High Impact Practices

Technical Advisory Group Meeting Report

June 29 - July 1, 2021

Virtually hosted by
IBP Network/World Health Organization

Contents

Day 1: Tuesday, June 29

Opening of Meeting - Welcome Remarks and Updates

Ian Askew, WHO, welcomed new and returning Technical Advisory Group (TAG) members to the virtual meeting. Ian praised the continuity of TAG member commitment to the High Impact Practices in Family Planning (HIPs) and expressed that the future development of HIPs for maternal, newborn, and child health was a testament to the impact that HIPs have had on the broader field of sexual and reproductive health. Other updates included:

- WHO is currently reviewing and updating their guidance for maintaining essential health services during the COVID-19 pandemic; and
- WHO will continue to telework until December 2021, discussion about travel will resume thereafter.

Jennie Greaney, UNFPA, continued as the Meeting Chair.

Updates: Progress on Recommendations from December 2020

Maria Carrasco, USAID, presented a progress report on TAG recommendations from December 2020. The following were highlighted:

Progress Highlights: Maria shared that the following updates regarding the HIP product portfolio:

Briefs

- Service Delivery Briefs: Three briefs (FP/Immunization Integration, Drug Shops & Pharmacies, Social Marketing) are currently in the final stage of revisions. This stage includes fact checking, copy-editing and layout.
- Social and Behavior Change (SBC) Briefs: Three briefs (Knowledge, Attitudes and Beliefs; Social Norms; Couple Communication) will be discussed at this TAG meeting.
- Enabling Environment (EE) Briefs: Update process is currently underway.

Strategic Planning Guides (SPGs)

- There are currently four SPGs at different stages of development.
- Family Planning (FP) for persons with disabilities: UNFPA and FP2030 are supporting the development of this SPG, which demonstrates the diversification of the HIP products.
- Equity SPG: In the final stages of development.
- Meaningful Adolescent and Youth Engagement and FP product introduction and development are two other SPGs currently in development.

TAG Contributions

- Three presentations at this TAG meeting (Theory of Change Format Update, Impact Section Standardization; Enabling Environment Framework) will highlight TAG contributions to the HIPs.

- A TAG working group provided input to the Research 4 Scalable Solutions project (R4S) on HIP measurement. R4S will present later in the TAG meeting.
- Guidance for SBC indicators has been developed, the working document can be accessed in Appendix C of this report.

Upcoming Technical Activities:

Updates to guidance for HIP brief development

- As the HIP portfolio has become more complex, the need for updated internal guidance about the structure of HIP briefs has become apparent. Collating this information in one document will improve the sustainability of HIP process documentation.
- This will be particularly helpful for the technical writers of HIP briefs, as well as other colleagues in other health areas. For example, if maternal, newborn and child health colleagues develop their own set of HIPs, they could use this updated guidance document to inform the development of their own guidance.
- Maria called for TAG volunteers to serve on working groups for the following sections of this updated guidance:
    - *What is the (proven/promising) high impact practice in family planning:* Christine Galavotti, Karen Hardee
    - *Brief Indicator Guidance (EE indicators):* Jay Gribble, Jennie Greaney, Sonja Caffe
    - *How to do it: Tips from the implementation experience:* Ginette Hounkanrin, Anand Sinha, Erin Mielke, Sara Stratton
    - *Tools and Resources:* Sara Stratton, Jennie Greaney, Sarah Fox, Anand Sinha, Saswati Das

Decision on what to do with old SBC HIP briefs

- With the upcoming release of new SBC briefs, there are a couple of options for how to present the old SBC briefs.
    - Option 1: Maintain the current briefs as a document that is easier to find and reference than the retired briefs
    - Option 2: Retire the current SBC briefs to the retired briefs page
- TAG members overall supported the idea of keeping the old SBC briefs in the HIPs portfolio. Some highlights of the discussion included:
    - Potentially framing old SBC briefs as “SBC Channels”; either consolidating into one HIP brief of that name or creating a new subcategory of HIP brief.
    - Several TAG members agreed that there was a need to develop retirement criteria for HIP products. This will be further discussed at the next HIPs TAG meeting.
    - Suggested creation of an inventory of HIP products (i.e. including relevant dates, categories, etc.) for TAG reference.
- The TAG agreed to revisit this discussion at a later time during the TAG meeting.

New TAG Members Introduction

Presenter: Jennie Greaney

Jennie Greaney welcomed three new TAG members - all from different continents, time zones, areas of expertise. TAG members echoed this warm welcome.

Dr. Sonja Caffe - Adolescent Health Advisor at PAHO
Dr. Norbert Coulibaly - Senior Technical Manager at Ouagadougou Partnership Coordinating Unit (OPCU)
Medha Sharma - Founder and President of Visible Impact

John Stanback is retiring from his position at FHI360 and from the TAG. Several TAG members commended John for his service to the TAG.

Partnership Updates

Jennie Greaney presented updates on behalf of UNFPA. Highlights included:

- UNFPA is currently in the process of updating their strategic plan to align with 2030 agenda and address three advocacy goals: ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices.
- Few major changes have been made to the UNFPA family planning objectives since six areas of work were first outlined in 2012. New additions to these objectives include emphases on adolescent and youth family planning, promotion of sexual and reproductive health in humanitarian and fragile settings, and greater integration of family planning into other areas of sexual and reproductive health.
- The COVID-19 pandemic has had a significant impact on access to family planning, with significant disruptions to contraceptive use emerging around the world. Jennie highlighted Michelle Weinberger's contribution to this work. UNFPA has been actively responding to these supply chain shortages.
- The UNFPA Supplies Partnership (2021-2030), UNFPA's thematic and catalytic fund for reproductive health and commodity security, moved into its next phase of operations.
- UK Government funding cuts to UNFPA will have a particular impact on the UNFPA Supplies Partnership for 2021/2022. UNFPA is working with partner organizations to identify and fill funding gaps across project activities.
- Generation Equality Forum is being hosted this week in Paris by the Action Coalition on Bodily Autonomy. Significant commitments to sexual and reproductive health are expected.

Martyn Smith presented updates from FP2030. Highlights included:

- The transition of FP2020 to FP2030 was launched in January 2021 with the introduction of the commitments process.
- A "results statement" has been added to the FP2030 Vision Framework. Otherwise, the framework has remained largely unchanged since its creation in June 2020.
- A few changes from FP2020 to FP2030: all countries are now welcome, addition of regional hubs (5) within existing institutions to manage country support, updated monitoring framework, and greater emphasis on country-level advocacy and accountability.
- The broadened focus of FP2030 will also feature an expanded, values-based partnership rooted in the following: preserving accountability and knowledge-sharing, forging new ties beyond the family planning community, and promoting women's rights and choice.
- Beth Schlachter ended her term of service as Executive Director in April 2021; Martyn has since assumed the role of Interim Executive Director of FP2030. Recruitment for the new executive director is ongoing.
- The FP2030 Commitments Toolkit provides guidance for governments and other commitment makers. The themes featured draw heavily on the content from the HIPs. The web-based tool can be accessed here.

Ados May presented updates on behalf of the IBP Network. Highlights included:

- The IBP Network just finished celebrating its 20th year.
- IBP launched a collection of 15 HIP/WHO Guidelines Implementation Stories and is currently disseminating them through regional webinars. These stories draw on experiences from partners all over the world. Several lessons learned were presented, including that HIPs are not implemented in isolation, and funding and technical support offers capacity exchange and documenting field experiences.
- The IBP Community Engagement Platform has grown exponentially to include more than 2,000 members and 46 communities of practice. The English-speaking global community remains largest and over 19,000 members are currently subscribed to the IBP listserv. Several other groups at WHO have since adopted similar interactive mapping platforms in their work.
- Diversity, equity and inclusion are key guiding tenets to IBP's 2020-2025 Implementing Strategy. Nominations for the new Steering Committee are now being accepted. The Steering Committee will now feature two co-chairs, with one chair hailing from the global south.
- Other upcoming activities include: IBP will be facilitating several global meetings leading up to ICFP in 2022; HIP brief slide decks will soon be available in Spanish; HIP webinar series in French is ongoing; two additional implementation stories (Spanish & French) are forthcoming.

Production & Dissemination Update

Ados May, IBP Network, and Natalie Apcar, Knowledge SUCCESS, provided some updates on behalf of the HIP Production and Dissemination Team. The team shared the following highlights:

- Most visitors to the HIP website are from North and South America
- Significant jump in utilization of HIPs website in French
- Continuing to have high webinar attendance, despite Zoom fatigue
- Newsletter has continued to have a high open rate of 42%

Knowledge, Attitudes & Beliefs (KABs) Brief

Anand Sinha, Packard Foundation-India, and Christine Galavotti, Bill & Melinda Gates Foundation, led the discussion of the brief draft. This brief will be one of three new SBC briefs. Overall comments from the discussants included:

- Struggled to define the specific practice, what the overall purpose of the HIP was, and how it constitutes a HIP.
- As a stand-alone concept, KABs feels a bit "weak;" It is important to explain the broader structure of the behavior change model.
- Some of the language in the brief is outdated and value laden (such as demand creation).
- There is clearly a tension around including self-efficacy and agency vs. focusing solely on KABs.
- The evidence section is difficult to follow and does not clarify which SBC interventions are most effective in influencing KABs.

The discussants offered the following suggestions for specific sections of the brief:

<u>Title and definition of practice</u>

- The title change is puzzling for several reasons:
  1) Why not keep the focus on the broader set of individual-level factors that need to be addressed to cover all the barriers enumerated in the Theory of Change?
  2) Self-efficacy and agency are specifically left out of KAB but also called out in the brief;
  3) The definitions box implies that attitudes and beliefs overlap but are distinct, while they are used without distinction in the rest of the brief. Suggest rephrasing definition of the practice to say, "Strengthening individual's knowledge, attitudes, and beliefs to support them in making FP choices in line with their reproductive intentions, needs, and preferences."

<u>Background</u>

- As previously stated, the importance of self-efficacy and agency is highlighted, but these two concepts are not included in the practice. Suggest inclusion of these concepts, as they are individual-level changes frequently targeted by SBC programs[1].
- Consider changing "increase healthy FP behaviors" to something less value-laden (e.g., support individuals use of FP in line with their aspirations, intentions, needs and preferences).

Why is this practice important?

- This section appears to be missing.

Theory of Change (TOC):

- TOC includes knowledge, beliefs, attitudes, self-efficacy and agency under barriers, which makes sense. The TAG agrees all of these should be addressed by this practice.
- TOC also includes lack of male involvement and restrictive social norms, in line with the couple and social norm SBC briefs.
- Not sure why services and enabling environment are included in the TOC as they are specific to these three SBC briefs.
- Consider a more uniform approach to TOCs for all three SBC briefs. They are all very different.
- Consider removing the Services and Enabling Environment Barriers
- Consider removing the Male Participation and Social Norms barriers
- Focus on the KAB or individual-level barriers.

Evidence of Impact:

- Editing for grammar, spelling, etc. needed in this section.
- The section on evidence that KAB's affect FP behavior overall is fine. However, the call-out of self-efficacy (SE) and agency is odd given that these factors are explicitly excluded from the practice (although authors note that five of the six studies analyzed showed positive effect on KABs and FP self-efficacy and FP outcome.) Also, SE is not a 'behavioral' factor, it's a psychosocial factor (i.e., it's a belief).
- The next 2 sections — 'what interventions address KABs', and 'what's the evidence for SBC interventions on particular groups', are difficult to parse (see more below).
    - The way this section is organized makes it difficult to discern what the key SBC interventions are that impact KAB's, what the overall evidence is for impact, and where the gaps are.
- Are the examples in the table examples of "types", or do they represent the strongest evidence, or something else?
- In the section that describes impact among various groups: The categories start with large scale, then focus on limited geographic locations, and then specific target groups. This seems like apples and oranges.

