ensure site readiness, procurement/use of equipment and supplies; and standard operating procedures (SOPs). Delivery of FP mobile outreach services	Increased contraceptive uptake, especially among youth, rural, peri-urban and other underserved communities More flexible and expanded access to services (location, time, and frequency) Greater access to a broader range of FP methods Trained providers have expanded client load to maintain proficiency Established context-specific referrals Increased Contraceptive Prevalence Rate	Reduced unintended pregnancies, reduced maternal and infant mortality

What challenges can FP mobile outreach address?

Accessibility
Mobile outreach makes services more accessible

Provider training
Mobile outreach can offer increased opportunities for training and mentorship

Cost
Mobile outreach services can be more cost effective

Community Engagement
Mobile outreach services can increase community engagement, increasing FP uptake

Confidentiality
Mobile outreach makes services more accessible

What is the Impact?

– – –

★ Increase **access to underserved populations** (geographic, economic barriers, humanitarian emergencies, adolescents and youth)

★ Increase **method choice** (including often hard-to-reach LARCs + PMs)

★ Expand access and choice to **new users**

★ Increase **awareness of FP**, reduce misconceptions, encourage and support continuation, particularly among youth

★ Promote provider excellence, reduce bias, improve access to supplies

\+ Impact areas expanded, defined in more detail and organized under 5 headings instead of 3

\+ Country examples updated and moved to text box

\- Older examples removed

\- Comparative cost-effectiveness removed

How to do it: Tips

– – –

★ Map and select sites, models and frequency

★ Form public-private partnership and coordinate with stakeholders

★ Link with CHWs and local facilities

★ Coordinate with community leaders

★ Ensure site safety, privacy, confidentiality, comfort and cleanliness

\+ Establish procedures for clients' access to follow up care

\+ Establish procedures for data collection + recording

\+ Assure voluntarism and informed choice

\- Service delivery models removed from section - in a separate table

\- Anticipating and addressing challenges removed

Indicators NEW

Clients provided with FP services through outreach

- # clients provided with an FP method or service during outreach, # FP methods distributed or provided, # FP method removals, # clients new to FP

Quality of services provided

- Client satisfaction surveys, Client process indicators (wait time for services, client travel time to mobile outreach services), Clinical indicators such as complication rates

Number and type of mobile outreach services

- # mobile outreaches conducted (day and night times), # communities in the target district where FP is provided to young people within a context-appropriate time period, # services provided in mobile outreach.

Disaggregate by age group, sex, and FP method.

Consider additional disaggregation by socio-economic factors

Priority Research Questions NEW

1. What are the best practices for ensuring cost-effective and sustainable service delivery within FP Mobile Outreach?

1. What are the best practices in quality assurance for FP Mobile Outreach?

Family Planning Mobile Outreach Services: Expanding equitable access for a full range of modern contraceptives

Discussants:
Medha Sharma
Gamachis Shogo

General Comments

TAG's recent discussions about this brief

- TAG identified need to update brief (2014) during Oct 2022 meeting
- Literature review presented to TAG during June 2023 meeting and TAG provided feedback

TAG's feedback & recommendations (June 2023)

- Sustainability: cost, complementing CHWs work, government ownership
- Evidence from operation/implementation research
- Data capturing into national HMIS
- Indicators used to measure impact: clients, service quality, frequency, reach, range
- Rights based approaches: quality / continuum of care, access to underserved, privacy/confidentiality

General Comments, cont…

Overarching feedback

- Well organized
- Evidence from implementation research incorporated

Overarching suggestion

- Country experiences who graduated from funding for mobile outreach services (not included)
- Some terminologies not clear or need revision
- Who benefits from the practice: better to stick to those groups for which evidence is available
- Streamline mobile outreach models

Terminologies

- “deployment” of resources
- “underserved populations”
- “LGBTIQ+” vs “persons of diverse gender identities and sexual orientation”
- “streamlined model”: can this be referred to “mobile in-service””?
- “stakeholders” - be specific
- “female sterilization” vs “tubal ligation”

Comments by section

Topic

From:

Mobile Outreach Services: Expanding access to a full range of modern contraceptives

To:

Family Planning Mobile Outreach Services: Expanding **equitable** access for a full range of modern contraceptives

Comments by section

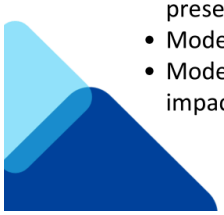
Background Section

Key issues emphasized:

- Rights based (full range of methods, informed client choice, voluntarism)
- Sustainability: cost-effectiveness, offering long-term solution to deploy skilled HCWs, improve access
- Equity: reaching underserved populations
- Continuity of care (LARCs, PMs, short acting)
- PPPs, linkages with community health structures

Suggestions:

- Mobile outreach looks like its more for marginalized community in text but evidence not presented adequately
- Models could start with the definition. Eg: Split team model (in earlier version)
- Models discussed as table in the background section, but not linked with other sections (eg: impact, tips for implementation)



Comments by section

What challenges can FP Mobile Outreach address?

In the brief:

- Accessibility
- Privacy and Confidentiality
- Cost-effectiveness
- Community engagement
- Provider training

Suggestions:

- Uniformity in the types of population and settings that mobile outreach can address.

Comments by section

What is the impact?

- **In the updated brief** evidences are provided:
  - on increased access to more choices by underserved populations including in humanitarian (conflict-affected) settings
  - in reaching A & Y: reduced stigma, more privacy, lower cost of transportation, reduction in travel time
  - on majority of mobile outreach clients being new users or adopters of method not previously used
  - on integration of FP mobile outreach with child immunization
- **Suggestions:**
  - evidences in humanitarian setting limited to conflict, though research on COVID setting exists
  - Privacy for young people through mobile outreach? It is not clear to which model(s) the impact data is referring to?
  - Streamline the groups who are positively impacted by mobile outreach

Comments by section

How to do it: Tips from implementation experience

In the brief:

- PPP, coordination among stakeholders (MoH, NGOs, private sector), linkages with CHWs, local health structures and community leaders emphasized
- Detailed SOPs to refer clients for follow up care and written follow up information for clients
- SOPs for data collection, recording, link data to government registers (manual or electronic)
- Voluntarism and informed choice

Suggestions:

- Government models can be added (if any)
- best practices on ensuring data capturing?

Comments by section

Suggested indicators:

In the brief:

- Service uptake: including FP method removals, new users
- Quality of service: wait time, client travel time, complication rates
- Number & type of services: where FP is provided to young people, no. of services provided

Suggestions:

- Continuity Rate

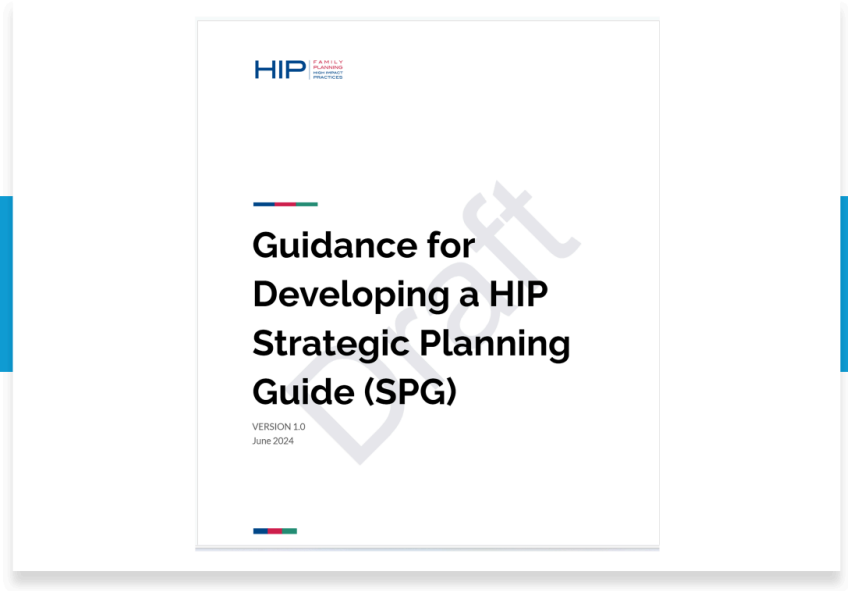
Comments by section

Tools and Resources:

- Citations: numbers not in order, different methods of citation in different pages.
- some citations are as old as 2010, updated evidence available?

Thanks!

