

Reflecting on our Strengths as we Expand our Collaboration

HIP Partners Meeting Report  
April 15, 2021  
Virtual Meeting



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## Welcome and Overview

The meeting began with an orientation to the High Impact Practices (HIP) Partnership designed specifically for the 32 new partners, with long standing partners welcome to join as well. It is significant to note that the partnership more than doubled in size, increasing from about 30 partners to over 65 partners across 20 countries at the time of the meeting. Caitlin Thistle and Alex Mickler of USAID presented the principles that guide the HIPs, an overview of HIP briefs, planning guides, and other HIP products, how the Product & Dissemination (P&D) Team works together to bring products from ideas to completion, including dissemination, HIP measurement and implementation, and finally, HIP Resources. [HIP Resources](#) is a new and growing feature on the HIP website, and includes checklists for HIP implementation, and the WHO/HIP Matrix Tool, among others. To increase engagement during this virtual meeting, Ms. Thistle and Ms. Mickler used Zoom polls to ask HIP-focused trivia questions of the audience at different points in their presentation.

Click [here](#) to view a recording of this session.

## Partner Networking

In an effort to keep the virtual meeting personable and allow new partners the opportunity to meet one another, time was set aside for partner networking in small groups before the main session began.

## Welcome Remarks

Maria Carrasco of USAID provided welcoming remarks on behalf of the HIP Co-Sponsors. Dr. Carrasco presented the progress of HIP products to date, including upcoming publications of new and updated HIP briefs or strategic planning guides (SPGs), and plans for future updates. Dr. Carrasco also presented key web analytics that show increases in HIP outreach and visibility by global audiences. For example, the number of HIP website users has increased 300% since 2017, with about 78,000 users during fiscal year 2020. The HIP Webinars, a combined effort of the IBP Network and FP2030, have attracted over 800 live participants collectively, with even more recording views after the events. Finally, the HIP Newsletter is a new product launched in June 2020 and already has over 640 subscribers from 83 countries. For more information, see Appendix C.

Click [here](#) to view a recording of this session.

## HIP Brief and Strategic Planning Guide Development

The HIP Development session of the meeting used a panel discussion format. Laura Raney of FP2030 introduced the three panelists: Ashley Jackson, Deputy Director of Expanding Effective Contraceptive Options (EECO) at Population Services International (PSI), Leanne Dougherty, Senior Implementation Science Advisor at Population Council, and Anne Pfitzer, Director of Family Planning at Jhpiego.

Ashley Jackson and team had recently submitted a concept note for an SPG on contraceptive product introduction that was accepted, and Ms. Raney asked her to elaborate on what the process was like for PSI, and how it brought value to the organization. Ms. Jackson explained how the SPG will lead users through the process of integrating HIPs as they introduce new contraceptive products and will be developed in collaboration with FHI 360 and PATH. In terms of added value for PSI, Ms. Jackson mentioned that she and her team were able to distill the most crucial information based on project learnings, which helped them sharpen their thinking on the topic. They sought feedback from other projects and experts, making the development of the SPG a collaborative effort.

Leanne Dougherty shared her experience of being part of a technical expert group (TEG) for the Couple Communication brief update, and how this brought value to her organization. Ms. Dougherty expressed that she appreciated the opportunity to connect with other experts in her field and learn new, emerging research. As part of the process, the technical experts surveyed peer reviewed articles to incorporate key ideas into the brief on different approaches associated with improved partner communication. Leanne said that coming from an organization that generates evidence, sometimes it can be hard to know how people are using the research shared. Coming together for one hour every couple weeks to think through the issues and evidence, helped her to understand where evidence gaps exist and how these can be addressed in the future.

Anne Pfitzer was asked to share her experience participating in a technical review of a HIP brief and how the process benefited her organization. Ms. Pfitzer reflected on how the website comment form has revolutionized the way the technical experts can receive and incorporate feedback into the HIP briefs. Previously, comments were only given via email to a select group who already knew about the development, but now it has evolved and allows the community to comment on drafts, which is very helpful. Jhpiego found it especially important to solicit feedback from reviewers externally for the Family Planning and Immunization brief, which expanded the reach of the open community feedback period. Ms. Pfitzer shared that this supported her organization and the larger community as a whole, in progress towards the effort of synthesizing the available evidence on what works in family planning, and grounding that evidence with individual empirical experience.

*“Anyone can review or submit a technical review for a HIP, if there is a technical study that you know of, or some work that your organization is doing that is not reflected in the HIP that you think should be covered, there is room to add your voice.” - Laura Raney*

Ms. Raney then asked Ms. Pfitzer to speak on Jhpiego’s experience using the HIPs to advocate for interventions in-country. Ms. Pfitzer explained that they were asked by Rwanda’s Ministry of Health to support the development of a costed implementation plan for adolescent sexual and reproductive health. The first step in this process was to conduct different situational analyses, including the review of health sector evaluation studies, consolidated recommendations as well as key points from different HIP briefs. Ms. Pfitzer and her team distilled overarching findings from other studies and pulled out key recommendations from the HIPs into a digestible format for Rwandan stakeholders to use during a workshop. To develop the strategic objectives of the costed implementation plan, the team aligned these with HIP recommendations, and brought hard copies of the HIP briefs with them to the workshop to aid their discussions.

During the question and answer period of the session, Ms. Pftizer shared an example she heard from the networking session, of when another organization received contributions from pastoralist communities that used the Family Planning and Immunization brief alongside animal husbandry work. This implementation context demonstrates how the HIPs can be adapted to different settings.

Click [here](#) to view a recording of this session.