[1] On Day 3, the TAG discussed forming a sub-group to more thoroughly discuss how to go about including self-efficacy and agency.

- Another possible way of organizing this section would be by intervention category and then talk about for which groups these interventions have shown impact. One could even, potentially, include a table that, instead of specific interventions, summarizes the evidence for each category of intervention (with links to some of the other briefs or resources that describe these SBC interventions), with a column that indicates for "which groups" there is evidence for effect.
- Finally, reference to Appendix 1—a fuller list of SBC intervention studies that measured impact on KAB's—didn't see Appendix.
- The table of five studies was useful, but the intent of the table was not clear
- Concur on the need to re-organize. Sometimes the evidence seemed so 'mixed' that it was not clear if we can claim this to be High Impact Practice
- Check for consistency of Effects on KAB and Impact on FP for Study #4

Tips for Implementation:

- The first tip says to focus on behavioral outcomes. Not clear why this is emphasized. One may want to measure behavioral outcomes, and that may be an overall or one of the goals, but if the program is trying to influence KABs wouldn't you want the focus to be on influencing KABs, not the behavioral outcome?
- The second tip should be split into two separate tips: 1) address other barriers in conjunction with KAB, and 2) draw insights on KABs through formative research.
- The third tip is confusing, and several of the tips seem focused on knowledge and information transfer, but barely mention attitudes and beliefs. Only the tip that is focused on message design seems to draw more fully on what behavioral science has taught about how to influence not just knowledge, but attitudes and beliefs as well.
- It may be useful to 'Include measures of KAB as well as the Outcome Behaviors.' since that may the most valuable way to understand changes with clients even if we do not see 'changes in use.'
- Not sure if we need to refer to Circle of Care (c) which is basically referring to user status/stage.

Indicators: It is unclear why general knowledge of FP is included as a key indicator. Also, self-efficacy is included as a third indicator, yet it is left out of the rest of the brief.

Priority Research Questions: Most of the questions are very broad (except for PPFP, which is very specific) and it is unclear how the research questions were selected.

Following the discussants' presentation, Joan Kraft, representing the authorship/technical experts group, responded:

- Looked at SBC interventions addressing KABs on FP; found a range of types of interventions (mass media, individual-level); range of types of outcomes based on types of population receiving intervention
- Evidence for this practice was mixed.

General observations/recommendations from the TAG:

- The TAG recommends that a small group be formed to discuss options for incorporating the concepts of self-efficacy and agency in the KABs brief. The following TAG members will be part of this group: Alice Payne-Merritt, Gael O'Sullivan, and Chris Gallavotti.

- The TAG discussed the positioning of the KABs brief, as well as the two other new SBC briefs, within the SBC category of the HIPs portfolio. After reviewing the KABs brief the TAG members were struggling with the best way to position this document. A follow-up discussion to resolve this took place on Day 3.

- Other suggestions included:

    - KABs are intermediate outcomes, not practices or interventions themselves. Suggest reexamining what the practice or intervention actually is.
    - It will be important to make sure that the SBC category does not become a "giant bucket" of unrelated practices because it would make it difficult later to identify indicators across practices, etc.

HIP Brief Impact Section Standardization

Karen Hardee, Hardee Associates, led the discussion on behalf of her working group: Roy Jacobstein, Barbara Seligman, Mario Festin, Karen Hardee, and Michelle Weinberger. The group reviewed the Evidence of Impact sections of all current HIP briefs in order to propose recommendations for the standardization of this section across the HIP portfolio.

Consistency in Impact Sections

- No consistent format or length
    - All have a statement of impact with a paragraph of supporting evidence
    - Some have graphs and/or figures
    - Varying lengths of sections
- No consistency in formatting, reporting statistical significance in tables
    - Do we want to impose any consistency guidelines for this across all HIP products?
- Impacts (i.e. FP use) and intermediate outcomes (i.e. changes in social norms) both reported.
- The new SBC briefs have text-heavy tables, compared to service delivery briefs

TAG Guidance for HIP Brief Impact Section

The TAG recommends that:

- The members of the HIP Technical Expert Groups (TEGs) are engaged in the literature search that informs the impact section as much as possible.

- The search is well-tailored to the topic.
- The HIPs are *not* systematic reviews. Therefore, it is not necessary to include every possible available article.
- Start with the most recent articles and ensure geographic diversity. Ensure seminal articles are included.
- Include grey literature for HIPs where the evidence in the peer-reviewed literature is slim. This should be relevant for the HIPs that are categorized as "promising."

General recommendations from the TAG:

- The working group welcomes feedback directly in the Google Doc. They request that feedback be submitted by July 26, 2021.

- The TAG recommended that "suggested guidance" should be provided, but it should not be too formulaic. It should provide minimum criteria/parameters, but it should allow for flexibility when presenting evidence for the wide range of practices in the HIPs portfolio.

- The TAG highlighted the importance of clearly articulating the need to include statistical significance for evidence included in HIP briefs. In the same vein, it is important to note when statistical significance is *not* tested.

- The TAG suggested that moving forward, the submitters of concept notes should be involved in the literature review process for HIP products.

- Other suggestions included:

    - Contraceptive prevalence rate, modern methods (mCPR) is usually the main metric used for impact, but it isn't the only outcome that is analyzed for SBC HIPs like norms.

    - When developing this guidance, consider pulling examples from current briefs.

    - Consider presenting the HIP's main outcome at the beginning of the brief, so the reader knows what their expectations for outcomes are at the end of the brief.

    - When tables are included in evidence sections, there should be greater guidance about which columns and/or general structures should be included.

Theory of Change Format Update

Maggwa Baker, USAID, presented on behalf of the working group, which also included Michelle Weinberger and Maria Carrasco. The working group recommended the following updated guidance for theories of change (ToC) accompanying HIP briefs:

Barriers	HIP	Service delivery change Outputs (core components)	Intermediate Outcomes/Benefits	HIP Outcomes *(specific to the HIP)*
List specific barriers to achieving various generic or overarching FP outcomes (i.e. contraceptive uptake, reducing unintended pregnancy, etc.) that the HIP helps to address	Write in the High Impact Practice	Note the "core components" of the HIP. The core components are the elements essential to the HIP and that should be present to call the practice a HIP	Write the intermediate outcomes or benefits in the pathway to get to the HIP outcome that should result from implementing the HIP	Write the main outcome(s) that should directly result specifically from this HIP. Do not include generic FP outcomes such as increasing CPR or reducing unintended pregnancies

- Each HIP ToC should have these five columns: Barriers, HIP, SD change outputs, intermediate outcomes/benefits, HIP Outcomes

General recommendations from the TAG:

- The TAG recommended testing out the new ToC format with Enabling Environment and SBC briefs before formally adopting it.

- It was observed that the format appears to apply better to the service delivery briefs and that some modifications may be needed for the SBC briefs and the Enabling Environment briefs. The small group will determine any further adjustments after testing the suggested format with the EE briefs.

- Moving forward, should consider whether a new TOC format would be applied retroactively to older HIP briefs. Once the TOC guidance is finalized, the Technical Expert Groups could work on making any necessary updates to the TOC of their briefs.

- Moving forward, consider providing guidance to technical writers that they should limit the content in TOC columns to just include a few key points.

Day 1 General Recommendations

- The TAG agreed to form several working groups to update the guidance for brief development and add greater specificity. Further details about these working groups can be found in the "Updates: Progress on recommendations from December 2020" section. The following groups were formed:
    - Proven/promising practice: Christine Galavotti, Karen Hardee, Michelle Weinberger
    - Brief Indicator Guidance: Jay Gribble, Jennie Greaney, Sonja Caffe
    - Implementation Tips: Ginette Hounkanrin, Anand Sinha, Erin Mielke, Sara Stratton
    - Tools & Resources: Sara Stratton, Jennie Greaney, Sarah Fox, Anand Sinha, Saswati Das

- The HIP Brief Impact Section Standardization working group requested feedback on their suggested guidance by July 26, 2021. The document for review can be found here.

- The TAG agreed to test the new Theory of Change (TOC) format with new Enabling Environment and SBC briefs before formally adopting it.

- The TAG suggested that the submitters of concept notes should be involved in the literature review process for HIP products moving forward.

- The TAG recommends that a small group be formed to discuss options for incorporating the concepts of self-efficacy and agency in the KABs brief. The following TAG members will be part of this group: Alice Payne-Merritt, Gael O'Sullivan, and Christine Gallavotti.

Day 2: Wednesday, June 30

John Stanback, FHI 360, served as the chair for the second day of the meeting and welcomed TAG members to the meeting.

Review Recommendations from Day 1

Maria Carrasco reviewed the TAG recommendations from the previous day. Decisions and finalization of current activities, suggestions for the agenda at the next TAG meeting, and KABs brief comments were discussed. Further detail about the recommendations from Day 1 of the TAG meeting can be found in "Day 1 General Recommendations."

Social Norms SBC Brief

Barbara Seligman, PRB, and Eliya Zulu, AFIDEP, led the discussion of this brief draft. Several technical writers/experts were in attendance; Jennifer Gayles opened the discussion on behalf of the TEG with an overview of the brief.

Overview of Social Norms - thinking big: Contextual factors are important in shaping contraceptive behaviors. Sometimes they can lead to program success, other times they can hinder effectiveness.

Theory of Change: Observations and Changes:

- Overall - would be helpful to see pathways connecting barriers, changes, outcomes and impacts
- Impacts - missing improved healthy timing and spacing of pregnancies and smaller families? Why is this an outcome and not an impact?
- Outcomes - Social norms reinforce gender and social inequities; shouldn't social norm outcomes reflect changes in these inequities (i.e. increased couple concordance about fertility aspirations and FP use)?
- Changes - seem very broad and multifactorial (i.e. decreased backlash may occur in response to improved counseling about side effects or intro options with fewer side effects)
- Barriers - greater specificity would help here; #3 is an assortment; is lack of access to quality services a social norms issue?
- Where are the interventions/outputs?

Evidence:

- Evidence is mostly cross-sectional and qualitative, looking at association instead of causation. Most evidence is from Africa, which is not necessarily representative of a global evidence base. Suggest adding examples from Southeast Asia.
- Evidence strongly supports that reporting positive social norms about FP is associated with favorable attitudes towards FP.
- Avoid using the term "harmful norms and behaviors": norms against FP are not necessarily harmful and some norms may be driven by genuine fears about side effects of FP – this perspective is missing in the brief.

Interventions

- There is a disconnect between the interventions presented and the outcomes/impacts of the practice.
- Data limitations: studies look at how interventions affected perceptions on how network or community members would approve or support FP and not at actual contraceptive use behavior.
- In general, the strength of the evidence does not seem strong and limiting evidence to intervention studies misses some of the strongest causal evidence about social norms change in family planning.

Implementation Measurement and Priority Research Questions

- Implementation measurement should include measurement of transition from approval to use, and how social norms may affect this.
- Need to look at impact beyond reflective dialogues, and the relative impact of alternative interventions or combination of interventions.
- Need to examine relative role of social norms interventions at different stages of FP and fertility transition.

Conclusions: Brief needs stronger evidence to strengthen causal pathways.

Rebecka briefly responded to these comments following the discussants' presentation. Highlights include:

- This kind of evidence is all about perceptions and attitudes. As such, evidence is influenced by courtesy bias. Much of the data comes from demographic studies, national evidence surrounding social norms, but it does not explicitly feature family planning.
- Social norms interventions are not implemented by themselves; rather, they are executed with other SBC elements and it is difficult to disaggregate the impact of social norms on their own.
- Social norms are more dependent on the tightness and looseness of communities or networks, rather than education level or phase of demographic transition, although all are clearly linked. Significantly more evidence exists on social norms in relation to intimate partner violence.