Strategic Planning Guide Guidance



FP HIP TAG Discussion

July 31, 2023

9 HIP SPGs as of July 2024

A HIP SPG is a short (4 pages) document that **distills the key information** that decision makers and practitioners need to know to achieve a specific objective that will help to advance FP and RH outcomes.

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

Adolescents

Engaging Men and Boys in Family Planning

Facilitate the Inclusion of Persons with Disabilities in Family Planning Programming

Creating equitable access to high-quality family planning information and services

Family Planning in Humanitarian Settings

Contraceptive Method Introduction to Expand Choice

Strengthening Partnership with Faith Actors in Family Planning

Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access

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TAG review of document (google doc) and discussion

- Contents
- Organization
- Any sticking points

Criteria to Retire Briefs

Sara Stratton, Barbara Seligman, Maria Carrasco
7/31/2024

Overview

- Why talk about retirement in the first place?
- Draft of criteria to retire briefs
- Website statistics on downloads

Why we talk of retirement in the first place?

- The HIPs were established to highlight a “limited” set of practices
  - At a previous TAG meeting 25 HIP briefs was suggested as an ideal number.
  - The ideal number of HIP briefs has not been set by the TAG.

- Having too many “High Impact Practices” dilutes the original purpose of the HIPs (which was to build consensus and focus on a limited set of HIPs)
  - We cannot keep adding practices and keep a “limited number” of HIPs

- Technological/environmental changes over time
  - HIP Partnership started in 2010 and is now 14 years old. The FP field has evolved and practices will likely to continue change in the future.

Draft set of criteria to retire briefs

1. There is growing evidence calling into question the practice as a HIP
   a. Based on replicability, scalability and impact
   b. A rapid review of the new evidence will be needed to establish its strength
   c. Importance of defining what counts as evidence
2. The topic doesn’t lend itself to a HIP, for example, because the field is changing so quickly.
3. The practice is not as relevant in the present as it was when a particular HIP was identified as a HIP
4. The practice evolved/merged into another practice or something else
   a. An evolution of the practice may have lead to another overarching practice being more relevant for the present time
5. The number of page views of the HIP brief is minimal (i.e. less than ***1000*** in the past year)

Website statistics on page views - List of least 10 viewed

HIP Product	Category	Total Page Views (past 12 months)
Galvanizing Commitment	Enabling Environment	535
Family Planning Vouchers	HIP Enhancement	687
Digital Health for Systems	HIP Enhancement	688
Social Franchising	Service Delivery	783
Leading and Managing	Enabling Environment	926
Enabling Environment Overview	Enabling Environment	1,001
Domestic Public Financing	Enabling Environment	1,027
Comprehensive Policy Processes	Enabling Environment	1,076
Digital Health to Support Family Planning Providers	HIP Enhancement	1,077
SBC Overview	SBC	1,688

See full spreadsheet here.

If we only apply number of views criteria, these are the briefs that would be on a retirement list

Brief (year)	Type	New contrarian evidence	Practice is not relevant	Practice evolved/ merged	Number Views
Galvanizing Commitment (2015)	EE				535
Family Planning Vouchers (2020)	Enhan.				687
Digital Health for Systems (2017)	EE				688
Social Franchising (2018)	Serv.Del.				783
Leading and Managing (2022)	EE				926

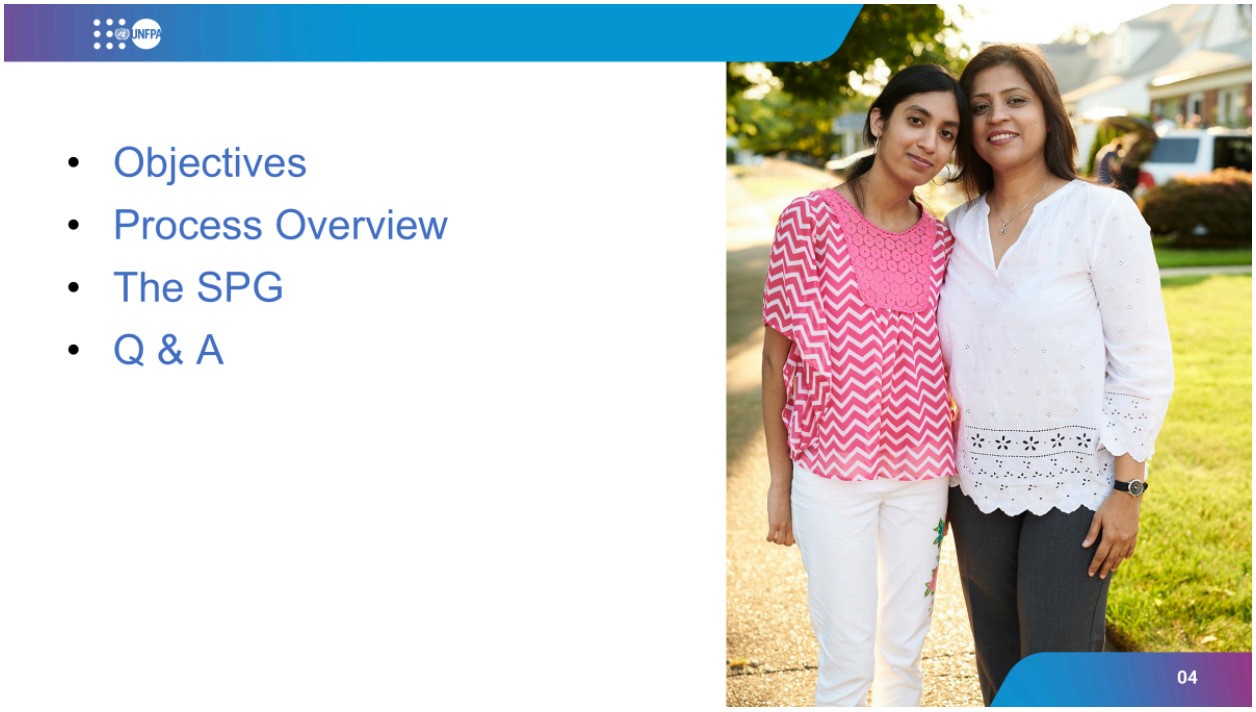
If we apply the 4 criteria, these are the briefs that would be on a retirement list

Brief (year)	Type	New evidence that calls into question the practice or the suitability of the topic for a HIP.	Not relevant or not scalable across contexts at this time	Practice evolved/ merged	Number Views
Galvanizing Commitment (2015)	EE	Growing evidence of importance of context		Devolution? Localization?	535
Family Planning Vouchers (2020)	Enhan.		Possibly	Part of healthy markets approach?	687
Digital Health for Systems (2017)	EE	Practice is evolving so the evidence quickly becomes outdated.		Practice is evolving exponentially.	688
Social Franchising (2018)	Serv.Del.		Possibly	Part of healthy markets approach?	783
Leading and Managing (2022)	EE				926
Educating Girls (2014)	EE	Evidence of more distal effect (TBD)			3,206

Insights

- Few views per page may help to uncover HIP products in areas that are critical but are not getting due attention.
  - Need to balance age of HIP with number of download - newer briefs have fewer downloads
- Lack of government support and financing were cited as key barriers to HIP implementation in the HIP implementation study. Yet briefs related to this topic were among least accessed.
  - Galvanizing commitment
  - Domestic public financing
- There are about 3 EE briefs among the least accessed.
- Do we eventually consider retirement criteria for SPGs?

Draft SPG on a Human Rights Based Approach to Family Planning



Overall objective of the SPG on a HRBA to Family Planning

To introduce a framework to help assess whether or not a country's family planning programme follows a human rights based approach (HRBA) to family planning.