## HIP Implementation

During the HIP Implementation session, Nandita Thatte of the WHO/IBP Network presented three recent IBP activities and resulting products that integrate HIPs. These include:

- **IBP 2020 Survey on Dissemination and Use of WHO Guidelines and HIPs:** this online survey targeted IBP member organizations and individuals, with 77 countries represented in the results. Key takeaways from the surveys were that 49% stated they were extremely familiar or moderately familiar with the HIPs, while 20% stated they were not at all familiar with the HIPs. IBP also found that many people responded that they had used certain HIPs, but did not necessarily know them as branded HIPs. See Appendix C for more details on the survey results.
- **Linkages between HIPs and WHO Guidelines, and the [WHO/HIP Matrix Tool](#):** the IBP Network/WHO recognized a voiced need from program implementers for better links between WHO Guidelines and program interventions. At the same time, in order to implement a HIP, implementers needed buy-in from governments and other stakeholders. Knowing that policymakers and leaders look to WHO for credible guidance, Ms. Thatte and colleagues aimed to strengthen the link between the two resources. The WHO/HIP Matrix Tool evolved from these needs, and serves to show how service delivery HIPs and family planning-related guidelines can be implemented side-by-side to inform service delivery.
- **[IBP Implementation Stories](#):** This new series, developed in collaboration with WHO/IBP and Knowledge SUCCESS, shares 15 stories from 15 different countries who are implementing and scaling up HIPs and WHO guidelines. Collected from organizations globally who submitted concept notes, the winning submissions were provided a small stipend to write their story, which Ms. Thatte noted was essential to support documentation. The stories touch on a range of briefs and guidelines, and will be linked to the HIP website.

Contextualizing and tailoring the HIPs to different regional contexts is of utmost importance, Ms. Thatte noted as one of the key learnings of these activities. It is clear that HIPs are not implemented in isolation, but part of a larger package of interventions. Finally, documentation of successful implementation requires effort, and organizations should be compensated for taking the time to record these learnings.

Click [here](#) to view a recording of this session.

## Partner Dissemination Opportunities

Elizabeth Tully and Natalie Apcar of the Knowledge SUCCESS project at the Johns Hopkins Center for Communications Programs (CCP), led this session to outline the various ways that HIP partners can contribute to dissemination efforts. M.s Tully explained that the HIP P&D team develops and disseminates monthly social media guides focused on specific HIP products and opportunities. These guides, comprised of about five-ten Tweets/social media posts, are sent to the Communications teams of HIP Partners so they can send them out through their organization's channels, all using a common hashtag of #HIPs4FP. New partners began receiving these emails starting in March. HIP Partners are also expected to provide direct links from their organization's website to the HIPs website, commonly known as a website referral. HIP Partners are also asked to include references of the HIPs in FP/RH-related meetings, subscribe to, share, and engage with the [HIP newsletter](#) and [HIP webinars](#). The session featured the following partner spotlights, which highlighted experiences in contributing to dissemination efforts:

- Reana Thomas of FHI 360 spoke about promoting the HIPs across social media platforms.
- Laura Raney of FP2030 shared how her organization highlights the HIPs and other associated resources on their website.
- Stembile (Tembi) Mugore of WorldVision discussed her experience as a presenter on a HIP webinar and how it benefited her organization.

At the end of the partner spotlights, Ms. Apcar shared a Mural board, where participants could submit answers to the following prompts:

- What HIP dissemination technique(s) are you most excited to implement?
- What could we do to make dissemination easier for partners?
- Are there any other dissemination channels that we could be using?

The Mural activity showed that partners expressed willingness to support the social media and website referrals and share the HIP newsletter with colleagues in country offices. The activity also reflected excitement about the new WHO/IBP HIP Implementation Stories and other efforts to share country-specific examples of HIP implementation. Partners suggested that slide decks for each HIP could be useful for dissemination. Specific responses to additional dissemination channels included trying to reach civil society organizations and non-United States based channels.

Click [here](#) to view a recording of this session.

## Closing Remarks

Ms. Thistle introduced Dr. Jameel Zamir of IPPF to provide closing remarks of the meeting. Dr. Zamir shared his enthusiasm for the opportunity to reflect on the success of the HIP Partnership over the course of the meeting. He acknowledged a significant success is marked by the fact that International Planned Parenthood Federation (IPPF)

member associations are increasingly using the HIPs globally and disseminating them within their own country networks.

Click [here](#) to view a recording of this session.

## Appendix A: Agenda



### Reflecting on our Strengths as we Expand our Collaboration High Impact Practice (HIP) Partners Meeting Thursday, April 15th, 2021

This meeting is intended for HIP partners to meet each other and engage in thoughtful discussion on the successes of the HIP Partnership, and how it can be strengthened. By the end of the meeting, partners will have gained:

- An understanding of their role as partners in the development and update of HIP briefs and other products
- Examples of HIP adaptation, implementation, and tools
- New ideas for sharing HIP updates and information within their organizations and externally

Time	Session	Agenda
8:00 - 8:40 am	Welcome and Overview	Welcome and background on the HIPs, including new processes, partners, and products. New Partners are highly encouraged to join. Presenters: Caitlin Thistle and Alex Mickler, USAID
8:40 - 9:00am	Networking	A chance for partners to meet each other and chat in small groups.
9:00 - 9:10am	Welcome Remarks	Maria Carrasco, USAID
9:10 - 9:50am	HIP Development	Moderator: Laura Raney, FP2030
9:50 - 10:10am	HIP Implementation	Presenter: Nandita Thatte, WHO
10:10 - 10:55am	HIP Dissemination and Engagement	Moderators: Elizabeth Tully and Natalie Aparcar, Knowledge SUCCESS
10:55 - 11:00am	Closing Remarks	Jameel Zamir, IPPF