General recommendations from the TAG:

- The TAG recommends taking a closer look at how HIPs are defined given the nature of this practice. Social norms is quite broad compared to other HIPs and the quality of evidence presented in the brief is challenging.
    - Some TAG members indicated that it may be more appropriate to frame social norms as an evidence review, rather than a brief. An evidence review is typically done when the evidence is not strong enough to make a practice a high impact practice.

- Some TAG members expressed concerns that opting for another type of HIP product in lieu of a brief would detract from the importance of addressing social norms.[2]

- Other comments included:

  - A big gap in the literature surrounding social norms is the lack of a longitudinal study that shows how norms change over time.
  - If there is evidence about social norms impacting FP use in youth or people with disabilities, it should be included in this brief.
  - Social norms are included in FP2030 framework.

Measures for Ultimate FP Outcomes

Karen Hardee, Hardee and Associates, presented on behalf of herself, Michelle Weinberger, Roy Jacobstein, and Jameel Zamir. This working group was formed following the last TAG meeting to establish what ultimate FP outcomes should be included in the Evidence of Impact section of HIP briefs. Highlights from their presentation and the ensuing discussion included:

- mCPR is the primary FP outcome of interest in the literature and in many countries' costed implementation plans (CIPs). HIPs, however, look at several other additional outcomes of interest.
  - As such, how do we expand how we define success in family planning programs?
- Importance of emphasizing equity in outcomes of interest.

The working group developed the following table to capture outcomes measured in different HIP briefs.

Yellow text = new revisions	Outcome:	Primary	Additional HIP Outcomes			
		Increase mCPR	Expand Method Choice, Quality, and Coverage	Reach Diverse Underserved Groups	Address Social Cultural Barriers	Reduce Financial Barriers
Linking HIP outcomes with existing frameworks	Equity Framework:		*Environmental Equity*	*Social Equity*		*Economic Equity*
	AAAQ:		*Availability, Quality*	*Availability*	*Acceptability*	*Accessibility*
Post-abortion FP	Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based post-abortion care.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Immediate PPFP	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Integrate FP into Immunization	Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Mobile Outreach	Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods.	✔	Increase coverage of LARC services			*Secondary: provide free services*
Social Franchising/ Quality Assured Networks	Organize private providers into branded, quality-assured networks to increase access to provider-dependent contraceptive methods and related services.	✔	Increase coverage of private sector services			
Drug Shops/ Pharmacies	Train and support drug-shop and pharmacy staff to provide a wider variety of family planning methods and information.	✔	Increase coverage of private sector services			
Social Marketing	Support distribution of a wide range of contraceptive methods and promotion of healthy family planning behaviors through social marketing.	✔	Increase coverage of private sector services			*Secondary: provide subsidized products*
Community Health Workers	Integrate trained, equipped, and supported community health workers (Chews) into the health system	✔	*Secondary: reach remote populations*	Reach underserved communities		

General recommendations from the TAG:

[2] On Day 3, the TAG agreed that the Social Norms brief can be strengthened if it follows the example set by the Couples' Communication brief, in terms of how to frame the practice. See further details on Day 3.

- Consider development of a PDF and interactive document based on this table, to be made available on website (housed in “Resources” tab).

- For next TAG meeting: consider some sort of white paper about the outcomes that we should be looking at as a family planning community, moving beyond mCPR.

Enabling Environment Framework

Jay Gribble, Palladium, presented on behalf of himself, Barbara Seligman, and Maria Carrasco.

Recap: recommendations from key informant interviews

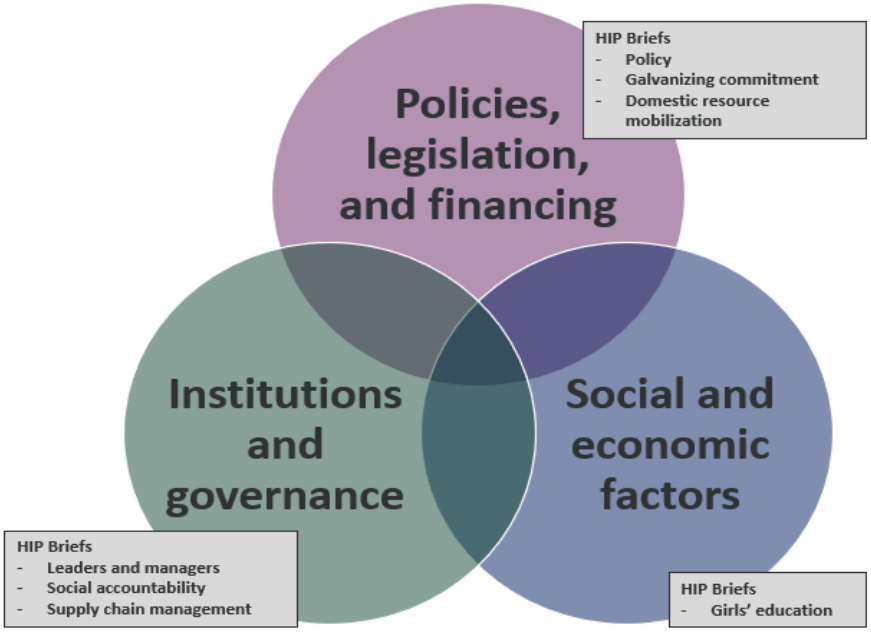
- Sharpen and reframe Policy, Leaders and Managers, and Galvanizing Commitment
- Develop an overarching framework for the enabling environment
- Develop new topics to address emerging priorities for strengthening the enabling environment

Status update: recommendations and next steps

- In response to these recommendations, this TAG working group is working to develop a framework and overview brief for Enabling Environment briefs.
- Other actions include: updating the Policy and Leaders and Managers briefs; developing a HIP brief on social accountability; planning to revisit Galvanizing Commitment brief after the social accountability brief is developed.

Structure of recommended Enabling Environment Overview Brief

- 4-page brief, follows structure of the SBC Overview brief. Will include five sections: introduction, enabling environment framework, enabling environment HIPs, tips for implementation, and tools & resources.
- The purpose of the overview brief is to explain the enabling environment for FP and how the different components of the enabling environment work together to support FP access and use. The brief will present each HIP for the enabling environment.
- In terms of next steps, a timeline was proposed that would involve the revision of the HIP brief during the December 2021 TAG meeting.



General recommendations from the TAG:

- This Venn diagram may be used as guidance for the conceptualization of future enabling environment briefs. It is not necessarily intended to capture all components of enabling environments themselves.

- Consider alternative language to describe this element. By calling it a "framework," it may be confused with a more detailed type of WHO tool.

Day 2 General Recommendations

- The TAG recommends taking a closer look at how the new SBC high impact practices are defined/stated, particularly the norms brief and the knowledge, attitudes, and beliefs brief.
- Explore options for the development of a PDF and interactive document based on the table of FP outcomes created by the Measures for Ultimate FP Outcomes working group, to be made available on the HIP website (housed in "Resources" tab).
- For the next TAG meeting: consider some sort of white paper about the outcomes that we should be looking at as a family planning community, moving beyond mCPR.

Day 3: Thursday, July 1

Sarah Fox, Options Consultancy Services, served as the chair for the third day of the meeting and welcomed TAG members to the meeting.

Positioning of SBC Briefs

Maria Carrasco presented three options for how to classify the new SBC briefs.

General recommendations from the TAG:

- Of the three new SBC briefs proposed in this TAG meeting, the KABs brief needs the most work.
- The TAG recommends that during future brief updates, technical writing teams should confer and coordinate or collaborate while writing briefs.
- The TAG agreed that the KABs and the norms brief teams should receive the couples' communication brief as an example as well as input from the TAG discussants. A small TAG group will be formed to provide input on how to incorporate/handle the concepts of self-efficacy and agency in the KABs brief and/or as a separate document. The following TAG members will be part of this group: Christine Gallavotti, Alice Payne-Merritt, Gael O'Sullivan, and Sonja Caffe.
- The full TAG group will meet again between July and December to review the updated KABs brief and the norms brief and also to discuss how all the SBC briefs fit together.

Couples' Communication (CC) Brief

Erin Mielke, USAID, presented on behalf of herself and Alice Payne-Meritt.

General

- This brief is very strong, well-organized, and well-substantiated by the evidence. It clearly demonstrates the magnitude of the impact of the practice on FP use. This brief could be used to inform the framing of the two other new SBC briefs.
- Needs minor edits to maintain consistency.

What is the HIP?

- Use stronger language to describe the intervention; instead of "promote," use "conduct" or "implement."
- Recommend consistent use of "couples," instead of "sexual partners" throughout brief.

Why is this practice important?

- First paragraph isn't as strong as second paragraph; recommend switching the order with the second paragraph.
- Third paragraph mentions "scripts"; helpful concept to include, but they recommend adding half a sentence to define/describe what it is.

Evidence (Table 1)

- Solid evidence from several global contexts; nearly all results are statistically significant. Recommend making sure to indicate which results are statistically significant; use consistent symbology to indicate statistical significance, or don't use symbols at all.
- Recommend clarifying heading of last column and use of symbols to indicate impact.
- The Malawi study shows an FP uptake result that belongs in the column to the right.
- Two studies (Kenya and El Salvador) need to be more explicit about whether they were conducted with single-sex participants or with couples together.

Implementation Tips

- Consider combining a couple of points if possible, this section is a bit long.
- Call-out boxes (2) are useful additions to this section.

Implementation Measurement

- Recommend adding social media under the recall of the practice.

Priority Research Questions

- Recommend adding a question about cost-effectiveness of practice, since it is not addressed elsewhere in brief.
- Suggest potentially narrowing focus of questions in this section.

Tools & Resources

- Many of these talk about working with men; are there sufficient or equal resources on working with women?

General recommendations from the TAG:

- Even though not all interventions in the brief were the same (radio, community group engagement, etc.), they all clearly fit together in a coherent category.
- Technical writers/experts working on the two other new SBC briefs might consider using this brief as an example of how to frame the practices.
    - In the "What is the HIP" section, this brief clearly states what the intervention is and uses a verb to describe it, whereas the other two briefs do not.
    - Compared to the two other SBC briefs, this brief has a more defined set of objectives.
- In the evidence section, indicate statistical significance (or lack thereof) if tests weren't done.
- The bibliography for this brief captures information from many different types of sources. The methodologies were stronger than those of the evidence presented in the Norms brief.
- The TAG did not express a need to review this brief again as a TAG.

Evaluation of HIP Products Report

Saori Ohkubo, Johns Hopkins University – Center for Communication Programs (CCP), presented the findings from the Gates Foundation evaluation of the HIP product portfolio with end-users.

Research Question 1: Are HIP products being used to enhance programming on the ground?

- Yes, there is evidence that HIP products are being used to inform policy, strategy and practice.

Research Question 2: Is there any evidence of increased implementation of high impact practices, and is there any evidence that the HIP products contributed to that?

- Yes, interviewees report that HIP products are used as a resource for implementation.

Research Question 3: If HIP products are not being used, why not?

- Very small segment of users said they were not using HIP products. These users were from South Asia and Latin America, which have more mature FP programs that are supported by their country governments. As such, their FP programs are slightly more advanced than the HIPs.

Research Question 4: Are they a global good available on a worldwide basis?

- Concerns about confusion between promising vs. proven language.

Research Question 5: What could we do to make the HIPs better and improve their utility to key stakeholders?

- How can outreach on the ground/in-the-field be improved? Increased dissemination at local level.

General recommendations from the TAG:

- Observation that several interviewees were from Latin America.
- Some users say the HIPs are too general, other users say the HIPs are just right. Potentially recommend breaking HIPs into subtopics or subcategories of some kind to address this split in opinion.

R4S Measuring HIP Implementation

Lara Lorenzetti, R4S, presented on behalf of the R4S Project.