Process: Expert & Writers' Group

2022: Concept Note was reviewed and approved by TAG

March 2024: Expert Group was convened and writers group formed:

Expert Group:	**Expert Writer's Group:**
Jennie Greaney, UNFPA Shawn Malarcher, USAID Aasa Nihlen, WHO Kimberley Ocheltree, USAID Heidi Quinn, UNFPA Dakshitha Wickremarathne, FP2030 Sesilia Shirima, Young & Alive Initiative	Elizabeth Arlotti-Parish, Jhpiego Uluk Batyrgaliev, ECOM, Kyrgyzstan Emilie Filmer-Wilson, UNFPA Maryce Ramsey, Independent Pester Siraha, MSI Zimbabwe Christina Zampas, UNFPA

Process of development of the SPG

- February 2022: Concept Note reviewed and approved by TAG
- March 2024: Expert Group was convened where it was decided that:
- March-May 2024: Writers' Group formed:4 online meetings held between March-May 2024 and work between meetings
- May 2024: The Expert Group reviewed the document in writing and submitted comments which were incorporated into the draft
- 29 May 2024: The Expert group re-convened online to have a live discussion on the draft and make final changes prior to submitting to TAG
- June 2024: Draft was further revised
- 26 June 2024: Draft submitted to TAG
- July 2024: Draft submitted for public comment

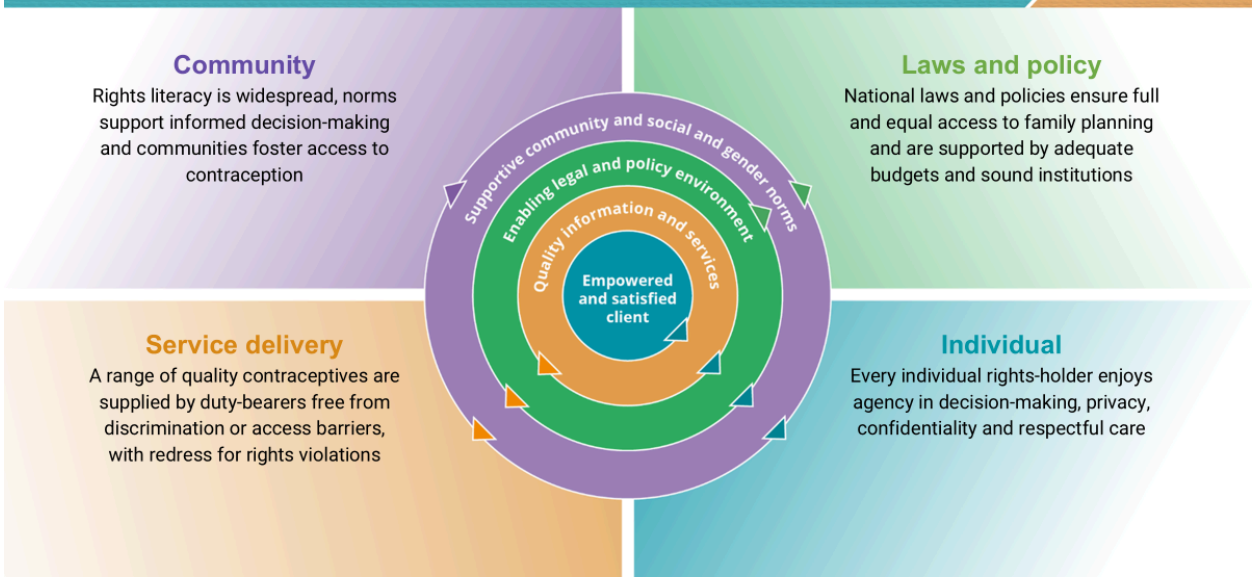
SPG on a HRBA to FP

Assessing family planning programmes from a HRBA

- an examination of how well family planning programmes and their enabling environment adhere to international human rights standards and principles.
- by conducting assessments, stakeholders identify strengths, weaknesses, and gaps in their programs from a human rights perspective; identifying areas where improvements are needed to enhance the overall quality of family planning programs in promoting and protecting individuals' human rights.

The SPG supports an assessment of whether a country's service delivery meets HRBA criteria in 5 key areas of family planning (*UNFPA and WWA 2022*)

The holistic framework for human-rights based family planning



Characteristics of this SPG:

- Based around the framework developed by UNFPA and What Works Association HRBA to FP Framework (2022) - also developed with FP2030
- Linked and aligned to existing HIP publications and other research that support this SPG.
- The SPG speaks to countries with different population dynamics - both high and lower fertility contexts.
- The language of the SPG should be aligned with human rights-based language and principles, staying away from terms such as “demand creation” that can disempower.
- In order to make the implementation of the SPG realistic, it should clearly state that decision-makers do not need to tackle all of the recommendations at once but show entry points that can make a difference

Technical Division

Thank you.

Human Rights Principles Guiding HRBA to FP

- Availability
- Accessibility
- Acceptability
- Quality
- Non-discrimination and Equity
- Informed decision-making
- Privacy and Confidentiality
- Participation and inclusion
- Accountability
- Bodily Autonomy and Agency

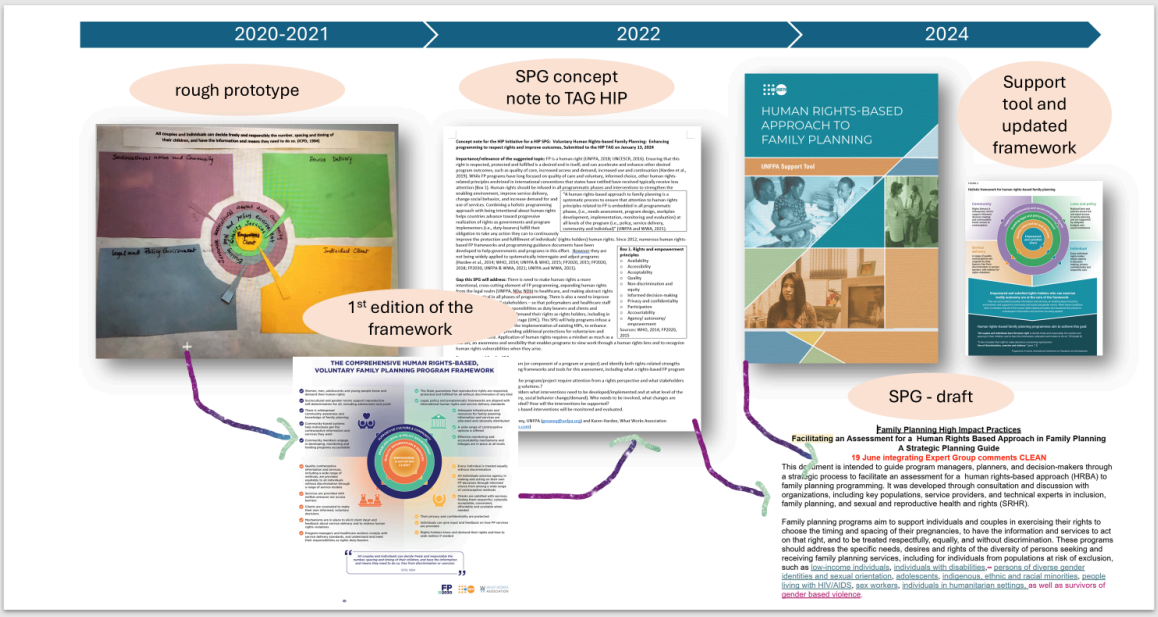
Facilitating an Assessment for a Human Rights Based Approach in Family Planning

A Strategic Planning Guide

HIP TAG Discussion

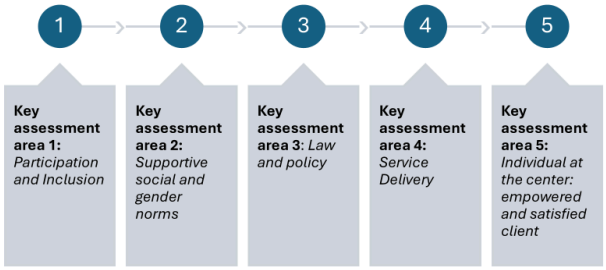
Karen Hardee

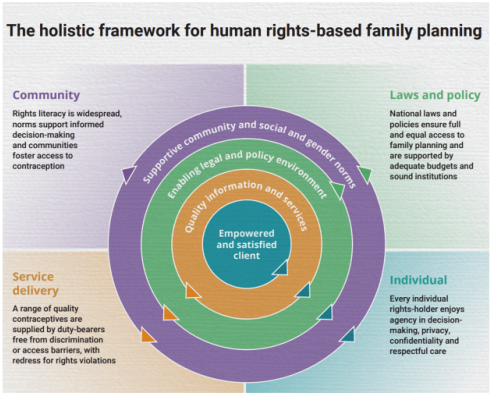
August 1, 2024



Steps in the draft SPG focusing on assessment

***assess your country situation against HRBA criteria – (bulleted under each key assessment area)*:**





From the draft SPG: An HRBA to FP

- is a **systematic process** to ensure that **attention to human rights principles** related to family planning is embedded in all programmatic phases, **(i.e., including country needs assessment, program design, work plan development, implementation, monitoring and evaluation)** at **all levels of the program** (i.e., community, legal and policy, service delivery, and individual).