## Appendix B: Participant List

Name	Organization
Natalie Apcar	Johns Hopkins CCP
Caitlin Thistle	USAID
Liz Tully	Johns Hopkins CCP
Laura Raney	FP2030
Robin Keeley	PATH
Alex Mickler	USAID
Jameel Zamir	IPPF
Ados May	WHO/IBP Network
Emma Bassin	USAID
Sara Mazursky	Johns Hopkins CCP
Nandita Thatte	World Health Organization
Carol Hooks	Manoff Group
Laurette Cucuzza	Independent Consultant
Jeannette Cachan	Howard Delafield
Arzum Ciloglu	Johns Hopkins CCP
Emily Haynes	Johns Hopkins CCP
Reana Thomas	FHI 360
Eliza Basheer	FPNSW
Emeka Nwachukwu	USAID
Yvette Kruger	Matchboxology
Anne Stuart	Family Planning Australia
Danielle Harris	WCG Cares
Amanda Kalamar	Population Council
Peter Fajans	Independent Consultant
Tess Shiras	Abt Associates
Sarah Brittingham	FHI 360
Darby Major	Johns Hopkins University

Laura Baringer	YLabs
Ilene Speizer (she/her)	UNC
Jennie Greaney	UNFPA
Mona Bormet	CCIH
Jamie Greenberg	IRH Georgetown
Devon Cain	Clinton Health Access
Maria Carrasco	USAID
Shannon Pryor	Save the Children
Paige Rogers	Safe Hands
Lethia Bernard	PAI
Leanne Dougherty	Population Council
Meridith Mikulich	USAID
Hassan El Sheikh	Ask Consult for Health
Cristin Marona	Matchboxology
Aïssata Fall	PRB
Joyce Owola	InSupply Health
Babafunke Fagbemi	CCSI
George Barigye	Independent Consultant
Adenike Ayodele	CCSI
Leslie Patykewich	John Snow, Inc. (JSI)
Ominde Japhet Achola	EngenderHealth
Olajumoke Olarewaju	CCSI
Carol Hooks	Manoff Group
Nandita Thatte	WHO/IBP Network
Kate Howell	USAID
Frank Roijmans	iPlus Solutions
Anne Pfitzer	Jhpiego
Olufunke Fasawe	Clinton Health Access
Jennifer Drake	PATH
Ashley Jackson	PSI

Erika Martin	Population Council
Sarah Thurston	PSI
Christina Wakefield	Manoff Group
Stembile Mugore	World Vision
Jen Snell	IntraHealth
Carolin Ekman	WHO/IBP Network
Seth Marcus	World Vision

**Reflecting on our Strengths as we Expand our Collaboration**

**HIP Partners Meeting**

April 15, 2021



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**Before we begin...**

-  This meeting is being recorded
-  Please submit questions at any time via the chat box
-  Please introduce yourself, your organization, and where you are physically joining from in the chat box



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**HIP Orientation**

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**Partner Networking**



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**Reflecting on our Strengths as we Expand our Collaboration**


**HIP Partners Meeting**

April 15, 2021



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**Welcome Remarks**  
on behalf of the HIP Co-Sponsors



**Maria Carrasco**  
Senior Implementation  
Sciences Technical Advisor,  
Office of Population &  
Reproductive Health, USAID

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### Phases of HIP Briefs

In Future Update	In Update Process	Updated <small>Open for Community Feedback</small>
<ul style="list-style-type: none"> <li>Mobile Outreach</li> <li>Community Health Workers</li> <li>Social Franchising</li> <li>Galvanizing Commitment</li> <li>Educating Girls</li> <li>Domestic Public Financing</li> </ul>	<ul style="list-style-type: none"> <li>Social Marketing</li> <li>Drug Shops and Pharmacies</li> <li>FP/Immunization Integration</li> <li>SBC briefs</li> <li>Leaders and Managers</li> <li>Policy</li> <li>Strategic Social Accountability (New)</li> </ul>	<ul style="list-style-type: none"> <li>Postabortion FP</li> <li>Immediate PPF</li> <li>Supply Chain Mgmt</li> <li>Vouchers</li> <li>Adolescent-Responsive Contraceptive Services</li> <li>Digital Health-Providers</li> <li>Digital Health- Systems</li> </ul>

Service Delivery
Enabling Environment
Social and Behavior Change
Enhancements

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### Upcoming Publication of HIP Briefs

<p><b>May 2021</b></p> <ul style="list-style-type: none"> <li>Social Marketing</li> <li>Drug Shops and Pharmacies</li> <li>FP/Immunization Integration</li> </ul>	<p><b>Fall 2021</b></p> <p><b>SBC briefs:</b></p> <ul style="list-style-type: none"> <li>Individual Outcomes</li> <li>Couple Communication</li> <li>Social Norms</li> </ul>	<p><b>Early 2022</b></p> <ul style="list-style-type: none"> <li>Leaders and Managers</li> <li>Policy</li> <li>Strategic Social Accountability (New)</li> </ul>
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**STAY TUNED!**

Service Delivery  
Enabling Environment  
Social and Behavior Change

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### Upcoming Strategic Planning Guides

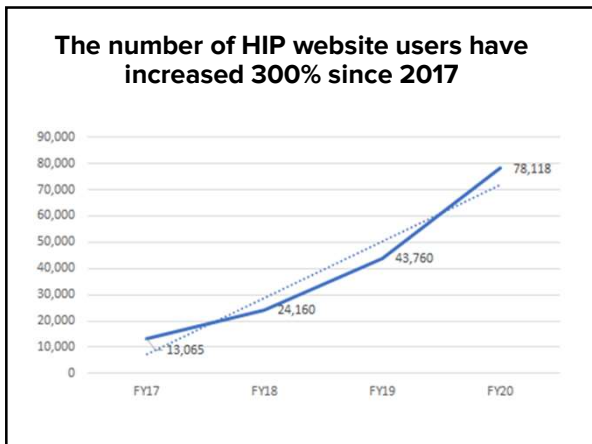
**Family Planning and Equity**

**Meaningful Adolescent and Youth Engagement**

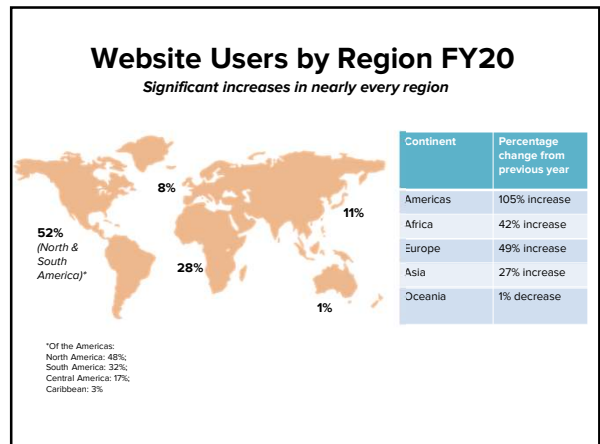
**Contraceptive Product Introduction**

**Family Planning for Persons with Disabilities**

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### HIP Webinars over past year