Goal

- Develop and apply a replicable approach that measures the scale, reach, quality, and cost of HIPs, information which will help countries critically analyze and maximize their investments in comprehensive FP strategies

Selected Priority HIPs per site - all service delivery briefs

- Immediate Postpartum FP (Uganda, Nepal, Mozambique)
- Community Health Workers (Uganda, Nepal)
- Drug Shops and Pharmacies (Uganda)
- FP/Immunization Integration (Mozambique)

Assessment of Horizontal & Vertical Scale

- Horizontal scale - geographic coverage
- Vertical scale - institutionalization of practices into national and/or subnational systems
    - Methods: Key informant interview with Ministry of Health representative, verify data with reports
- Conducted indicator inventory exercise with providers

Assessment of Reach

- Taking equity lens; sociodemographic info is not always collected, but age(?) is included more frequently

Defining Quality

- Defined as the extent to which the practice is being implemented in accordance with guidance
- Not a lot of guidance about what makes a HIP a HIP
    - *Need to define the "core components" or essential elements of a HIP*
    - R4S compiled lists of 7ish core components for each practice they were studying
    - Example - Immediate Postpartum FP
        - These core components need further assessment and refining
- Focusing on structure pillar of quality - policy and readiness
    - Policy - more at systems level
    - Readiness - more at provider level

Assessment Cost

- Conducting activity-based costing exercise; developed in Excel using data from provider/program staff

General observations from the TAG:

- TAG members generally expressed support for the activity of defining "core components" of each HIP. They agreed that it was very challenging to get people to agree on what specifically constitutes each of these practices.

D4I Measuring HIP Implementation

Susan Pietrzyk, Data for Impact (D4I), presented on behalf of the D4I team regarding their assessment of the implementation of three service delivery HIPs in Tanzania and Bangladesh. These findings will be used to inform the development of a HIP measurement framework. The two countries were selected because they were USAID PRH priority countries.

Indicator mapping

- Monitoring of individual HIPs seems insufficient, difficult to disaggregate indicators by HIP
- Variability of definitions of HIP indicators limits comparability of data
- Most HIP indicators not reported in national HMIS
- 22 indicators in total; 18 of the 22 come from just ⅛ projects

Defining HIP core components

- Coordinated effort between R4S and D4I; D4I taking leadership role with indicators for mobile outreach services.

General observations from the TAG:

- It is unclear if the data collected will be nationally representative, and if data will be collected from several health districts in Tanzania and Bangladesh.

- One thing to keep in mind is that the D4I study is focusing more on USAID projects (in Bangladesh and Tanzania), while R4S is trying to go beyond USAID projects and try to measure at more of a regional level in 3 countries (Uganda, Nepal and Mozambique).

- At this point, the D4I team is not yet trying to measure the quality of HIP implementation. Rather, they are trying to establish how HIPs are being measured in these countries.

Questions for TAG/Way forward with KABs brief

Maria Carrasco then led the TAG in a discussion of final questions for the TAG and next steps for the KABs brief. Highlights of the discussion included:

KABs Brief

- After some discussion, the TAG resolved to defer to the recommendation of the small group that would be formed to determine how to integrate self-efficacy or agency or both into the brief. The sub-group will include SBC experts from the TAG.

Translations and Language Use

- As new terms are developed to describe HIPs (i.e. adolescent-responsive contraceptive services), there is a greater need to make sure that translations properly capture the context of the original HIP product.
- This is a nuanced discussion; in some cases, English words to describe concepts are preferred to their translated versions. For example, colleagues from West and Central Africa have noted that they prefer using the English word "leadership" in the French language version of the Leaders & Managers HIP brief.
- The current Spanish and Portuguese translations use standard language agreed upon and approved by PAHO, which has supported the translations of HIP products for a number of years. While the terms may not be the common language used in some countries or contexts, they are the terms that are approved by WHO and PAHO.
- Some European colleagues have commented that much of the English language content is very US-centric. Perhaps if the HIP language were more neutral in English, it might result in more accurate translations.
- Other potential solutions included the development of additional guidance for translations and the formation of a working group to propose solutions for improving translation accuracy. Ginette Hounkanrin volunteered to assist with French translations and Sonja Caffe volunteered to assist as well.
- Some TAG members suggested that the HIPs undergo a Diversity, Equity and Inclusion (DEI) review to explore options for improving translations and incorporating non-binary/gender non-conforming language.

General recommendations from the TAG:

- The TAG agreed that when needed, members of the TAG who are native speakers would help translate terms that are introduced by the HIPs that may not translate well if translated verbatim (such as "Adolescent Responsive Contraceptive Services"). When the need for help informing translation of new terminology arises, Maria will reach out to TAG members who are native speakers of the HIPs official languages (English, Spanish, French, Portuguese).

Next Steps and Closing

Ados May, IBP Network, and Rodolfo Gomez Ponce de Leon, WHO/PAHO, closed the meeting by thanking all who participated on behalf of WHO, the meeting's host. In closing, Rodolfo shared PAHO CLAP:

- PAHO CLAP launched two virtual courses on June 29, 2021: FP Global Manual for Providers and Immediate Contraception Post Obstetric Event. Rodolfo noted that the courses are available in Spanish, English, and Portuguese.
    - Recording: https://www.youtube.com/watch?v=nOmW2zzlJK0

- Registration for PAHO CLAP, immediate contraception post obstetric event course: https://www.campusvirtualsp.org/en/node/30845

Day 3 General Recommendations

- The TAG did not indicate a need to review the Couples' Communication brief again as a TAG.
- TAG members generally expressed support for the activity of defining "core components" of each HIP. They agreed that it was very challenging to get people to agree on what specifically constitutes each of these practices.
- The TAG recommends that during future brief updates, technical writing teams should confer and coordinate or collaborate while writing briefs.
- The TAG agreed that the KABs and the norms brief teams should receive the couples' communication brief as an example as well as input from the TAG discussants. A small TAG group will be formed to provide input on how to incorporate/handle the concepts of self-efficacy and agency in the KABs brief and/or as a separate document. The following TAG members will be part of this group: Christine Gallavotti, Alice Payne-Merritt, Gael O'Sullivan, and Sonja Caffe.
- The full TAG group will meet again between August and December to review the updated KABs brief and the norms brief and discuss how all the SBC briefs fit together.

Appendix A: Meeting Agenda

AGENDA

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Technical Advisory Group Virtual Meeting

June 29-July 1, 2021

Objectives

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

Please click this URL to join: https://ghstar.zoom.us/j/94730342701
Or, go to https://ghstar.zoom.us/join and enter meeting ID: 947 3034 2701

Tuesday, June 29th: Jennie Greaney, Chair

08:00 – 12:00 Washington|14:00 – 18:00 Geneva|15:00 – 19:00 Nairobi |17:30 – 21:30 New Delhi

Time (Washington)	Agenda Item	Reference materials
07:45 – 08:00	**Sign-in to meeting**	
08:00 – 08:20	**Opening of Meeting – Welcome Remarks** Ian Askew	
08:20 – 08:30	**Updates: Progress on recommendations from December 2020** Maria Carrasco	Presentation
08:30 – 08:40	**New TAG Members Introduction** Jennie Greaney	
08:40 – 09:10	**Partnership Updates** **UNFPA** – Jennie Greaney **FP2030** – Martyn Smith **IBP Network** – Ados May	Presentation (UNFPA) Presentation (FP2030) Presentation (IBP Network)
09:10 – 09:20	**Production & Dissemination Update** Ados May & Natalie Apcar	Presentation
09:20 – 10:50	**Knowledge, Attitudes & Beliefs (KABs) Brief** Anand Sinha & Christine Galavotti	Presentation
10:50 – 11:00	**Break**	
11:00 – 11:30	**HIP Brief Impact Section Standardization** Roy Jacobstein, Barbara Seligman, Mario Festin, Karen Hardee, & Michelle Weinberger	Presentation Document

11:30 – 12:00	**Theory of Change Format Update** Maggwa Baker Ndugga, Michelle Weinberger & Maria Carrasco	Presentation

Wednesday, June 30th: John Stanback, Chair

08:00 – 12:00 Washington|14:00 – 18:00 Geneva|15:00 – 19:00 Nairobi |17:30 – 21:30 New Delhi

Time (Washington)	Agenda Item	Reference Materials
07:45 – 08:00	**Sign-in to meeting**	Notes
08:00 – 08:30	**Review Recommendations from Day 1** Maria Carrasco **Next batch update & HIP partners update** Maria Carrasco	Presentation
08:30 – 10:00	**Social Norms Brief** Eliya Zulu & Barbara Seligman	Presentation
10:00 – 10:50	**Measures for ultimate FP outcomes** Karen Hardee, Michelle Weinberger, Roy Jacobstein & Jameel Zamir	Presentation
10:50 – 11:00	**Break**	
11:00 – 12:00	**Enabling Environment Framework** Jay Gribble, Barbara Seligman, Maria Carrasco	Presentation

Thursday, July 1st: Sarah Fox, Chair

08:00 – 12:00 Washington|14:00 – 18:00 Geneva|15:00 – 19:00 Nairobi |17:30 – 21:30 New Delhi

Time (Washington)	Agenda Item	Reference Materials
07:45 – 08:00	**Sign-in to meeting**	Presentation
08:00 – 08:30	**Review Recommendations from Day 2** Maria Carrasco	
08:30 – 10:00	**Couples' Communication (CC) Brief** Alice Payne-Merritt & Erin Mielke	Presentation
10:00 – 10:10	**Break**	
10:10 – 10:30	**Evaluation of HIP Products Report** Saori Ohkubo	Presentation
10:30 – 10:50	**R4S Measuring HIP Implementation** Lara Lorenzetti	Presentation
10:50 – 11:10	**D4I Measuring HIP Implementation** Susan Pietrzyk	Presentation
11:10 – 11:45	**Questions for the TAG/Way forward with KABs brief** Maria Carrasco	Presentation

11:45 – 12:00	**Group Reflections** **Next Steps and Closing** Ados May & Rodolfo Gomez	

Appendix B: List of Participants

TAG Members	
Sonja Caffe PAHO/WHO caffes@paho.org	**Maria Carrasco** USAID mcarrasco@usaid.gov
Norbert Coulibaly Ouagadougou Partnership ncoulibaly@partenariatouaga.org	**Saswati Das** Jhpiego-India Saswati.Das@jhpiego.org
Mario Festin University of the Philippines mfestinmd@gmail.com	**Sarah Fox** Options Consultancy Services s.fox@options.co.uk
Christine Galavotti BMGF christine.galavotti@gatesfoundation.org	**Rodolfo Gomez Ponce de León** PAHO gomezr@paho.org
Jennie Greaney UNFPA greaney@unfpa.org	**Jay Gribble** Palladium jay.gribble@thepalladiumgroup.com
Karen Hardee Hardee Associates karen.hardee@hardeeassociates.com	**Ginette Hounkanrin** Pathfinder International ghounkanrin@e2aproject.org
Roy Jacobstein IntraHealth rjacobstein@intrahealth.org	**Baker Maggwa** USAID bmaggwa@usaid.gov

Erin Mielke USAID emielke@usaid.gov	**Heidi Quinn** IPPF hquinn@ippf.org
Barbara Seligman PRB bseligman@prb.org	**Medha Sharma** Visible Impact shmedha@gmail.com
Anand Sinha Packard Foundation-India asinha@packard.org	**Martyn Smith** FP2030 msmith@fp2030.org
John Stanback FHI 360 jstanback@fhi360.org	**Sara Stratton** Palladium sara.stratton@thepalladiumgroup.com
Michelle Weinberger Avenir Health mweinberger@avenirhealth.org	**Eliya Zulu** AFIDEP eliya.zulu@afidep.org

P&D Team Attendees	
Ados May WHO/IBP Network Ados.may@phi.org	**Emma Bassin** USAID/IBP Network ebassin@usaid.gov
Natalie Apcar Knowledge SUCCESS natalie.apcar@jhu.edu	
Invited	
Premila Bartlett USAID pbartlett@usaid.gov	**Violet Murunga** AFIDEP violet.murunga@afidep.org

Appendix C: HIP Brief Indicator Guidance

Each HIP brief should include 2 or 3 indicators to measure the high impact practice in the brief. Below is guidance to select indicators for the different categories of HIP briefs. This will require that the team prioritizes key indicators from many possible options.