Human rights principles that apply to family planning

- AAAQ – Availability, Accessibility, Acceptability, Quality
- Non-discrimination and equality
- Bodily autonomy and agency
- Informed decision-making
- Privacy and confidentiality
- Accountability
- Participation

Each quadrant indicates which human rights principles and standards apply to FP and what that means in FP terms

Empowered and satisfied client

NON-DISCRIMINATION AND EQUALITY
- Every individual is treated the same without discrimination based on who they are, their age or their circumstances, or their sexual orientation or gender identity

AGENCY/AUTONOMY/EMPOWERMENT
- Every individual can make and act on their own family planning decisions in consultation with whomever they choose, without pressure or obstacles from the health care system, their partner or family

AVAILABILITY
- Every individual is offered a broad range of methods and services to choose from

ACCESSIBILITY
- Every individual has correct and understandable contraceptive information and can get services that are physically convenient (through static or mobile services, community-based distribution or effective referral), affordable and available when needed

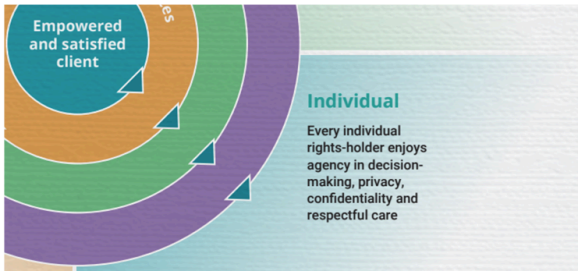
ACCEPTABILITY
- Methods offered suit the individual's needs and preferences
- Services are respectful and culturally appropriate

INFORMED DECISION-MAKING
- Every individual can decide whether or not to use family planning and what method to use, based on accurate and complete information, including side effects

PRIVACY AND CONFIDENTIALITY
- Every individual receives information and services in a setting where no one can hear or observe client-provider interactions; records and information are not shared with anyone

PARTICIPATION
- Every individual can make their own informed family planning decisions and can provide input and feedback regarding how information and services are provided

ACCOUNTABILITY
- As rights-holders, individuals know and claim their human rights
- As rights-holders, individuals speak up if any of their rights are violated, and have access to redress



Comments – from general comments period

Pros

- "**Great relevant document**."
- "**Good combining and cross-referencing various source documents**. This, in itself, is a **contribution if it is accepted as the latest set of rights that we as a community should adhere to**."

Cons

- "Focus only on the **assessment stage**"
  - "If you were to restructure this away from an assessment approach, could you maintain the levels of individual, community, service delivery and Law and policy as components within a rights-based eco-system?"
- "As it is written, its very **hard…to see how this would actually be used** by implementers."
- "the **sheer number of bullets across assessment areas** and the fact that they seem to end up cross referencing nearly all the HIPs **makes the reader weary**
- "I find the **linked citations to specific words very confusing**. Its really not clear and without explanation, its hard to know what readers are supposed to do with the linked documents."
- "I would suggest the introduction includes an opening paragraph or two that emphasizes the **historical trajectory of the field**, including the seminal moment of **ICPD in 1994**, and **how the field has further evolved in HRBA in FP programming and measurement post-ICPD.**

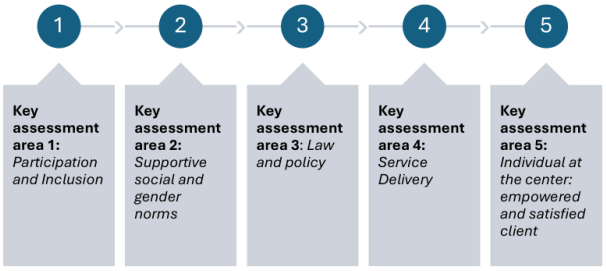
Concept note proposed steps compared to SPG draft steps

Step 1. Assess the current program (or component of a program or project) and identify both rights-related strengths and weaknesses/gaps. Use existing frameworks and tools for this assessment, including what a rights-based FP program would look like.

Step 2. Identify what aspects of the program/project require attention from a rights perspective and **what stakeholders need to be involved** in developing solutions?

Step 3. Agree among the stakeholders **what interventions** need to be developed/implemented and **at what level of the system** (e.g. policy, service delivery, social behavior change/demand). **Who** needs to be involved, **what changes** are needed? **What resources** are needed? **How will the interventions be supported**?

Step 4. Determine how the rights-based interventions will be **monitored and evaluated**.



Proposal to Revise Equity SPG

R4S Research for Scalable Solutions

Proposal to Revise the Equity in Family Planning Strategic Planning Guide

USAID FROM THE AMERICAN PEOPLE | fhi360 | evihdaf | Makerere University | psi Healthy lives. Measurable results. | Save the Children.

Refresher the Equity in FP SPG

- Completed in 2021
- 4 Steps
- Contains links to many resources
- 916 page views (June 2023-June 2024)
  - 63% English
  - 21% Spanish
  - 9% Portuguese
  - 7% French

Step 1: Determine whose needs are not being met.

Step 2: Determine what barriers individuals from this population group face in accessing high-quality family planning information and services.

Step 3: Make the family planning program more responsive to the values and preferences of all people.

Step 4: Monitor implementation.

HIP FAMILY PLANNING HIGH-IMPACT PRACTICES

Creating equitable access to high-quality family planning information and services:

A Strategic Planning Guide

This Strategic Planning Guide is intended to guide program managers, planners, and decision makers through a process to identify inequities in family planning and interventions to reduce them. The guide was developed through consultation and deliberation with technical experts in family planning and health equity and builds upon the discussion paper on equity in family planning developed under the Partnership for High Impact Practices for Family Planning.[1]

"Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. 'Health equity' or 'equity in health' implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential." World Health Organization[2]

Equity in family planning does not mean that all groups use contraception—or specific methods of contraception—at the same rates. Rather, equity is realized when all individuals have access to high-quality reproductive health information and contraceptive services, including choice of methods and availability of those methods, that reflect their values and preferences and the context in which they live—regardless of age, sex, disability, race, ethnicity, origin, religion, economic status, or other factors.

Figure 1. Equality, equity, and justice

Graphic adapted with permission from King County, WA.

Figure 1 depicts an example of equity. In this example, various populations are represented as figures of different sizes. This is not intended to suggest differences in value but rather to show how the assets of different groups are accommodated to a greater or lesser extent by the existing system, as shown by the fence and the boxes. Providing everyone equal support to see over the fence does not result in the same outcome for all spectators. Equity recognizes population groups may require differing resources to overcome barriers in the existing system. Justice takes an additional step to acknowledge and address the barriers directly and seeks to remove the barriers, indicated by the removal of the fence.

The following steps are intended to help program planners, managers, and development partners identify family planning inequities and develop interventions to address them.

Step 1: Determine whose needs are not being met.

To begin working toward improved equity in a family planning program, consider all defining characteristics of a population group that may play a critical role in shaping how these groups access family planning.[3] Analyses such as those included in the Demographic and Health Surveys (DHS), however, typically use wealth quintiles to assess inequities. While living in poverty is a common experience among individuals experiencing worse health outcomes, analysis based on economic status alone may conceal important social and environmental considerations for program design. For example, being an adolescent or unmarried person can limit access to contraception, regardless of wealth. Programs that focus on women, exclusively, may miss opportunities for male engagement. Geographic location may affect a person's ability to get to a facility, as well as which methods and services are available. Table 1 describes three categories of characteristics that may contribute to differential family planning outcomes. Be sure to consider how

August 2021

combinations of these characteristics may affect access to information and services.* An adolescent from a poor household who is part of a minority population group is likely to have a very different experience in accessing care than an individual with only one of these characteristics.

Table 1. Categories of characteristics potentially related to inequitable family planning outcomes

Economic	Wealth, poverty, income stability, employment, occupation
Social	Age, race, ethnicity, caste, sex assigned at birth, gender identity, sexual orientation, religion, nationality, language, education, disability, social and gender norms
Environmental	Geographic location (urban/rural, distance from health services), humanitarian setting

Using the characteristics in Table 1, first identify the population groups whose needs may not be met by an existing family planning program and the reference groups to be used as a comparison for monitoring and evaluation. The reference groups can be national averages or a defined population that may have greater access to resources, such as the wealthy. Next, determine which measures to use to assess whether the population groups are being fully served by the family planning program. While contraceptive prevalence rate (CPR) is an important measure of family planning program implementation, it is not sufficient to fully understand inequities in family planning. Consider using a combination of the following measures to more fully understand how groups are or are not able to access family planning services, information, or methods, compared to the reference groups.