Webinars	Event participants	Recording views	Totals
Community Group Engagement (FR)	263	317	580
PAFP (FR)	121	120	241
Task Sharing (EN)	144	65	209
SCM (EN)	95	35	130
SCM (SP)	70	37	107
HIPs / WHO Guidelines Matrix (EN)	115	68	183
<b>Totals</b>	<b>808</b>	<b>642</b>	<b>1450</b>

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### HIP Newsletter

*Since the newsletter's launch in June 2020, over 640 FP stakeholders from 83 countries have subscribed to the HIPs newsletter*


Top Countries	# of Subscribers
United States	259
India	28
Nigeria	23
Uganda, Kenya, United Kingdom	20
South Africa, Burkina Faso, Pakistan, Peru, Ethiopia	10+



*Stay tuned for the April 2021 newsletter!*

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## HIP Development




**Laura Raney**  
Senior Advisor, High Impact Practices, FP2030

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## HIP Development



**Ashley Jackson**  
Deputy Director of Expanding Effective Contraceptive Options, PSI




**Leanne Dougherty**  
Senior Implementation Science Advisor, Population Council



**Anne Pfitzer**  
Director of FP/RH MCGL, Jhpiego

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## HIP Implementation



**Nandita Thatte**  
Technical Officer, Department of Sexual and Reproductive Health, WHO

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## Partner Dissemination Opportunities



**Liz Tully**  
Program Officer II, Johns Hopkins CCP, Knowledge SUCCESS




**Natalie Aparca**  
Program Officer, Johns Hopkins CCP, Knowledge SUCCESS

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## HIP Dissemination

**Broadening Awareness of HIPs**

- Meeting agendas





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## HIP Dissemination

**Staying Aware of HIP Updates**

- Newsletter







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## HIP Dissemination

**Promoting HIPs Across Platforms**

- Social media - monthly Tweets
- Website referrals

#HIPs4FP



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### Rapid Fire Partner Spotlight



**Social media - monthly Tweets**

- Process for engaging
- Why they engage
- Importance to their organization



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### Rapid Fire Partner Spotlight



**Website referrals**

- Process for engaging
- Why they engage
- Importance to their organization






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## HIP Dissemination

**Sharing Implementation Experiences**

- Webinars
- Implementation stories



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## Rapid Fire Partner Spotlight

### Webinars

- Process for engaging
- Why they engage
- Importance to their organization



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## HIP Dissemination

**Commitments:** What HIP dissemination technique(s) are you most excited to implement in your work going forward?

**Recommendations:** What could we do to make dissemination easier, more seamless?

**Suggestions:** Are there other dissemination channels that we could be tapping into?


Tell us on 



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## Closing Remarks


on behalf of the HIP Co-Sponsors



**Dr. Jameel Zamir**  
 Director Programmes at  
 International Planned  
 Parenthood Federation (IPPF),  
 East & South East Asia and  
 Oceania Region


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# Thank you!




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## HIPs Overview



**Caitlin Thistle**  
Technical Advisor,  
Office of Population &  
Reproductive Health, USAID



**Alex Mickler**  
Program Analyst,  
Office of Population &  
Reproductive Health,  
USAID

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## Outline

- What are the HIPs?
- Who's who in the HIP Partnership
- How does an idea become a HIP?
- How is the family planning community involved in the HIPs?
- How are HIPs measured?
- What tools exist to support HIP implementation?




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## What are the HIPs?


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## What are the HIPs?



Evidence-based family planning practices




Vetted by experts against specific criteria



Documented in an easy-to-use format

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## HIP Principles

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

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## HIP Products



**High Impact Practice Briefs**

HIP briefs are authoritative syntheses of evidence-based family planning practices documented in an easy-to-use format.

**Other HIP Products**



**Planning Guides**

The planning guides outline a strategic process to identify the most effective and efficient investments to address in a program.



**Webinars**

The HIP webinar series features presentations on HIP practices being implemented across the globe.



**Papers**

To complement other HIP materials, papers have been developed to discuss sustainability and equity of the HIPs.

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**HIP** Family Planning Practices

## HIP Briefs

<b>Enabling Environment</b> Address systemic barriers that affect an individual's ability to access family planning information & services.	<b>Service Delivery</b> Improve the availability, accessibility, acceptability, and quality of family planning services.	<b>Social and Behavioral Change</b> Influence knowledge, beliefs, behaviors, and social norms associated with family planning.
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**Enhancements**  
Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.