- The indicators suggested should ideally be **validated** indicators.
- The indicators should be relatively easy to collect (not requiring significant additional resources).

Service Delivery Indicator Guidance

- The suggested indicators should be amenable to be collected via **routine systems** (such as DHIS or other monitoring and evaluation systems). This is preferred rather than indicators collected via large scale surveys, which do not happen regularly.

SBC Indicator Guidance

- Indicators should focus on the **benefits** and **changes** sections of the theory of change. Groups should prioritize which items from the **benefits** and **changes** sections of the theory of change to focus on
- For the items chosen, the groups should indicate how to collect the indicator.
- When possible, the name and reference for any suggested scales should be provided.
- The suggested indicators should ideally be collected via routine systems such as exit surveys or other routine data collection systems (implemented by outreach workers or at health clinics). This is preferred rather than indicators collected via large scale surveys, which do not happen regularly.
- It is important to note that thanks to technology short scales (i.e. a few questions to measure a behavioral determinant) can be collected more regularly via phone surveys

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

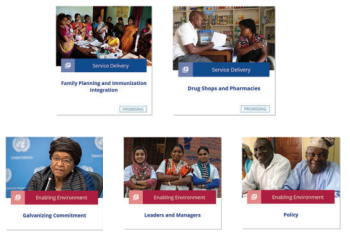
Updates: Progress on recommendations from December 2020

Maria Augusta Carrasco, PhD

June 29, 2021

Progress Highlights: Briefs

- **Briefs**
  - FP/Immunization and drug shops brief are at the final stage (fact checking, copy edit and lay out)
  - SBC briefs discussed at this TAG meeting
  - EE brief update underway.
- SPGs
- TAG Contributions

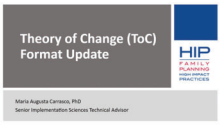


Progress Highlights: SPGs

- Briefs
- **SPGs** – currently in development
  - FP for persons with disabilities*
  - Meaningful Adolescent and Youth Engagement
  - FP product introduction and development
  - Equity SPG in final stages
- TAG Contributions

Progress Highlights: TAG Contributions

- Briefs
- SPGs
- **TAG Contributions**
  - 3 presentations at this TAG meeting of work from subgroups: TOC, impact section, and EE framework
  - TAG workgroup provided input to R4S
  - Guidance for SBC indicators developed



Upcoming Technical Activities

- **Update HIP brief guidance, adding more specificity**

Section	Guidance
Title	Done
What is the (proven/promising) high impact practice in family planning?	Needed: Grey scale guidance being written. Outstanding questions: Does it apply to SBC briefs? How about to EE briefs?
Background	Done
Theory of Change	Done
What challenges can this practice help countries address? Or why is this practice important?	
What is the evidence that this practice is high impact?	To be discussed
Brief Indicator Guidance	Needed - EE briefs
How to do it: Tips from the implementation experience	Needed
Tools and Resources	Needed

Upcoming Technical Activities

- **Decision on what to do with old SBC HIP briefs**
  - Used to inform the current country commitment process
  - Will likely be included in costed implementation plans

Options

1. Create two types of SBC briefs:
   - Approach or channel of communication
   - Key SBC factors
2. Retire SBC briefs to "retired briefs" page
3. Other?

Upcoming Technical Activities

- The BMGF identified a need for resources/spaces to facilitate HIP implementation
- More discussion to come on this

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

fphighimpactpractices.org

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

New TAG Members

Jennie Greaney
June 29, 2021

Sonja Caffe

Dr. Sonja Caffe, who is a native of Suriname, holds a master's degree in Health Sciences, with specialization in Maternal and Child Health and Health Promotion from the University of Limburg, Netherlands. She has also obtained a Master's in Public Health from the University of Arizona in Tucson and a PhD in Health Education and Disease Prevention from the University of New Mexico, in the United States of America. Dr. Caffe has a diploma as a counselor in Sexual Health from the University of Gelderland, Holland. For the last 13 years, Dr. Caffe has worked in the Pan American Health Organization/World Health Organization (PAHO/WHO) in the area of HIV and STIs, at the country, sub-regional, and regional level. She is currently the Adolescent Health Advisor for the WHO Office for the Americas (PAHO).

Norbert Coulibaly

Norbert Coulibaly joined the Ouagadougou Partnership Coordinating Unit (OPCU) as Senior Technical Manager in June 2019. He joined the OPCU most recently from UNFPA where he served for ten years as a Program Specialist in Family Planning and Reproductive Health Product Safety (FP/RHCS), first in the Burkina Faso Country Office (2009 – 2016) and then in the UNFPA Regional Office for West and Central Africa (2016 to 2019). Previously, he worked within the Ministry of Health of Burkina Faso for 16 years, holding various public health roles. As an FP/RHCS Program Specialist at UNFPA, he made a remarkable contribution to the resurgence of FP programs and strengthening of the contraceptive product supply chain in his country and across the region through the UNFPA Supplies program and the SWEDD project. Dr. Coulibaly holds a Master's degree in Epidemiology from Laval University, Quebec, and a Doctorate in Medicine from the University of Ouagadougou, Burkina Faso.

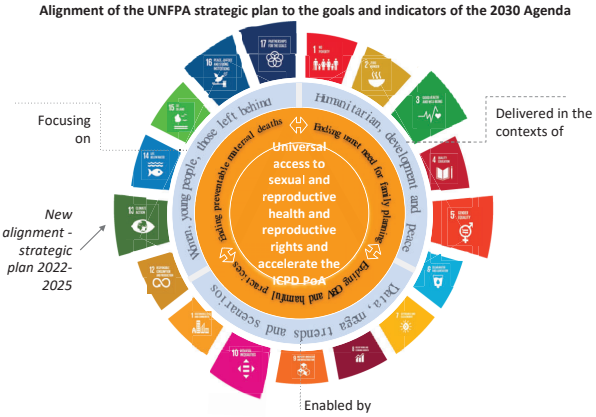
Medha Sharma

Medha Sharma is the Founder and President of a young-women led organization Visible Impact in Nepal. She has a decade long experience of working for youth SRHR focused on advocacy, program implementation, and research. Prior to her current role, she served as Chief Executive Officer at Visible Impact, Grants Manager at Nike Foundation, Capacity Development Specialist at Health 4 Life Logistics/ USAID, and Program Coordinator at YUWA where her responsibilities have been designing and implementing projects on family planning, menstrual health, youth-friendly services, comprehensive sexuality education, etc. using beneficiary centered approaches. She has advocated for young people's SRHR at national, regional, and international platforms such as ICPD+25 Nairobi Summit, 52nd session of CPD 2019, Nepal's 6th periodic review of CEDAW 2018, High-level Political Forum 2017, Youth Scholar - Women Deliver 2016, New Generation Leadership Strategy of UNAIDS 2012, amongst others. Medha has also served in panels with eminent personalities like UNFPA's Executive Director during her visit to Nepal in 2019 and HRH Crown Princes of Norway during the UNAIDS Geneva Town Hall meeting in 2012. Medha holds a Masters in Public Health from Hebrew University of Jerusalem with a major in epidemiology and research.

UNFPA update

HIP TAG, JUNE 2021

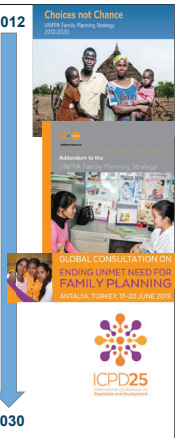
Alignment of the UNFPA strategic plan to the goals and indicators of the 2030 Agenda



Mutually reinforcing pathways to end unmet need for family planning

- Create **enabling environments** for human rights-based family planning as an integral part of sexual and reproductive health and rights
- Expand **reproductive autonomy**, through demand-side interventions that **empower women and girls** to make their own reproductive health decisions
- Improving human right-based people-centred **delivery of quality FP and other SRHR information and services**
- Ensure **reproductive health commodity security**
- Address **Adolescent & Youth** FP, Contraception and SRH needs
- Ensure family planning, contraceptives and SRH in **humanitarian and fragile settings**

2012



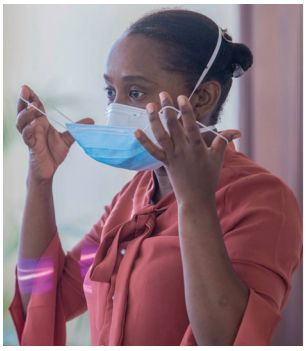
2030

COVID-19 impact on family planning access

The pandemic disrupted contraceptive use for about 12 million women with a consequence of nearly 1.4 million unintended pregnancies during 2020 across 115 low and middle income countries

Disruption of access to modern contraceptives averaged 3.6 months across regions.

The pandemic is not over yet and women and adolescent girls are disproportionately affected by the pandemics' social and economic impact.



Disruptions caused by COVID-19

- Supply chain disruptions and constraints
- Rising costs—10 per cent increase in freight
- Disrupted global manufacturing
- Risk of shortages and stock-outs
- Disruptions to family planning mobile outreach
- Lockdown strategies
- Mobility restrictions
- Fear of travelling to health facilities
- Health-care providers concerns: shortage of PPE, fear of infection
- Services closed or curtailed hours and care

UNFPA Response

- Advocacy for FP/SRH as an essential service.
- Filled orders placed and procured early in the year Increased flexibility at country level for local procurement
- Redistributed supplies between countries & made partial shipments
- Procured emergency RH kits
- Procured PPE for health providers & provided training on safe provision of services
- Increased collaboration with partners, e.g. Consensus Planning Group
- Continued to scale up subcutaneous injectable DMPA (incl. self care) and other programming
- Support for telecounselling & online service provision
- Set up mobile clinics/outreach
- IEC campaigns
- Support for humanitarian affected populations

The UNFPA Supplies Partnership: (2021-2030)

UNFPA's thematic and catalytic fund for reproductive health commodity security.

Vision: A world where everyone can access quality reproductive health supplies whenever they want or need them

Strategic Framework—the four pillars

Overall Goal: Contribute to ending unmet need for family planning and preventable maternal mortality by increasing access to high-quality modern contraceptives and life-saving maternal health medicines.