- Are those who want to delay, space, or limit their next pregnancy using contraception? Look at percentage of demand satisfied† and reasons for nonuse among women who do not want to become pregnant in the next two years but are not using contraception.
- Are members of this group more likely to experience an unwanted or mistimed pregnancy? Do they lack contraceptive autonomy? Consider differences in reported unwanted or mistimed pregnancies and ideal family size.
- Are members of this group at higher risk of adverse events from a pregnancy, including maternal mortality? Consider differences in adolescent pregnancy rates, short birth spacing, high parity, and risk of unsafe abortions.
- Do all members of this group have physical access to family planning, without barriers of geography, stigma, or discrimination? Consider data on locations of health facilities/pharmacies relative to where group members live, experiences of stigma and discrimination, and provider attitudes and practices. Many of the data on the indicators are available through DHS, accessible through the STATCompiler, while others may be collected by the ministry of health or at a programmatic level. The following resources may be helpful:
  - World Health Organization Equity Assessment Toolkit
  - Family Planning Equity tool, which identifies inequities for seven commonly disadvantaged groups based on DHS data
  - Reproductive Empowerment Scale and the Reproductive Autonomy Scale
  - Performance Monitoring for Action (PMA) DataLab tool and reproductive empowerment tool
  - Client poverty status measurement process
  - Service Provision Assessment client exit interviews and provider interviews

* Intersectionality refers to the overlap of more than one category of discrimination, such as race, class, and gender. For more information see: Crenshaw K. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*. 1989(1):8. Accessed August 6, 2021. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

† Demand satisfied is calculated as the number of all women ages 15–49 using any modern family planning method, divided by the total number of all women with unmet need plus women currently using any family planning method. See https://dhsprogram.com/data/Guide-to-DHS-Statistics/Need_and_Demand_for_Family_Planning.htm for a full definition.

Step 2: Determine what barriers individuals from this population group face in accessing high-quality family planning information and services.

After the population groups facing inequities in family planning have been identified, the next step is to define the barriers the target population faces relative to other population groups. Potential barriers leading to nonuse or unmet need are lack of access to information, services, and supplies; restrictive policies; stigma; and social, cultural, and gender norms. The social ecological model is a useful framework to consider constraints at multiple levels.[3] The process of defining barriers should be conducted in partnership with clients from the group,[4] and the following four questions about barriers should be considered:

1. Do the barriers lead to disproportionate family planning outcomes for the population group relative to the reference group?
2. Are the barriers amenable to effective interventions?
3. Are the barriers undesirable?
4. Are current interventions to relieve or reduce this condition less available to the disadvantaged population groups?

These tools may be helpful in defining barriers:

- How to Conduct a Root Cause Analysis
- A Practical Guide to Conducting a Barrier Analysis
- The Social Ecological Model
- The Social Norms Exploration Tool (SNET)

Step 3: Make the family planning program more responsive to the values and preferences of all people.

Once the barriers and root causes are identified, programs should continue working with members of the population group, the communities in which they live, and the providers that serve them to design or adapt interventions most likely to lead to sustainable change. A landscaping activity is useful to understand current efforts as well as lessons learned from previously implemented programs. In addition, an asset-based analysis should be conducted to brainstorm locally derived solutions to overcoming barriers. Nearly 60 organizations have worked to develop 20 evidence-based high-impact practices (HIPs) addressing environmental equity (expand method coverage and choice), social equity (reach underserved populations), and economic equity (reduce financial barriers), and these HIPs have been published online. The community health worker HIP emphasizes the importance of these workers reflecting the population groups that face inequities. Community health workers can address barriers to care-seeking by bringing services into clients' homes or accompanying them to health visits to bridge language and social barriers. The social marketing HIP describes how social marketing programs can reduce out-of-pocket expenses for products and services and create promotional campaigns that respond to the needs, preferences, and concerns of population groups facing inequities. Read through the HIPs to learn how to make programs more responsive to the needs of all groups. Though programs targeted to one population may be costly, these investments may produce future savings.

Once the three critical equity pieces have been determined—whose needs are unmet, the driving barriers, and potential interventions—a theory of change can be created. The theory of change will map out the program conditions that need to be in place to reach the long-term goal of reducing inequities in family planning. Developing a theory of change that is comprehensive, but not overly complicated, may be challenging. These publications provide a helpful reference:

- Using Theory of Change Frameworks to Develop Evaluation Strategies for Research Engagement: Results of a Pre-pilot Study
- Building a Theory of Change for Community Development and HIV Programming: The Impact of Social Capital, Stigma Reduction and Community-level Changes on HIV-related Health Outcomes for Orphans and Vulnerable Households in Mozambique

What needs to be updated?

- Add new developments in equity since 2021
  - R4S equity work in Uganda and Niger (case studies forthcoming)
  - WHO inequality monitoring manual published in 2022
  - Compendium of equity measurement tools being developed by R4S (forthcoming)
- Replace broken links
- Add new/different resources to replace those no longer available (e.g. TOC, measuring contraceptive autonomy; will solicit other new developments/tools from the co-authors)

What is NOT being updated

- The four steps themselves
- The structure of the SPG

Summary

- Overall, the changes are important to reflect developments in the field since 2021 but are not a major overhaul of the SPG.
- We intend to keep the changes within the existing page limit.

Equity
HIP Strategic Planning Guide

Augus 1, 2024

Equity SPG: Old and new versions

- Steps are same
  - 1. determine whose needs aren't met
  - 2. Determine barriers individuals in this group face
  - 3. Make FP more responsive to values and preferences of all people
  - 4. Monitor implementation
- Additions
  - New tools
  - New examples
  - A bit more explanation
- Not a lot of difference

Questions for TAG

- What about updating SPGs?
  - Time and expense
- Process for updating SPGs
  - Follows SPG guidance
- What about this SPG?
  - 3 years old, very few changes
  - Alternatives: updated annex with tools? Turn down revision? Others?

Co-Sponsors Update

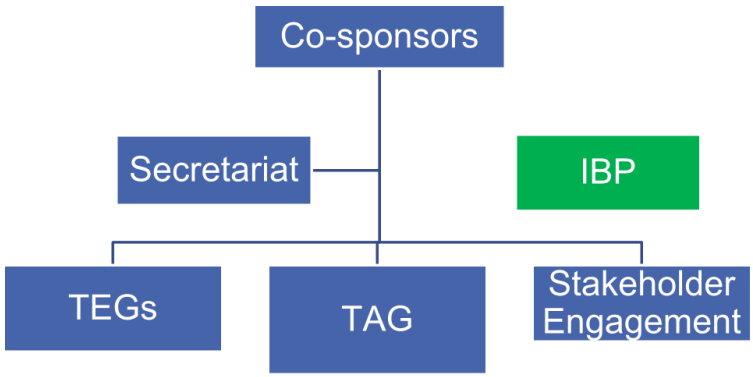
HIP
FAMILY PLANNING
HIGH IMPACT PRACTICES

HIP Co-sponsors update

HIP TAG meeting July 2024

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

The HIPs Partnership Structure



2

Co-Sponsors	Technical Advisory Group (TAG)	Stakeholder Engagement (P&D)
Purpose	**Purpose**	**Purpose**
- Set strategic direction - Provide funding and resources and ensures sustainability - Catalyze implementation at scale	Provide technical leadership for evidence-based HIP products	Lead on stakeholder engagement in support of implementation of HIP products
Responsibilities – Co-sponsors	**Responsibilities – TAG**	**Responsibilities – Stakeholder Engagement**
- Develops strategy and provides an overall direction - Oversees, enables and facilitates the work of the Partnership, including decision authority over the HIPs structure - Establishes a HIP Secretariat - Promotes the HIPs as a global public good - Supports implementation - Ensures HIP implementation is measured and tracked - Provides a collective, coordinated voice at the country level on HIPs - Develops partnerships to increase the reach and impact of HIPs - Approves new types of HIP products	- Evaluates evidence, leads development and approves HIP products - Identifies gaps, sets priorities for product development based on the HIP strategy - Regularly reviews HIPs products to ensure they continue to meet HIPs criteria, evidence standards and implementation requirements - Supports and facilitates ad-hoc Technical Expert Groups - Develops an annual Activity Plan that contributes to the Co-sponsors strategy/plan *Note: Greater emphasis to be given to implementation rather than the continued development of new*	- Leads on production, dissemination and adaptation of HIPs Products - Manages external comms - webinars, newsletters, conference representation, HIPs partner engagement, etc. - Identifies opportunities for engagement with regional, national and local organizations - Coordinates HIPs promotion events with co-sponsors and partners - Supports Secretariat with communications products for ongoing activities and special events - Tracks usage, provides feedback mechanisms and reports results to Co-sponsors and partners.