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**HIP** Family Planning Practices

## HIP List

<b>Service Delivery</b> <ul style="list-style-type: none"> <li>Community Health Workers</li> <li>Immediate Postpartum Family Planning</li> <li>Mobile Outreach Services</li> <li>Postabortion Family Planning</li> <li>Social Marketing</li> <li>Drug Shops and Pharmacies</li> <li>Family Planning and Immunization Integration</li> <li>Social Franchising</li> </ul>	<b>Enabling Environment</b> <ul style="list-style-type: none"> <li>Domestic Public Financing</li> <li>Educating Girls</li> <li>Galvanizing Commitment</li> <li>Leaders and Managers</li> <li>Policy</li> <li>Supply Chain Management</li> </ul>
<b>Enhancements</b> <ul style="list-style-type: none"> <li>Digital Health to Support Family Planning Providers</li> <li>Adolescent-Responsive Contraceptive Services</li> <li>Family Planning Vouchers</li> <li>Digital Health for Systems</li> </ul>	<b>Social and Behavior Change</b> <ul style="list-style-type: none"> <li>Community Group Engagement</li> <li>Digital Health for SBC</li> <li>Mass Media</li> </ul>

All HIPs are available in English, Spanish, French, and Portuguese

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**HIP** Family Planning Practices

## HIP Strategic Planning Guides

Strategic planning guides (SPGs) are intended to lead program managers, planners, and decision-makers through a step-by-step strategic process to identify the most effective and efficient investments in a family planning priority area.

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**HIP** Family Planning Practices

## HIP Papers

HIP discussion papers build upon various thematic areas that are central to the HIP Principles.

These collaborative papers reflect ongoing discussions from TAG meetings, as well as other topics of interest that do not classify as HIP briefs or SPGs, but are important to family planning programming

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**HIP** Family Planning Practices

## HIP Webinars

Through an interactive dialogue, presenters and participants share experiences and examples of HIPs implementation.

Each webinar brings together experiences from the field, including government perspectives.

The webinars reflect the diverse experience in the field and are available in English, French, and Spanish.

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**HIP** Family Planning Practices

# Who's Who in the HIP Partnership

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**HIP** High Impact Practices in Family Planning

## About Us

The HIP Partnership includes various structures to ensure HIP products are developed, kept up to date, and disseminated widely.

<p><b>Co-Sponsors</b></p> <p>Serve as the secretariat for the HIPs.</p>	<p><b>Partners</b></p> <p>Contribute to key HIP products and endorse the HIPs.</p>	<p><b>Technical Advisory Group</b></p> <p>Ensure high technical quality of key HIP products and approve HIP brief and SPG concepts for development.</p>	<p><b>P &amp; D Team</b></p> <p>Support the production and dissemination (P&amp;D) of HIP products.</p>	<p><b>Technical Expert Groups</b></p> <p>Write new HIP briefs and ensure they are up-to-date.</p>
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**HIP** High Impact Practices in Family Planning

## Co-Sponsors

FP2030, IPPF, UNFPA, USAID and IBP/WHO serve as a **secretariat** the HIP Partnership. Two representatives from each organization participate in monthly calls in order to:

- **Set agendas** for annual HIP Partners and Technical Advisory Group (TAG) meetings,
- Ensure **coordination** among various groups working on HIP activities,
- **Select new members for the HIP TAG.**
- Provide **updates** to partner organizations regarding ongoing and completed work and activities relevant to the HIP work,
- **Select members of the HIP Technical Expert Groups**
- Discuss and approve **new types of HIP products**, and
- Support **promotion and outreach** of the HIP Partnership as necessary








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**HIP** High Impact Practices in Family Planning

## Technical Advisory Group (TAG)

The TAG includes **25 experts** in family planning research and program implementation and provides overall technical direction to the HIPs.

The TAG meets twice a year and is responsible for:

- **Reviewing all finalized HIP briefs** to ensure the "practice" meets the criteria for HIP as set out by the HIP Partnership
- **Reviewing HIP concept notes** in order to **prioritize no more than 2 per year** for development into briefs/products;
- Reviewing updated HIP briefs to ensure they continue to meet **HIP criteria and standards of evidence**; and
- Refining and improving **standards of evidence** relevant to family planning programming.

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**HIP** High Impact Practices in Family Planning

## Production & Dissemination Team (P&D)

The HIPs Production and Dissemination (P&D) team is responsible for **providing strategic leadership on the production, dissemination, adaptation and translation of HIPs** at global, regional, national, and local levels. The P&D Team includes representatives from FP2030, the Knowledge SUCCESS project, the IBP Network, the Research for Scalable Solutions project, and USAID.

The HIP P&D Team is responsible for:

- **Producing and publishing** new and updated HIP briefs and guides
- **Disseminating** new/updated HIP briefs and guides via multiple channels
- Collaborating with technical experts and country-level partners to produce **webinars** focused on HIP products
- Producing and sharing the **quarterly HIP Newsletter**
- Developing and maintaining external communications including the **HIP website**
- **Coordinating the translation** of HIP products into French, Portuguese, and Spanish
- **Tracking progress and identifying solutions to challenges** in communication and dissemination; and
- Strategically planning for **HIP representation at global and regional conferences** by proactively getting HIPs on the agenda, as appropriate, and/or coordinating delivery of physical copies of HIP materials

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**HIP** High Impact Practices in Family Planning

## Technical Expert Groups (TEG)

Technical Expert Groups (TEG) are comprised of family planning experts who serve as ongoing contributors to the HIP Partnership. **TEGs lead thorough updates to existing HIP briefs and spearhead the development** of new HIP briefs.

- Selected through an open application process by the HIP co-sponsors based on their **technical expertise, qualifications, and relevant experience.**
- Experts **serve for at least two years** and are sponsored by their organization
- TEGs include **at least one expert based in the global south.**
- Vacancies are announced when there is a need to form a new TEG for an upcoming HIP brief update, or when there is a need to replace outgoing members of an established TEG.

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**HIP** High Impact Practices in Family Planning

## HIP Partners

The High Impact Practices in Family Planning (HIPs) are supported by **over 65 organizations**. These organizations play a vital role in **developing, reviewing, disseminating, and implementing** HIPs in family planning programs.

Each organization is responsible for identifying at least one individual to serve as the Point of Contact (POC) for the HIP work. These individuals are responsible for:

- **Disseminating** HIP information to relevant parties within their organizations;
- **Connecting** key technical staff to relevant HIP work, such as brief review;
- Attending annual **HIP Partner's meeting**; and
- Participating in activities to **identify priorities** for the HIP Partnership.