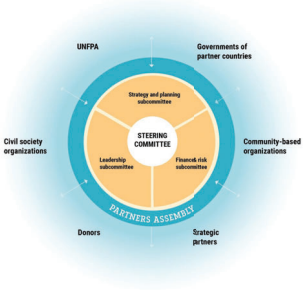
Availability and choice	Strengthening supply chains	Increased government commitment	Operational effectiveness and efficiency
Increase availability and quality-assured RH/FP commodities	Ensure RH/FP commodities reach the last mile and promote harmonization and integration of supply chains	Country financial contributions to quality RH/FP services are increased RH/FP is prioritized as core element of sustainable development	UNFPA demonstrates robust and accountable programme performance and oversight

A Compact for Shared Commitment

The purpose of the Compact is to realize the goals of the programme, create greater transparency and accountability and clarify how the Partnership works:

- **Objectives, terms, roles and responsibilities**
- **Commitments to gender equality and human rights and a shift to sustainable financing**
- **Contributions and responsibilities, e.g. customs clearance, storage and distribution**
- **Cooperation arrangements**
- **Timetable for programme delivery and contributions**
- **How to be "a partner in good standing"**

How We Work: Improved Governance Model



The Steering Committee is composed of members representing critical constituencies convened to solve problems and approve programme strategy, key documents and budgets based on recommendations from three target subcommittees**: finance and risk**; **strategy and planning**; and **leadership**

The Partners Assembly engages a broad base of partners from global, regional and country-levels for the purposes of governance, advocacy, knowledge- sharing from programme implementation, advocacy and resource mobilization

Where We Work: A Pathway to Sustainable Transition

STAGE 1 Full programme	STAGE 2 Modified support	STAGE 3 Technical support	STAGE 4 Standard transition
Full programme countries have access to all resources in the Partnership. Most countries and most programme resources are in Stage 1 at the start. **Countries are eligible for:** • Routine commodities • New and lesser-used commodities • Additional third party procurement incentive support • Transformative Action funding stream • Performance funding stream	**Countries enter a stepped-down approach while shifting to the next stage, technical support.** **Countries are eligible for:** • Step-down matching arrangements for routine commodities • Additional third party procurement incentive support • Application for new and lesser-used commodities • Application to the Transformative Action funding stream • Performance funding stream	**Countries are eligible for support through UNFPA Regional Office as well as some Partnership resources including:** • Technical support from Regional Offices • Application for matching support for new and lesser-used commodities (for product introduction) • Limited procurement support/incentive for third party procurement • Limited application to the Transformative Action stream subject to funding availability • Limited funds from Performance stream	**Five to 10 countries by 2030**

COUNTRY TRANSITION

Where We Work: Go the Last Mile

How do we know if reproductive health supplies reach her?

STRENGTHEN SKILLS among personnel at country and regional levels in supply chain management

PROVIDE EVIDENCE to confirm that UNFPA-donated supplies reach the designated service delivery points where women and men can access them at the last mile in a way that is timely and consistent.

REACH HER
WITH THE RIGHT PRODUCT AT THE RIGHT TIME.

Going the last mile requires transportation, supplies and trained health providers to reach even the hardest-to-reach. It's a commitment to deliver life-saving reproductive health supplies into her hands.

IMPROVE KNOWLEDGE USING FIVE KEY TOOLS
We can use supply chain maps to easily see the flow supplies and information, supply chain management capacity assessments, supply chain management risk assessments, programme supplies reports and spot-checks and audits.

SIGN AGREEMENTS with all implementing partners that outline terms and conditions under which partners must manage, safeguard and distribute the supplies.

ASSESS CONDITIONS in storage in warehouses, during transportation and at facilities

Funding support to UNFPA's work in family planning

- UK Government will reduce funding to UNFPA Supplies Partnership for 2021/2022 by approx. 85% from £154 million (US$211 million) to around £23 million (US$32 million).
- £12 million ($17 million) is also to be cut from UNFPA's core operating funds. Several country-level agreements are also likely to be impacted.
- The funding shortfall means immediate cuts to UNFPA Supplies Partnership 2021 programme budget. This will leave programme countries with a shortage of donated contraceptives and maternal medicines.
- Both governments and implementing partners will be impacted by the reduction in supplies of commodities, and many of the UNFPA Supplies Partnership supported countries are already facing humanitarian and fragile contexts putting increased pressure on their health systems.
- Technical assistance support from the Partnership will also need to be reduced, such as for strengthening supply chains to reach women and girls in remote areas, training for health-care workers, and family planning policy and advocacy efforts.

- **Better news:** US funding for FY 2021 funding for UNFPA is expected to total $32.5 million in core support and potentially millions more for other project activities.
- Generation Equality Forum - Action Coalition on Bodily Autonomy/SRHR commitments expected.

FP2030
June 2021

Vision Framework

Vision Tagline

Working together for a future where women and girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development.

The change we wish in the world is …

Voluntary modern contraceptive use by everyone who wants it, achieved through individuals' informed choice and agency, responsive and sustainable systems providing a range of contraceptives, and a supportive policy environment.

To realize the vision, countries and partners will…

- Expand the Narrative and Shape the Policy Agenda
- Drive Data and Evidence-Informed Decision Making
- Increase, Diversify, and Efficiently Use Financing
- Transform Social and Gender Norms
- Improve System Responsiveness to Individual Rights and Needs

Our commitments, decisions, and efforts are guided by…

- Voluntary, person-centered, rights-based approaches, with equity at the core
- Empowering women and girls and engaging men, boys, and communities
- Building intentional and equitable partnerships with adolescents, youth, and marginalized populations to meet their needs, including for accurate and disaggregated data collection and use
- Country-led global partnerships, with shared learning and mutual accountability for commitments and results

FP»2030

FP 2020	FP »2030
69 focus countries	All countries welcome
Country support through centralized Secretariat	Country support managed by regional hubs
Data use and tracking towards 120 million additional users	Updated framework monitoring individual, system and environment levels
Knowledge dissemination	Knowledge sharing through interconnected regional hubs
Promoting high-impact, rights and evidence-based practices	Global, regional and country-level advocacy and accountability

BROADENED FOCUS

Expanded, values-based partnership

- **Preserving accountability** functions and knowledge-sharing
- **Forging new ties** beyond the FP community
- **Promoting women's rights**, agency and choice

Key features of the FP2030 Support Network

- **A regional model**
- **5 regional hubs** covering:
  - North, West, and Central Africa
  - East and Southern Africa
  - Asia & the Pacific
  - Latin America & the Caribbean
  - North America and/or Europe
- Regional hubs will be nested within **existing institutions**
- All countries that wish to make FP commitments **may opt-in**
- Support will be based on **transparent engagement tiers**

FP»2030

The Road Ahead

Q3 2020

FP2020 Reference Group Meeting

Transition Management Team established

JANUARY 2021

FP2020: Celebrating Progress, Transforming for the Future virtual event

Transition Oversight Group established

Final **FP2020 Reference Group Meeting**

Launch **new commitment process**

Generating **Country Government and non-state commitments**

Finalize **measurement framework**

Beth Schlachter ends term of service as ED – April

Martyn Smith assumes role of Interim ED

Begin the process for operationalizing **regional hubs** (rolling basis)

Q3/Q4 2021

Governing Board recruited and established

Transition Oversight Group disbanded

New Executive Director recruited and on board

NOV/DEC

Launch **the new partnership**

FP2030 Commitments Celebration Event *TBC*

Champions recruited and established by regional hubs

MARCH 2022

FP2030 Support Network fully operationalized

Key Features of 2030 Commitments Process

- Reflects the **country-led** and country driven mandate of the new partnership.
- Includes a strong focus on **inclusion, transparency**, and **accountability**.
- Seeks to strengthen accountability within the commitments process for all governments (including donors) and other partners.
- Requests that commitments be launched in-country and then celebrated at global and regional levels.
- Continues to be anchored in **data** and **rights-based principles**.
- Continues to encourage **alignment** with national and global frameworks.

What Is the FP2030 Commitments Toolkit?

Guidance for **government** and **other commitment makers** that:

- Articulates the value of making an FP2030 commitment
- Provides best practices to strengthen the ownership and content of commitments
- Outlines recommended steps for making and launching a commitment
- Provides recommendations to foster and strengthen accountability
- Contains thematic guidance developed in partnership with technical experts; draws on HIPS

A web-based tool buttressed by:

- Extensive external consultation and collaboration in development of guidance
- Targeted small grants to support CSO participation through a process leveraged across multiple partners and investments
- A robust communications strategy linked to key global events and other products
- A multi-pronged outreach strategy to mobilize commitments from governments and other stakeholders
- Powerful salesforce back-end

www.commitments.fp2030.org

What Does The Thematic Guidance Include?

- Domestic Financing
- Emergency Preparedness, Response, and Resilience
- Postpartum Family Planning, Postabortion Family Planning, and Family Planning-Immunization Integration
- Supply Chain Strengthening
- Youth and Adolescents
- Social and Behavior Change

FP2030 June 2021

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Where are we now?

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- Supply Chain Strengthening
- Youth and Adolescents
- Social and Behavior Change

ibp network

WHO/IBP Network Update

Nandita Thatte
Ados May
Carolin Ekman

TAG Meeting June 29, 2021

UNFPA World Health Organization USAID FROM THE AMERICAN PEOPLE

ibp timeline

ibp network

www.ibpnetwork.org
ibpnetwork@who.int
@ibp_network

HIPs and WHO Guidelines Implementation Stories

- Stories focused on service delivery interventions such as Mobile Outreach, Community Health Workers, IPPFP and FP Immunization Integration
- There were also several that highlighted Community Engagement, Supportive Policies, Domestic Financing, and ARCS
- The WHO Medical Eligibility Criteria (MEC) Wheel, Family Planning Handbook, and Training Resource Package were the most used WHO Guidelines

Key Themes and Lessons Learned

- HIPs are not implemented in isolation
- Linking WHO Guidelines and High Impact Practices can support quality programming
- Funding and technical support offers capacity exchange in documenting field experiences
- Documentation is challenging
- Creative Storytelling can invite diverse perspectives
- Provide structure and feedback but not prescription
- Keep the narrative (and photos!) authentic
- Learn and Build a Community

Community Engagement Platform

- 2000 members & 46 COPs
- 19,000 members (listserv)
- Engaging wide audience to disseminate calls for TEGs, HIPs comments and Newsletter

Governance

- Implementing Strategy 2020-2025
- Diversity, equity and inclusion: Part of IBP's Journey to New Governance
- Nominations for new Steering Committee due mid-July & new SC starts in September
- Moving from one chair to two co-chairs
- Strengthening Country and Regional Linkages

Diversity, Equity & Inclusion

- Engage DiverseDev to lead this work
- Ongoing effort to diversify membership and governance
- Training for Steering Committee

Coming up

- Devex article on IBP: [Read the interview here]
- Global Meetings leading up to ICFP
- HIPs PPP available in Spanish soon
- HIPs webinar series in French & two additional implementation stories (SP & FR)

ibp network

Thank you

UNFPA World Health Organization USAID

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

HIP Production and Dissemination (P&D) Data Review

June 2021

Ados May & Natalie Apcar

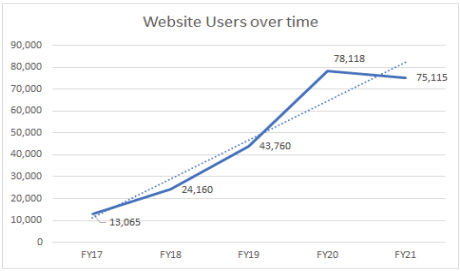
HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Agenda

- Website Users
- Top 10 HIP Products
- HIP Webinars
- Twitter Engagement
- HIP Newsletter
- HIPs in Peer-Reviewed Literature

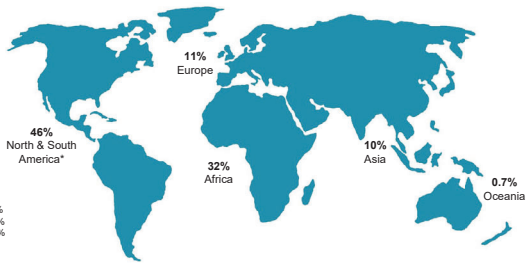
HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Website Users FY2017 – FY2021



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Website Users by Region FY21



*Of the Americas:
North America: 22%
South America: 13%
Central America: 8%

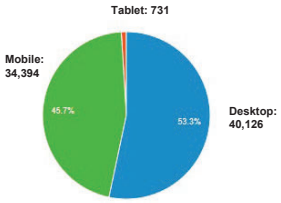
Website Users by Language

Language	FY19	FY20	FY21
English	72%	63%	50%
Spanish	14%	24%	16%
French	13%	12%	33%
Portuguese	1%	2%	2%