HIP co-sponsors

- FP2030
- Gates Foundation
- IPPF
- UNFPA
- USAID
- WHO
- CIFF (as of Jan 2024)

HIP Cosponsor Criteria

- Working in the Family Planning space with global reach and influence
- Willing to provide substantial financial or other resources
- Actively promotes HIPs across their organizational engagements
- Committed to collectively working towards evidence-based, country driven processes

HIP Partnership Objectives 2024

Objective 1: Support HIPs implementation and scale up

Objective 2: Strengthen the internal structures and processes of HIPs and increase inclusivity

Objective 3: Create a better means of measuring success

Objective 4: Develop/update (as/if approved by TAG) and disseminate, particularly at country and regional levels, HIP knowledge products

Objective 5: Meaningfully integrate HIPs into co-sponsor organizations' internal work

Co-sponsor key priorities 2024: Establishment of a HIPs secretariat (Obj. 2)

Secretariat at FP2030 responsible for:

- Overall coordination
- Meeting organization and support
- Internal communications
- Maintenance of the HIPs website
- Translation of HIPs products into French, Portuguese and Spanish
- Coordinating the recruitment process for TAG members, TEG members and brief writers; and overall support

Co-sponsor key priorities for 2024: country scale-up (Obj. 1)

Co-sponsors implementation & scale-up sub group:

Objectives:

- **Catalyst:** Catalyze the formation of group(s) in focus countries that will collaborate in the implementation and scale up of select HIPs.
- **Strategy development:** To provide recommendations to the larger co-sponsors group on strategies to advance co-sponsor coordination at country level on implementation and scale up of HIPs
- **Technical input:** To provide input to country groups, as requested/needed, on ongoing work of country coordination, ensuring country coordination groups integrate global level standards of HIP measurement and implementation, and WHO guidelines
- Coordination: Coordinate and expand HIPs implementation work at global level

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Intro to new co-sponsor CIFF

Advancing Measurement of HIP Implementation

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Advancing Measurement of HIP Implementation

R4S Research for Scalable Solutions

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

Update to HIP TAG
August 2024

Why advance measurement for HIPs?

- Countries are integrating HIP scale up into their plans for reaching national goals.
- Coordinated and harmonized monitoring of scale-up is important to share progress and experiences, and to learn from and adapt to how scale up is happening.
- There is a need for harmonized indicators and clear guidance on how to monitor implementation of the practice itself, as well as outcomes.

Goal: To improve decision-making for HIP implementation and scale-up by harmonizing and streamlining measurement across implementation contexts.

Five-country assessment

	Geographic focus	IPPFP	PAFP	CHWs	PDS	MM
USAID-funded R4S project						
Mozambique*	4 provinces		✓			
Nepal**	7 districts across 7 provinces	✓		✓		
Uganda**	5 districts across 5 regions	✓		✓	✓	
BMGF-funded SMART-HIPs project						
Burkina Faso*	6 districts across 2 regions	✓				✓
Nigeria*	2 states	✓	✓		✓	✓

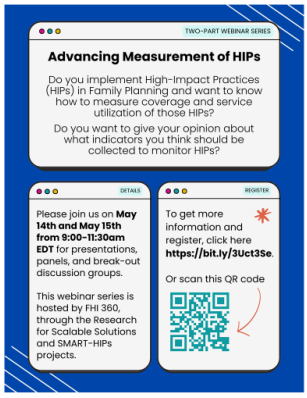
IPPFP = Immediate Postpartum FP
PAFP = Postabortion FP
CHWs = Community Health Workers
PDS = Pharmacies and Drug Shops
MM = Mass Media

*Mozambique focused on Nampula, Sofala, Cabo Del Gado and Maputo municipal provinces. Burkina Faso focused on Centre and Hauts-Bassins regions. Nigeria focused on Kaduna and Lagos states.
**In Nepal and Uganda, specific districts were selected based on available information on where each HIP was implemented.

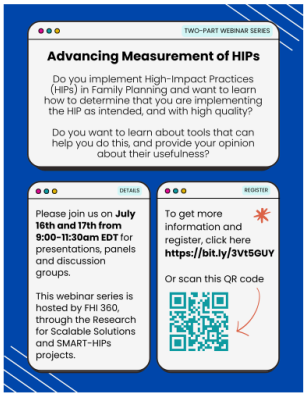
Scope

Dimension	Measurement Country/global coordination process	Implications for implementation Country level discussions
Service delivery HIPs **Vertical scale**: extent of integration into national systems.	Prioritized measures.	Commitment to fill policy gaps.
Horizontal scale & reach: geographic coverage and populations served.		Coordinate implementation plans to cover more areas/people.
Quality of implementation: extent to which HIP is implemented according to key implementation components.	Prioritized measures.	Focus time and resources to strengthen implementation.
Costing: costs of starting and sustaining implementation.		Budgetary information to plan for scale up.
Mass Media		Integration into policies, coordination, and implementation

Series of two virtual convenings



Global Planning Committee



1. Measuring coverage and service utilization (scale and reach)

2. Measuring quality of implementation

HIPs Global Planning Committee

- Ms. Olanike Adedeji, Family Planning Programming Specialist, United Nations Population Fund (UNFPA)
- Dr. Salma Ibrahim Anas, Special Adviser to President on Health, Nigeria
- Mr. Lawrence Anyanwu, Acting Head, Reproductive Health Division, Federal Ministry of Health, Nigeria
- Dr. Gizela Azambuja, Head of Department of Family Planning, Ministry of Health, Mozambique
- Dr. S. Mathieu Bougma, Head of Family Planning Office, Family Planning Department, Ministry of Health, Burkina Faso
- Dr. Jason Bremner, Senior Director, Data and Measurement, FP2030
- Dr. Aurélie Brunie, Deputy Director, Research, Research for Scalable Solutions (R4S); Director, Supporting Measurement and Replicable Techniques for HIPs (SMART-HIPs), FHI 360
- Dr. Maria Augusta Carrasco, Senior Implementation Sciences Technical Advisor, Office of Population and Reproductive Health, USAID
- Dr. Jean Christophe Fotso, Executive Director, EVIHDAF
- Dr. Alda Mahumano Govo, Head of Family Planning/Reproductive Health Division, Ministry of Health, Mozambique
- Mr. Valerio Govo, FHI 360 consultant, Mozambique
- Dr. Rita Kabra, Technical Officer, Contraception and Fertility Care, Department of SRH, World Health Organization
- Mr. Rogers Kagimu, Track20 M&E Officer, Ministry of Health-DHIM & R&IH, Uganda
- Dr. Bibek Kumar Lal, Director, Family Welfare Division, Department of Health Services, Nepal
- Dr. Erica Lokken, Bill & Melinda Gates Foundation
- Dr. Fredrick Makumbi, Associate Professor, Dept of Epidemiology & Biostatistics, Makerere University
- Dr. Emeka Nwachukwu, Senior Research Advisor, Office of Population and Reproductive Health (PRH), USAID
- Dr. Charles Olaro, Director Health Services, Office of the Director of Curative Services, Ministry of Health, Uganda
- Ms. Sharmila Paudel, Sr. Community Nursing Administrator, FP/RH Section Chief, Nepal
- Dr. Susan Pietrzyk, Data for Impact (D4I) Partner Lead, ICF
- Ms. Shannon Pryor, Senior Advisor, Family Planning and Reproductive Health, Save the Children
- Dr. Valérie Marcella Zombre Sanon, Director of Family Health, Ministry of Health, Burkina Faso
- Dr. Jasmine Shrestha, Senior Consultant Obstetrician and Gynecologist, Paropakar Maternity and Women's Hospital, Nepal
- Pharm. Alex Ugochukwu, Director, Family Planning, Federal Ministry of Health, Nigeria
- Dr. Binyerem Ukaire, Director, Family Health Department, Federal Ministry of Health, Nigeria
- Ms. Trinity Zan, Deputy Director, Research for Scalable Solutions (R4S), FHI 360

1. Measurement of scale and reach

Objective: Identify how to improve routine monitoring of scale & reach of HIPs through national and program information systems.