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### Ongoing HIP Partners

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### New HIP Partners

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### New HIP Partners

**Fast Facts**

32 new partners

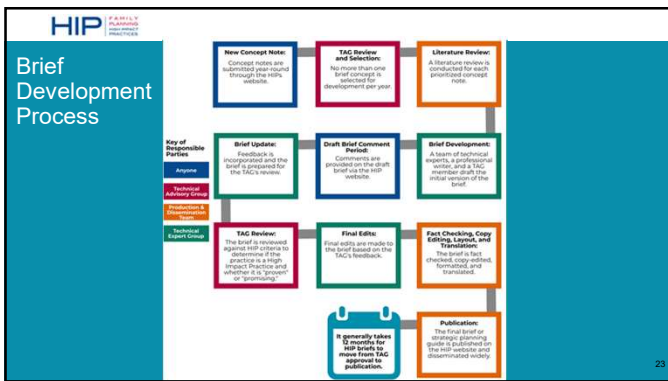
6 continents represented

19 different headquarter countries

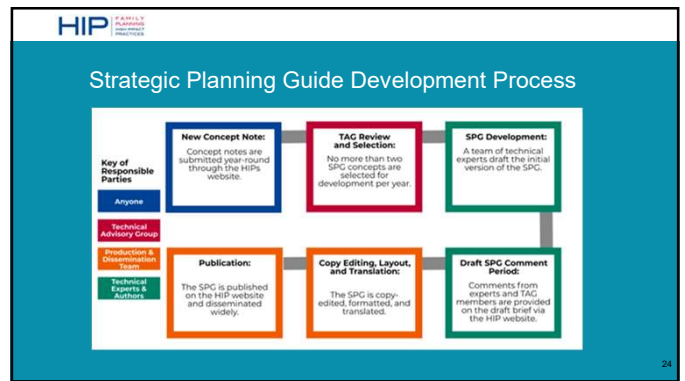
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### How does an idea become a HIP?

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

# How does the FP community engage with the HIPs?

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## Engage

- APPLY TO A TECHNICAL EXPERT GROUP
- PROVIDE FEEDBACK ON HIP BRIEFS
- SUBMIT NEW CONCEPTS
- SHARE AND RECEIVE HIP NEWS
- CONTACT US
- STAY TUNED!

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

# HIP Measurement and Implementation

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## HIP Measurement

- HIP utilization**  
BMGF-funded qualitative assessment of HIP utilization  
IBP conducts regular surveys asking IBP members about HIP utilization.  
Website and webinar traffic is tracked to assess HIP utilization.
- Inclusion of indicators in HIP briefs**  
Working to incorporate 2-3 process indicators in every HIP brief that can be used to measure HIP implementation
- Impact of HIPs on FP/RH outcomes**  
HIP measures included/to be included in the Service Provision Assessment (SPA) and other surveys
- Scale and quality of HIP implementation**  
Two USAID-funded projects have embarked on measuring HIP scale and quality across Tanzania, Bangladesh, Malawi, Uganda, and Nepal

R4S Research for Scalable Solutions | DATA FOR impact

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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

## HIP Resources

Resources are being developed to support use of the HIP briefs. Some of these resources include:

- HIP PowerPoints
- HIP Checklists for Implementation Readiness
- WHO Guidelines and HIP Matrix
- HIP implementation stories
- Journal article & interactive webpage: *Applications of the HIPs during COVID-19*

Stay tuned for these resources and more!



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**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

Visit us at:  
 [fphighimpactpractices.org](http://fphighimpactpractices.org)  
 Subscribe to the HIP Newsletter

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# HIP Implementation

## IBP Perspectives




### HIP Partners Meeting 15 April 2021




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## IBP Network Secretariat







**Carolin Ekman** works for the IBP Network Secretariat, based at WHO in Geneva, Switzerland. With her focus being on communications, social media and knowledge management activities, Carolin has been leading the development of the IBP Community Engagement Platform, which she now continues to manage in terms of content and community management. She has also been involved in the strategy refresh and rebranding of IBP. With 12 years across the UN system, NGOs and the private sector, Carolin has a broad and multidisciplinary understanding of various aspects of SRHR and its wider impact on wellbeing and sustainable development. Carolin holds a MSc in Media Technology/Journalism from the Royal Institute of Technology, Sweden, as well as a MSc in Marketing from Stockholm University, Sweden, and has also studied human rights, development and CSR in Australia and Switzerland.


**Ados May** is a Senior Technical Advisor at the IBP Network Secretariat. In that role, Ados provides technical leadership engaging the network member organizations on a variety of issues such as documenting effective practices in family planning, dissemination of high-impact practices (HIPs), and knowledge management. Prior to IBP, Ados was based in Johannesburg, as a regional advisor for the International HIV/AIDS Alliance, supporting a number of member organizations in Southern Africa. He has over 20 years of experience in international public health program design, technical assistance, management, and capacity building, focusing on HIV/AIDS and Reproductive Health.

**Nandita Thattai** leads the IBP Network Secretariat housed in the Department of Sexual and Reproductive Health and Research at WHO in Geneva Switzerland. Her current portfolio includes institutionalizing the role of IBP to support the dissemination and use of evidence-based interventions and guidelines, strengthening the linkages between IBP field-based partners and WHO researchers to inform implementation research agendas and fostering collaboration among IBP's wide network of member organizations. Prior to joining WHO, Nandita was a Senior Advisor in the Office of Population and Reproductive Health at USAID where she designed, managed, and evaluated global family planning programs and supported regional and country activities in West Africa, Haiti and Mozambique. Nandita has a Master's in Health Science (MHS) from the Johns Hopkins School of Public Health and a Doctorate in Public Health (DrPH) from the George Washington University School of Public Health.

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## Just a Reminder...