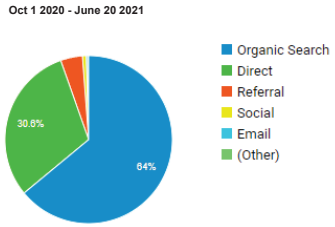
Website Users – Top 10 Countries, past year

Country	Number of Users
1. United States	22%
2. Colombia	6%
3. Mexico	5%
4. Nigeria	4.5%
5. France	3%
6. India	3%
7. Peru	2.5%
8. Cameroon	2%
9. Congo - Kinshasa	2%
10. Mozambique	2%

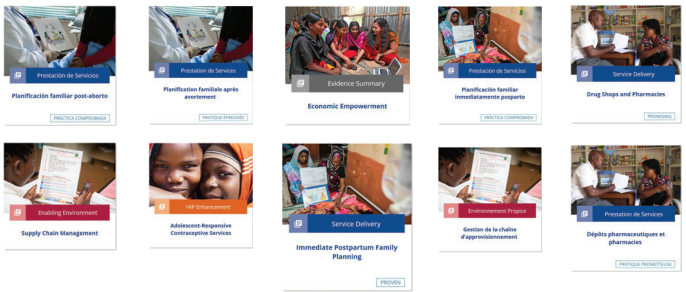
Website Users by Device



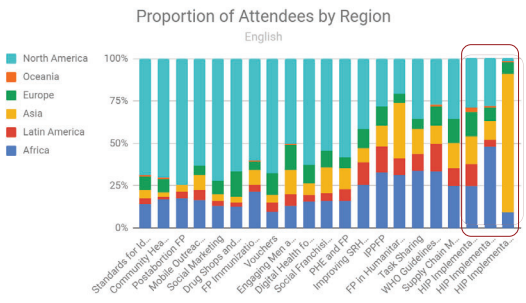
Website Users – Acquisition Overview



Top 10 HIP Products by Page View, FY21



HIP Webinars since last TAG meeting



The 3 IBP/HIP Implementation Stories webinars attracted a significant proportion of attendees from Africa and Asia, with over 155 live attendees total at each webinar

Twitter: Consistent Engagement from Partners

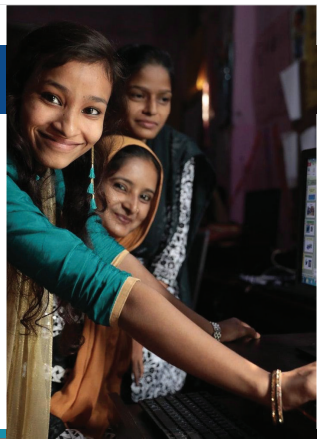
Top 5 by # of Tweets:	Top 5 by # of Impressions:
@fprhknowledge	@fp2030Global
@R4Sproject	@fprhknowledge
@fp2030Global	@USAIDGH
@caring_mobile	@EngenderHealth
@PassagesProject	@caring_mobile

#HIPs4FP

HIP Newsletter

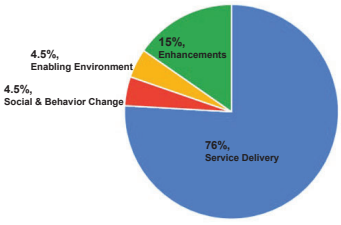
*Since the newsletter's launch in June 2020, over **675** FP stakeholders from **80+** countries have subscribed to the quarterly HIPs newsletter.*

Key Stats	% of Subscribers
Open Rate	42%
Click Rate	31%
Total Opens	830



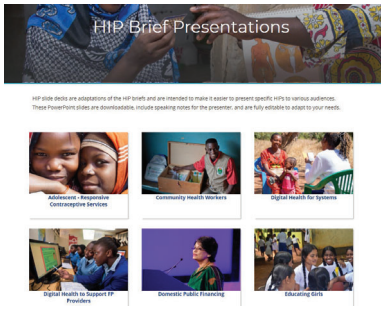
HIPs in Peer-Reviewed Literature

During FY 2021, **34 peer-reviewed publications** cited a HIP brief, bringing the total to 137 publications since 2014.



HIP Brief Slide Deck Presentations

- Launched April 17, 2021
- Now available on Resources page in English for 17 HIP briefs; Spanish versions forthcoming



HIP FAMILY PLANNING HIGH IMPACT PRACTICES

fphighimpactpractices.org

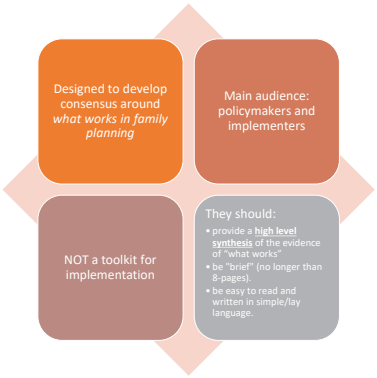
Family Planning Knowledge, Attitudes, and Beliefs

Comments from:

Christine Galavotti and Anand Sinha

HIP TAG Meeting
June 2021

Our remit on HIP Briefs Review



One of the three SBC briefs—Individual level

Three new HIPs briefs will replace the current briefs which focus on channels (Mass Media, Community Group Engagement, Digital Health for SBC) in favor of an ecological approach that focuses on factors that incorporate multiple channels at different levels- individual, interpersonal, and social.

The **SBC - Individual** expert group worked on individual's belief that the benefits outweigh the consequences of family planning (pros and cons) in relation to one's goals and aspirations and attitudes on safety and effectiveness. (original description)

They have defined the practice as:

- *Strengthening individuals' knowledge, attitudes, and beliefs to support informed choice for healthy family planning behaviors*

Overall comments

- The overall purpose and the High Impact Practice was unclear
  - Right now it seems to be saying 'KAB is important to change behaviours' which seems to be stating an obvious truth
  - It's not clear what the High Impact Practice is
- It's important to explain the broader structure of the behaviour change model and explain how Individual KAB and SE and Agency work within the overall decision making process of behaviour change.
  - Right now it seems to start a bit abruptly
  - And seems apologetic by saying that 'KABs don't work in isolation'

Overall comments

- Some of the language in the brief is outdated and value-laden: "generate demand", "healthy FP behaviors", vs. supporting individuals to use FP in line with their goals, needs and preferences.
- There is clearly a tension around including SE and agency vs. focusing solely on KAB's, which is not resolved in the way the brief is written. We would argue they should be included as will become apparent in the comments to follow.
- The section on evidence is hard to follow—the more one reads the less clear it is what the "practice" is, and not at all clear what SBC interventions are most effective in influencing KAB's. Is the evidence that is critical to this practice that KABs influence FP behavior, or that SBC interventions influence KABs and FP behavior, or both? Some reorganization and sign-posting in this section may help clarify for the intended audience.

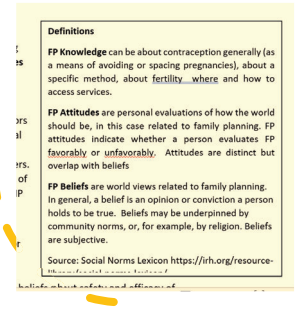
Section: Title and Definition

•The title change to KAB is puzzling. Why not keep the focus on the broader set of individual level factors that need to be addressed to cover all the barriers enumerated in the TOC? So, for example, something like: "Individual capacities (or resources), attitudes, beliefs and expectations".

•Self-efficacy and agency are specifically left out of KAB but also called out in the brief, which is hard to make sense of. If a broader title/definition of the practice was used, then these concepts could be incorporated. Self-efficacy is a belief (about what one is capable of doing) so it could fall under beliefs. Agency is a capacity or asset like knowledge, so could fit under that.

•Definition of the practice: "Informed choice for healthy FP behaviors" sounds value-laden as well as proscriptive. We want to strengthen individual's capacity to make FP decisions that are aligned with their goals, right? Through ensuing they have accurate information, addressing myths and misconceptions, and generating positive attitudes and approval of FP. Could we say instead: Strengthening individual's knowledge, attitudes, and beliefs to support them in making FP choices in line with their reproductive intentions, needs, and preferences? (also, if change to broader set of factors, then expand this as well).

Section: Title and Definition



Definitions

FP Knowledge can be about contraception generally (as a means of avoiding or spacing pregnancies), about a specific method, about fertility where and how to access services.

FP Attitudes are personal evaluations of how the world should be, in this case related to family planning. FP attitudes indicate whether a person evaluates FP favorably or unfavorably. Attitudes are distinct but overlap with beliefs

FP Beliefs are world views related to family planning. In general, a belief is an opinion or conviction a person holds to be true. Beliefs may be underpinned by community norms, or, for example, by religion. Beliefs are subjective.

Source: Social Norms Lexicon https://irh.org/resource-

- The Definitions box implies that Attitudes and Belief overlap but are distinct.
- However in the rest of the brief they are used together and without distinction and sometimes interchangeably.
- Consider a more delineated definition or cub them together in the definitions box

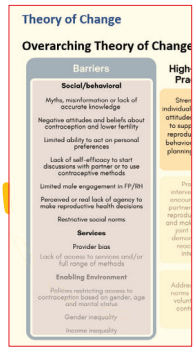
Section: Background

- As above, SE and agency are called out as important but not included in the practice. We think they should be included—they are individual level changes that SBC programs frequently target, as a belief that one has the "power to produce desired effects through one's actions" and the "capacity to make free choices and act independently on them" are important to achieving one's FP goals.
- Change "increase healthy FP behaviors" to something less value-laden (e.g., support individuals use of FP in line with their aspirations, intentions, needs and preferences).

Section: Theory of Change

- TOC includes knowledge, beliefs, attitudes, self-efficacy and agency under barriers which makes sense and is why we think all of these should be addressed by this practice.
- TOC also includes lack of male involvement and restrictive social norms, in line with the couple and social norm SBC briefs.
- Not sure why services and enabling environment are included in the TOC as they are specific to these 3 SBC briefs.

Section: Theory of Change



- Consider a more uniform approach to TOCs for all three SBCC briefs. They are all very different.
- Consider remoing the Services and Enabling Environment Barriers
- Consider removing the Male Participation and Social Norms barriers
- Focus on the KAB or Individual level barrers.

Section: Why is this practice important

- This section appears to be missing

Section: What is the Evidence of Impact?

- Editing for grammar, spelling, etc. needed in this section.
- The section on evidence that KAB's affect FP behavior overall is fine. However, the call-out of SE and agency is odd given that these factors are explicitly excluded from the practice (although authors note that 5 of the 6 studies analyzed showed positive effect on KABs and FP self-efficacy and FP outcome.) Also, SE is not a 'behavioral' factor, it's a psychosocial factor (i.e., it's a belief).
- The next 2 sections—'what interventions address KABs', and 'what's the evidence for SBC interventions on particular groups', are difficult to parse (see more below).
- The way this section is organized makes it difficult to discern what the key SBC interventions are that impact KAB's, what the overall evidence is for impact, and where the gaps are.
  - Are the examples in the table examples of "types", or do the represent the strongest evidence, or something else?
  - In the section that describes impact among various groups: The categories start with large scale, and then, focused on limited geographic locations, and then specific target groups. This seems like apples and oranges.
- Another possible way of organizing this section would be by intervention category (i.e., whatever the categories of interventions that have the most evidence of impact--mass media, digital; IPC; counselling; comm mob (?)—and then talk about for which groups these interventions have shown impact. One could even, potentially, include a table that, instead of specific interventions, summarizes the evidence for each CATEGORY of intervention (with links to some of the other briefs or resources that describe these SBC interventions), with a column that indicates for "which groups" there is evidence for effect.

Finally, reference to Appendix 1—a fuller list of SBC intervention studies that measured impact on KAB's—didn't see Appendix.

Section: What is the Evidence of Impact?