Day 1: IPPFP/PAFP	Day 2: CHWs/PDS
Continue and amplify discussion started at 2023 Nepal meeting	Jump start the conversation

- Review of HMIS and partner indicator data landscape.
- Country experiences and perspectives.

Discussion around existing global indicator recommendations	No existing global indicator recommendations
• IPPFP • PAFP • PPFP	• CHWs • PDS • Gender and equity considerations

(I)PPFP/PAFP: HMIS indicator summary

Review of HMIS registers and forms from 18 countries by MCGL and R4S/SMART-HIPs

	Indicators	In Registers	Reported	Report disaggregates by all/most methods	Report disaggregates by age
IPPFP	counseled prior to discharge	8/18	2/18	-	-
	initiate or leave with contraceptive method prior to discharge	13/18	9/18	4/18	1/18
PAFP	counseled on family planning	7/18	1/18	-	-
	leave with contraceptive method	14/18	9/18	6/18	4/18

CHWs/PDS: HMIS indicator summary

Review of HMIS registers and forms from 5 countries by R4S/SMART-HIPs

	Indicators	In Registers	Reported	Report disaggregates by all/most methods	Report disaggregates by age
CHWs	Counseled	2/5	1/5	-	-
	Received methods	4/5	4/5	4/5	2/5
	Referred	4/5	4/5	-	-
PDS	• 2 countries not collecting data • 2 countries sometimes collecting data but combining them with facility data in summary forms • 1 country piloting a CHMIS				

Next steps: Routine data for scale/reach

PPFP (IPPFP + PAFP)

- FP2030 likely to continue the discussion, building off of Nepal 2023 meeting, the advancing measurement May 2024 webinar, and broader FP measurement agenda.
- Could look like update to the recommended PPFP indicators brief.

CHWs/PDS

- Very limited data capture within HMIS.
- No obvious CoP/WG or organization to carry the discussion forward.
- **ANY IDEAS on 1) sharing findings and 2) continuing the conversation?**

2. Measurement of quality of implementation

Objective: Support systematic, harmonized measurement of the quality of HIP implementation

Day 1: IPPFP/PAFP | Day 2: CHWs/PDS

- Establish why measuring quality of implementation is important.
- Share approaches and tools for measuring quality of implementation.
- Discuss whether and how these approaches and tools can be considered feasible and relevant across implementation contexts through panels and break-out group discussions.

Topic	Methods	HIPs	Countries
Key implementation components	Harmonized across D4I, R4S, and TCI	CHWs, IPPFP, PDS (+mobile outreach)	
Approaches to measuring quality of implementation	Self-assessment checklist (D4I)	IPPFP, CHWs	Bangladesh, Tanzania
	Survey questions/Checklist (R4S/SMART-HIPs)	CHWs, IPPFP, PAFP, PDS	Burkina Faso, Mozambique, Nepal, Nigeria, Uganda

Developing Key Implementation Components (KIC)

Research for Scalable Solutions (R4S) and Data for Impact (D4I)

Developed KIC to help structure and define **measures for quality**

- Pulled from "how-to" section of HIP briefs and consulted with HIP Technical Expert Groups
- 5 service delivery HIPs: CHWs, IPPFP, PDS, PAFP, mobile outreach

The Challenge Initiative

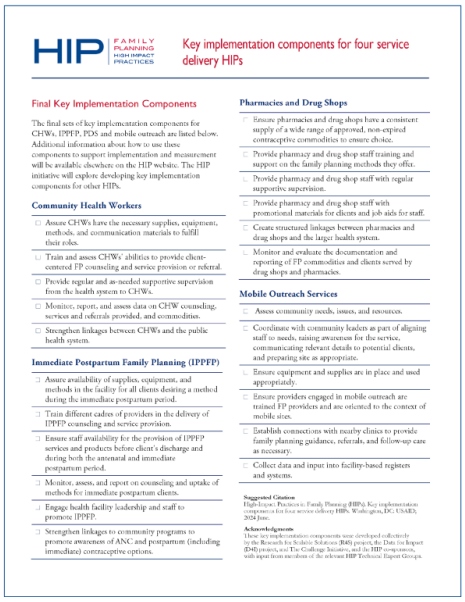
Developed something like KIC to provide **implementation guidance** for scale-up

- Aligned internal implementation guidance from hub toolkits with "how-to" sections of HIP briefs
- 6 service delivery HIPs: CHWs, IPPFP, PDS, mobile outreach, FP/immunization

Harmonization of KICs for 4 "shared HIPs" (**CHWs, IPPFP, PDS and mobile outreach**) across projects in collaboration with donors

Final Key Implementation Components (KIC)

- High-level standards for what should be included to implement a service-delivery HIP
- Set of components is a "package" to be used as a whole, not in part
- Can be used to support both implementation and measurement (via related tools)
- Available on HIPs website as global good



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Key implementation components for four service delivery HIPs

Final Key Implementation Components

The final sets of key implementation components for CHWs, IPPFP, PDS and mobile outreach are listed below. Additional information about how to use these components to support implementation and measurement will be available elsewhere on the HIP website. The HIP initiative will explore developing key implementation components for other HIPs.

Community Health Workers

- Assure CHWs have the necessary supplies, equipment, methods, and communication materials to fulfill their roles.
- Train and assess CHWs' abilities to provide client-centered FP counseling and service provision or referral.
- Provide regular and as-needed supportive supervision from the health system to CHWs.
- Monitor, report, and assess data on CHW counseling, services and referrals provided, and commodities.
- Strengthen linkages between CHWs and the public health system.

Immediate Postpartum Family Planning (IPPFP)

- Assure availability of supplies, equipment, and methods in the facility for all clients desiring a method during the immediate postpartum period.
- Train different cadres of providers in the delivery of IPPFP counseling and service provision.
- Ensure staff availability for the provision of IPPFP services and products before client's discharge and during both the antenatal and immediate postpartum period.
- Monitor, assess, and report on counseling and uptake of methods for immediate postpartum clients.
- Engage health facility leadership and staff to promote IPPFP.
- Strengthen linkages to community programs to promote awareness of ANC and postpartum (including immediate) contraceptive options.

Pharmacies and Drug Shops

- Ensure pharmacies and drug shops have a consistent supply of a wide range of approved, non-expired contraceptive commodities to ensure choice.
- Provide pharmacy and drug shop staff training and support on the family planning methods they offer.
- Provide pharmacy and drug shop staff with regular supportive supervision.
- Provide pharmacy and drug shop staff with promotional materials for clients and job aids for staff.
- Create structured linkages between pharmacies and drug shops and the larger health system.
- Monitor and evaluate the documentation and reporting of FP commodities and clients served by drug shops and pharmacies.

Mobile Outreach Services

- Assess community needs, issues, and resources.
- Coordinate with community leaders as part of aligning staff to needs, raising awareness for the service, communicating relevant details to potential clients, and preparing site as appropriate.
- Ensure equipment and supplies are in place and used appropriately.
- Ensure providers engaged in mobile outreach are trained FP providers and are oriented to the context of mobile sites.
- Establish connections with nearby clinics to provide family planning guidance, referrals, and follow-up care as necessary.
- Collect data and input into facility-based registers and systems.

Suggested Citation

High-Impact Practices in Family Planning (HIPs). Key implementation components for four service delivery HIPs. Washington, DC: USAID; 2024 June.

Acknowledgments

These key implementation components were developed collectively by the Research for Scalable Solutions (R4S) project, the Data for Impact (D4I) project, and The Challenge Initiative, and the HIP consortium, with input from members of the relevant HIP Technical Expert Groups.

Overview of Themes covered by KIC

KIC theme	CHWs	IPPFP	PDS	Mobile outreach
Community assessment & engagement				✓
Coordination				✓
Methods, equipment and supplies	✓	✓	✓	✓
Training	✓	✓	✓	✓
Supervision	✓		✓	
Staffing		✓		
Promotional materials			✓	
Monitoring	✓	✓	✓	✓
Leadership		✓		
Structured linkages	✓	✓	✓	✓

R4S/SMART-HIPs approach to measuring quality

Quality of implementation: Extent to which a HIP is implemented in accordance with key implementation components, with a focus on readiness to offer the intended standard of care at the service delivery level.