- The HIPs are not new; They organize, provide consistency and consensus
- HIPs alone do not make a comprehensive FP program
- HIPs are most impactful when implemented in conjunction with other guidance and resources



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## Today we will highlight 3 IBP Activities

1. IBPs 2020 Survey on Dissemination and Use of WHO Guidelines and HIPs
2. Linkages between HIPs and WHO Guidelines
3. IBP Implementation Stories

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## 1. IBP 2020 Dissemination and Use Survey

### Methodology

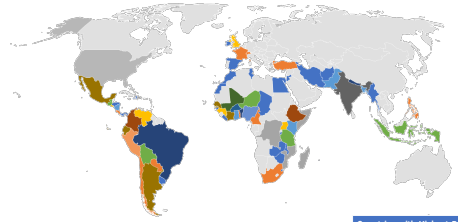
- Online web platform - Survey Monkey
- Survey in three languages (English, French & Spanish)
- IBP member organizations & individuals

### Survey Completion Rate

- Completion rate was 61%
- 587 total respondents and 360 survey completions
  - English n=179; Spanish n=105; and French n=76
  - Majority of Spanish speaking respondents were from Latin America; Majority of French speaking respondents were from Francophone West Africa
  - We did have a significant number of respondents from Asia but have not broken that down yet

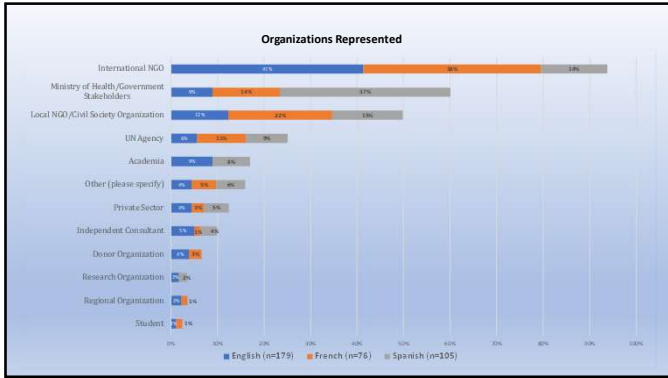
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### Countries Represented (77 Countries ; N=360)

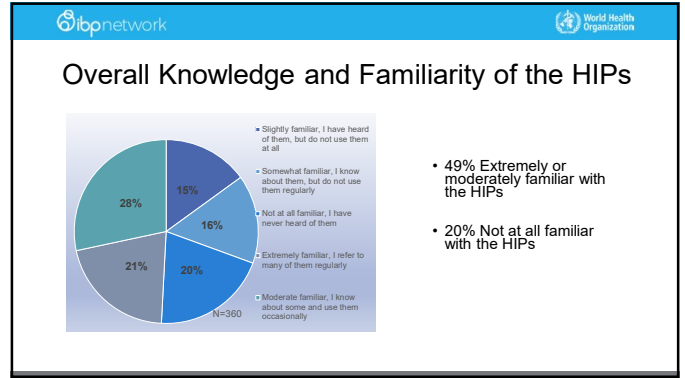


Countries with Highest Representation	
United States	10.19%
Peru	8.04%
Nigeria	6.17%

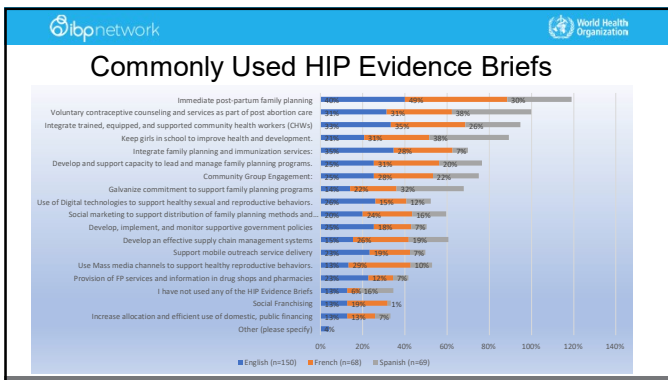
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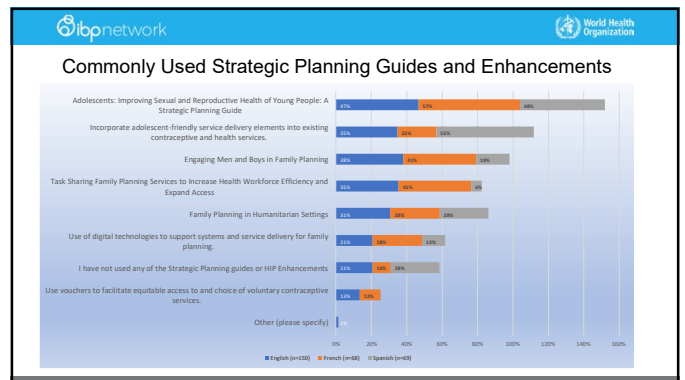
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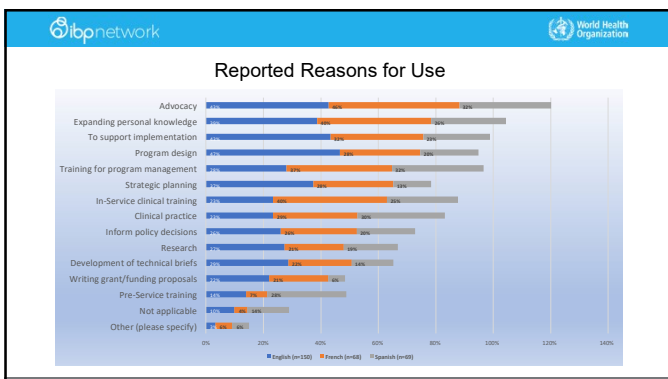
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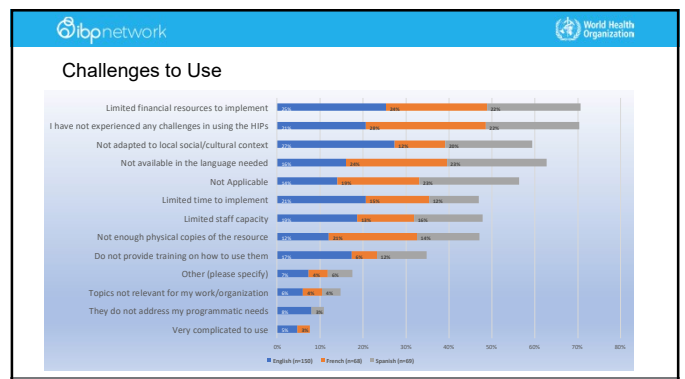
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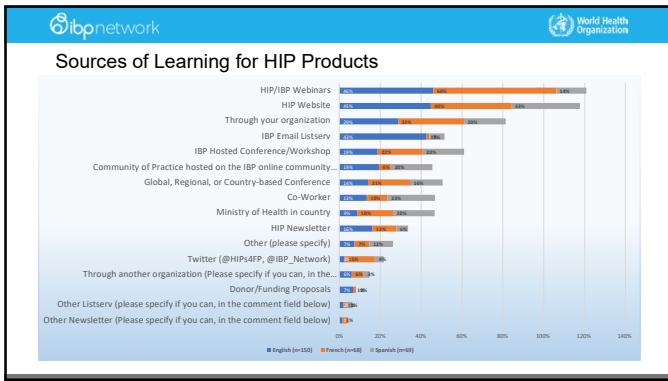
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## 2. Linkages between WHO Guidelines and High Impact Practices

- Program implementers focus on interventions
- Policy makers look to WHO for guidance, credible evidence and recommendations

"We program around interventions, not guidelines"

"We follow our MOH and WHO Guidance to support programming"

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## WHO/HIP Matrix Tool

**Use of the WHO Guidelines & Tools alongside service delivery High Impact Practices in family planning**

**CHALLENGE:** WHO Guidelines are important resources but are not systematically incorporated into programmatic interventions.

**SOLUTION:** A tool to increase awareness and use of WHO Guidelines and tools when implementing family planning high impact practices.

**PURPOSE:** To provide quick reference on WHO Guidelines and tools and how to incorporate them when designing and implementing programmatic interventions.

**AUDIENCE:** Program managers designing or implementing programs who want to improve programs through the greater use of evidence.

**\*Note the focus is on Service Delivery HIPs and WHO FP related Guidelines**

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

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### Use of the WHO Guidelines & Tools Alongside High Impact Practices in Family Planning: A MATRIX

Which WHO?	High Impact Practices in Family Planning									
	Community Health Workers	Drug Shops & Pharmacies	Mobile Outreach	Task-shifting, EP	Electronic Reminders, Call, Follow-up, EP	EP, Incentivization, Integration	Social Franchising	Social Marketing		
<b>WHO Guidelines</b>	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Medical Eligibility Criteria & Selected Practice Recommendations	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Optimizing Health Worker Roles through Task Shifting	ADVOCACY	ADVOCACY	ADVOCACY	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Ensuring Human Rights in Contraceptive Provision	ADVOCACY	ADVOCACY	ADVOCACY	ADVOCACY	ADVOCACY	ADVOCACY	ADVOCACY	ADVOCACY		
<b>WHO Tools</b>	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Standardized Guidelines on Self-care Interventions	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Global Interventions for Family Planning: Evidence Synthesis	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN	PROGRAM DESIGN		
Family, Pharmacy, & Handbook for Providers	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE		
Family Pharmacy, Training, Resource, Package	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING	TRAINING		
Medical Eligibility Criteria, 100ask	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE	PROVIDER REFERENCE		

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### Use of the WHO Guidelines & Tools Alongside High Impact Practices in Family Planning

**Which HIP?**

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

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### Use of the WHO Guidelines & Tools Alongside High Impact Practices in Family Planning

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

**WHO GUIDELINES & TOOLS**

**Medical Eligibility Criteria, 100ask, Standardized Guidelines on Self-care Interventions, EP, Evidence Synthesis, EP, Incentivization, Integration, Social Franchising, Social Marketing**

**Family, Pharmacy, & Handbook for Providers**

**Family Pharmacy, Training, Resource, Package**

**Medical Eligibility Criteria, 100ask**

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### 3. IBP Implementation Stories

- A partnership between Knowledge SUCCESS and WHO/IBP Network
- Over 100 submissions; 15 stories selected; Stipend of \$2500
- 15 countries 15 different organizations
- Included a range of HIPs and WHO Guidelines
- Capacity strengthening around documentation
- Launch on 20<sup>th</sup> April 2021

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ibpnetwork World Health Organization

### What have we learned about HIP Implementation?

1. HIP Products are valuable resources
  - Used for Advocacy, Expanding Personal Knowledge, Program Design, Support Implementation, Training
  - Challenges exist related to funding to implement the HIPs, language, and adaptation to cultural contexts
2. Regional variations exist and efforts to contextualize and tailor HIP dissemination and outreach is critical
  - For example, in LAC, EE HIPs are a top priority, while several SD and enhancement HIPs are prioritized in West Africa and South Asia
  - Investing in translation makes a difference in dissemination and implementation
3. Linking WHO Guidelines and HIPs can help advocate for use and strengthen implementation
  - IBPs network and connection with WHO continues to play a key role in the dissemination of the HIPs
  - WHO provides important credibility with MOH and HIPs provide pragmatic program interventions
4. HIPs are not implemented in isolation but often as part of a larger program or package of interventions
  - The HIPs offer a pathway to document program implementation using a common definition and set of principles
  - Branded HIPs may be less familiar to small organizations though the interventions themselves are well known
5. Implementation and documentation require significant effort and organizations should be compensated
  - Technical and funding support to organizations with limited resources can provide diverse and valuable insights
  - Efforts should also include opportunities to build capacity for documentation

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## Questions and Discussion

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