Goal: Consensus around a final set of measures that can be used by programs to monitor implementation of the practice.

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Completed surveys

HIP	Component	Burkina Faso*	Mozambique*	Nepal**	Nigeria*	Uganda**
IPPFP	Facility assessment	76		140	66	96
	Provider survey	144		270	66	179
PAFP	Facility assessment		61		56	
	Provider survey		122		48	
CHWs	CHW survey			176		78
PDS	PDS survey				PPMVs: 138 CPs: 122	100

- The purpose of this work was to **develop and test measures**.
- Results are meant to test whether measures are relevant and viable. They are **not nationally representative** and cannot be compared across countries.

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Process for arriving at final measures

Define key implementation components (KIC)

- Based on HIP brief guidance and expert consultations;
- Framework on "what makes a practice a HIP" from which to develop measures.

Develop measures

- Design surveys;
- Consult with global experts to confirm measures and initial scoring system.

Revise measures

Framework
- Alignment with harmonized KIC.

Initial results
- Country validation process;
- Additional discussions with global planning committee to make final decisions.

Key principles
- Critically examine standards that consistently score high or low to determine whether they provide useful information or if we are not measuring the right thing.
- Consider the appropriate balance between harmonization and contextualization for each standard.

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IPPFP/PAFP: Data sources

Facility assessment 7-9 questions

Method choice: 2 questions

Staffing: 1 (PAFP) or 3 (IPPFP) questions

Monitoring: 4 questions

Provider survey 2 questions

Technical competency: 2 questions

CHOICE

- **Are any of the following contraceptive commodities available today?**
  - *Recording availability of 10 methods (observed or reported available)*
- **Does this facility have the following supplies for inserting implants and IUDs?**
  - *Recording availability of 9 supply items and 10 (PAFP) or 11 (IPPFP) pieces of equipment (observed or reported available)*

TECHNICAL COMPETENCY

- **On which of the following topics have you received training related to providing family planning to postpartum women in the maternity ward, prior to discharge (IPPFP)/post-abortion care clients (PAFP)?**
  - *Yes/no on 4 topics*
- **How confident are you in your own ability to provide the following services to postpartum women before discharge (IPPFP)/post-abortion clients (PAFP)?**
  - *Self-rating as very confident, somewhat confident, or not confident on 4 (PAFP) or 5 topics (IPPFP)*

CHW/PDS: Data sources

CHW survey 16 questions

2 questions
2 questions
6 questions
2 questions
4 questions

Method choice
Technical competency
Supervision
Materials
Referrals
Monitoring

1 question
2 questions
2 questions
2 questions
6 questions
4 questions

PDS survey 17 questions

SUPERVISION (CHWs)

- Are you attached to a mentor or supervisor at a health facility? (*same question outside of the health facility*)
- Is this mentor or supervisor available to answer questions you have about providing family planning? (*same question outside of the health facility*)
- In the past 3 months, how often have you participated in supervision or review meetings with your primary supervisor?
- In the past 3 months, how many meetings have you attended with other CHWs at the health facility about your family planning work?

MONITORING

- Do you keep a client register?
- Has any information been entered in the register for the past month (observed)?
- Do you keep a commodity register/stock cards (observed)?
- Do you submit report on the family planning services that you provide to any of the following authorities?

Example - IPPFP readiness standard: Choice

CHOICE: Health facilities are appropriately equipped with supplies, equipment, and methods to offer a full choice of methods appropriate during the immediate postpartum period.

Data source: Health facility assessment.

- A facility has **all methods** appropriate to the immediate postpartum period that it is authorized to distribute (observed, at least one non-expired of each or reported available) on the day of the assessment.
  - *Short-acting methods (all facilities): Intramuscular injectable (DMPA-IM), male condom + in all countries other than Nepal, subcutaneous injectable (DMPA-SC), progestin only pills (POP), female condom.*
  - *LARCs (as authorized): IUD and implant.*
- All necessary **supplies and equipment for postpartum LARC insertion** are present on the day of the assessment, if they are authorized to be inserted at the facility (observed or reported available).
  - *9 supplies: Antiseptic, cotton, sterile gloves, syringe, filter needle, anesthetic, gauze, band-aid, gloves.*
  - *11 pieces of equipment: Table, light, sterile drape, tray, dish, ringer forceps, uterine sound, tenaculum, scissors, speculum, Kelly forceps.*

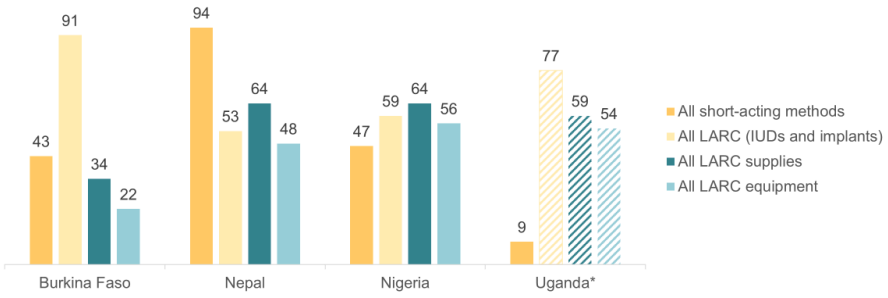
Contextualization: List of methods based on country guidance on what facilities at different levels are authorized to provide. The LARC equipment list covers implants and IUDs and needs to be adjusted if facilities are allowed to offer only implants but not IUDs.

Example - Choice: Main results

% facilities meeting standard

Burkina Faso (n=76)	Nepal (n=140)	Nigeria (n=66)	Uganda* (n=96)
7%	31%	20%	5%

% facilities with methods/supplies/equipment for services they are authorized to provide



*In Uganda, 35 of 96 facilities are not authorized to provide IUDs or implants. These facilities were counted as having all LARC methods, supplies and equipment they are authorized to provide in the standard (i.e., none). The bar charts shows results for LARCs among facilities authorized to provide LARCs (n=61).

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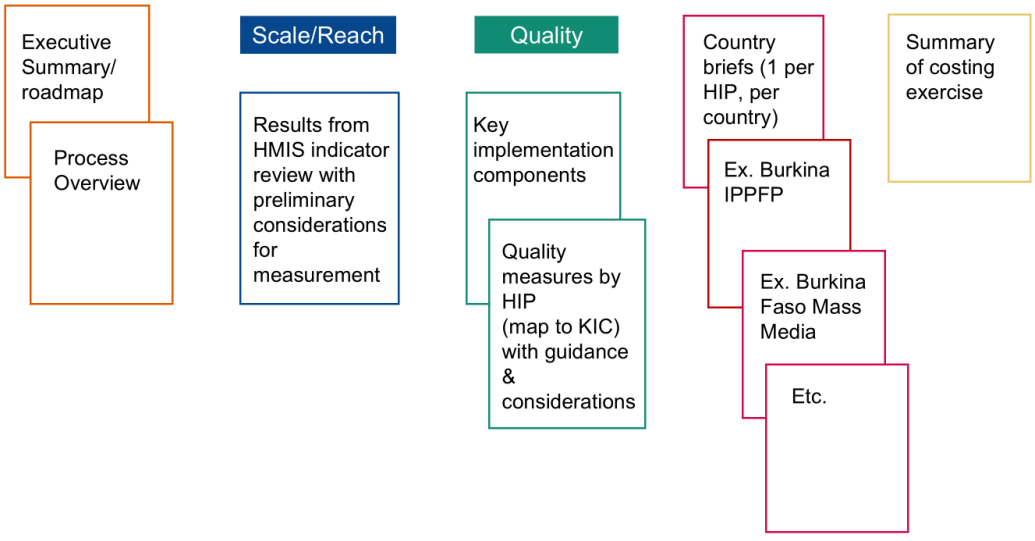
Next steps: quality of implementation

D4I self-assessment checklist available

Packaging R4S/SMART-HIPs tools based on feedback received during the July 2024 webinars

Anticipated global knowledge products for R4S/SMART-HIPs measurement activity



Links to resources

- Key Implementation Components
- Webinars:
  - May 14: Advancing Measurement of the Scale and Reach of IPPFP and PAFP
  - May 15: Advancing Measurement of the Scale and Reach of CHWs and PDS
  - July 16: Advancing Measurement of the Quality of HIP Implementation: IPPFP and PAFP
  - July 17: Advancing Measurement of the Quality of HIP Implementation: CHWs and PDS