- The table of five studies was useful but intent of the table was not clear
- Concur on the need to re-organize. Sometimes the evidence seemed so 'mixed' was not clear if we can claim this to be High Impact Practice
- Check for consistency of Effects on KAB and Impact on FP for Study #4

Guinea (Camara et al., 2018)	Clinic staff provided pregnant women either reinforced or routine antenatal counseling. Reinforced counseling included an additional **one-on-one session with a provider** and focused on modern and traditional **postpartum FP** methods. Routine counseling consisted of **group sessions** covering a range of topics including nutrition, childbirth, immunization, and FP.	At nine months postpartum, women who received reinforced counseling were significantly more likely to know about pills, IUDs, implants, and traditional methods than women who received routine counseling. Women who received reinforced counseling were significantly more likely to report FP non-use due to planned abstinence (70.5%)	At six months postpartum, use of FP was low and similar across both the intervention and control groups. However, at nine months postpartum, the proportion of women using a modern FP method was significantly higher among women in the intervention group (5.7%) than the control (1.1%).

Section: How to Do it: Tips from Implementation Experience

- The first tip says to focus on behavioral outcomes. Not clear why this is emphasized. One may want to measure behavioral outcomes, and that may be an overall or one of the goals, but if the program is trying to influence KABs wouldn't you want the focus to be on influencing KABs, not the behavioral outcome?
- The second tip should be split into two separate tips—1) address other barriers in conjunction with KAB, 2) draw insights on KABs through formative research.
- The 3rd tip is confusing, and several of the tips seem focused on knowledge and information transfer, barely mentioning attitudes and beliefs. Only the one that is focused on message design seems to draw more fully on what behavioral science has taught us about how to influence not just knowledge but attitudes and beliefs.

Section: How to Do it: Tips from Implementation Experience

- It may be useful to 'Include measures of KAB as well as the Outcome Behaviours.' since that may the most valuable way to understand changes with clients even if we don't see 'changes in use'

> **How to do it: Tips for implementing SBC interventions**
>
> - **Make sure your overall program objectives focus on behavioral outcomes.** *Strengthening individuals' knowledge, attitudes and beliefs* is an important intermediate objective, but is insufficient on its own to see changes in behavior. Be sure that the ultimate program objectives go beyond raising awareness of, or increasing knowledge about, family planning, and include behavioral outcomes such as the percentage of

- Not sure if we need to refer to Circle of Care © which is basically referring to user status/stage.

Section: Indicators

- We know that general knowledge about FP is high, so why focus on that as a key indicator, why not something related to an important misconception or belief?
- SE is included as the 3rd indicator and yet SE is left out of the practice.

Section: Priority Research Questions

- It is not clear where the research questions come from—what in the evidence reviewed suggests that these are the gaps/important areas for further research? Would be helpful to clarify.
- The questions are also very broad (or very specific in the case of PPFP).
- Almost seems to state the purpose of the HIP Brief itself

Thank you

Additional comments

- From John Stanback:
  I noticed that, in the definitions box, the definition of attitudes, i.e., that they are "personal evaluations of how the world should be," really didn't sound right to me. For example, if I have a negative attitude about contraception because I think it's bad for one's health, that really says nothing about how the world should be. The citation for the definition is the IRH Social Norms Lexicon, which does indeed mention "how the world should be." But—with all due respect to the IRH Lexicon—I think it is in error. The Lexicon cites the American Psychological Association online dictionary, and when I checked that, the APA does indeed define attitudes as "personal evaluations" that are negative or favorable, but nothing is said about "how the world should be." So I think the definition needs some correcting.
-

HIP Brief Impact Section Standardization

- TAG guidance for HIP brief Impact Sections
- Review all HIP brief impact sections for consistency

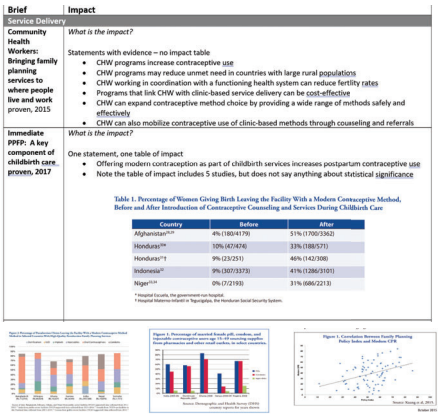
Karen Hardee, Michele Weinberger, Barbara Seligman, Roy Jacobstein, Mario Festin

HIP TAG Meeting

June 2021

Consistency in Impact Sections

- No consistent format or length
  - All have statements of impact with paragraphs of evidence
  - Some have tables, graphs and/or figures
  - Various lengths



Brief	Impact
Service Delivery	
Community Health Workers: Bringing family planning services to where people live and work proven, 2015	*What is the impact?* Statements with evidence – no impact table • CHW programs increase contraceptive use • CHW programs may reduce unmet need in countries with large rural populations • CHW working in coordination with a functioning health system can reduce fertility rates • Programs that link CHW with clinic-based service delivery can be cost-effective • CHW can expand contraceptive method choice by providing a wide range of mthods safely and effectively • CHW can also mobilize contraceptive use of clinic-based methods through couseling and referrals
Immediate PPFP: A key component of childbirth care proven, 2017	*What is the impact?* One statement, one table of impact • Offering modern contraception as part of childbirth services increases postpartum contraceptive use • Note the table of impact includes 5 studies, but does not say anything about statistical significance

Table 1. Percentage of Women Giving Birth Leaving the Facility With a Modern Contraceptive Method, Before and After Introduction of Contraceptive Counseling and Services During Childbirth Care

Country	Before	After
Afghanistan[24,25]	4% (180/4179)	51% (1700/3362)
Honduras[26]	10% (47/474)	33% (188/571)
Honduras[27]†	9% (23/251)	46% (142/308)
Indonesia[22]	9% (307/3373)	41% (1286/3101)
Niger[23,24]	0% (7/2193)	31% (686/2213)

* Hospital Escuela, the government-run hospital.
† Hospital Materno-Infantil in Tegucigalpa, the Honduran Social Security System.

Consistency with Impact Sections

No consistent format of tables

Examples of table shells in HIP briefs

Table 1: Selected findings with evidence informed interventions for healthy couples' communication that has increased uptake of modern contraception.

Country/ Citation	SBC intervention	Impact on Couple Communication	Impact on Contraceptive uptake	Impacts on GBV/gender equality [- effect is better in this case]

Table 1. Interventions that lead to social norm change: program evaluations that showed positive change to social norms that affect family planning-related behaviors

Country	Intervention components	Effect(s) on social norms	Citation

What Social and Behavior Change (SBC) interventions address KABs to enable healthy family planning-related behaviors?

Country (citation)	Intervention components	Effect(s) on KABs	Impact on FP outcome

Table 1. Studies Examining the Effect of Digital Technologies [for SBC] on Contraceptive Use

Country	Participant description	Intervention	Summary Result

Table 1. Evidence Summary of the Effect of Social Franchising on Modern Contraceptive Use

Country (Sample Size)	Intervention	Modern Contraceptive Use	Summary

No consistency in reporting statistical significance in the tables

FP/immunization brief:

NSSC

+ indicates statistically significant positive change at the .01 level or higher

Social franchising brief

Statistical significance was explained in the summary column – after the numeric findings were provided in the previous column

Healthy couple communication brief:

✔ Statistically significant

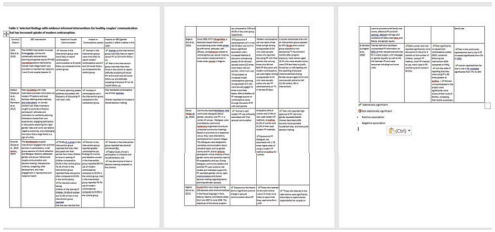
Ⓝ Not statistically significant

\+ Positive association

\- Negative association

Consistency with the Impact Sections

- Impacts (e.g. FP use) and intermediate outcomes (e.g. changes in social norms, improved responsiveness) both reported
- SBC briefs have long, text-heavy tables, compared to SD briefs



TAG guidance for HIP brief Impact Section

(draft is in the TAG folder for review)

The TAG recommends that:

- The members of the HIP Technical Expert Groups (TEGs) are engaged in the literature search that informs the impact section as much as possible.
- The search is well-tailored to the topic.
- The HIPs are NOT systematic reviews. Therefore, it is not necessary to include every possible available article
- Start with the most recent articles and ensure geographic diversity. Ensure seminal articles are included.
- Include grey literature for HIPs where the evidence in the peer-reviewed literature is slim. This should be relevant for the HIPs that are categorized as "promising."

TAG guidance for HIP brief Impact Section

FAQs:

- Is there a cut off in terms of the age of the articles to include?
- Can TEG members bring in articles not identified in the original literature search?
- If there is a significant number of articles that were reviewed but that do not all fit in the evidence section, what should we do with that information?
- Taking into consideration that this is not a systematic review, how do we make sure we do good justice to the literature but at the same time are not constrained (in cases of evidence gaps due to the topic being "common knowledge") or overwhelmed by it (such as in the case of the knowledge, attitudes, and beliefs briefs where the association of those three factors with FP outcomes is voluminous).
- Is it OK to include qualitative articles in the impact section?
- Can we include a Master's thesis?
- Should the impact section be different for the different types of HIP briefs (i.e. service delivery, SBC, enabling environment).

Questions for discussion

- What do we mean by "standardizing the impact section"? Given the diversity of HIPs (SD, SBC, EE, enhancements) – is standardization possible or desirable?
  - Are there any parameters we can provide to expert teams/writers?
  - Do we need a word limit?
  - Are there some guidelines we can provide on the tables?
    - How important are tables that clearly show the quantitative evidence without a lot of text?
    - How important is clearly indicating statistical significance?
  - Other?
- Any comments on the draft TAG guidance on HIP brief Impact Section?

Theory of Change (ToC) Format Update

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

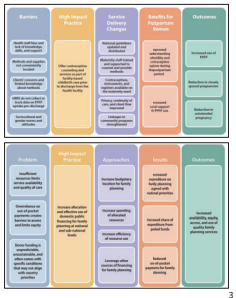
Maria Augusta Carrasco, PhD
Senior Implementation Sciences Technical Advisor

Overview

- What is the ToC?
- Updated guidance

What is the ToC?

The TOC is a key element of the service delivery, social and behavior change and enabling environment HIP briefs as it provides in a graphic version the logical thinking of the team in terms of how the HIP can help to address various barriers and lead to various outcomes. It is not necessary to include a TOC in the enhancement HIP briefs.



Updated Guidance

Barriers	HIP	Service delivery change Outputs (core components)	Intermediate Outcomes/Benefits	HIP Outcomes *(specific to the HIP)*
List specific barriers to achieving various generic or overarching FP outcomes (i.e. contraceptive uptake, reducing unintended pregnancy, etc.) that the HIP helps to address	Write in the High Impact Practice	Note the "core components" of the HIP. The core components are the elements essential to the HIP and that should be present to call the practice a HIP	Write the intermediate outcomes or benefits in the pathway to get to the HIP outcome that should result from implementing the HIP	Write the main outcome(s) that should directly result specifically from this HIP. Do not include generic FP outcomes such as increasing CPR or reducing unintended pregnancies

Updated Guidance – Example

Barriers	HIP	Service delivery change Outputs (core components)	Intermediate Outcomes/Benefits	HIP Outcomes *(specific to the HIP)*
• Health staff bias • Lack of knowledge, skills and support • Methods and supplies not conveniently located • Clients' concerns and limited knowledge and methods	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility	• Documentation and monitoring to ensure voluntarism and informed choice • Leverages antenatal care visits to educate clients on contraception • Plans for contraceptive uptake later during postpartum period • Ensures adequate supplies and availability 24 hours/day, 7 days/week • Encourages health facility leadership	Improved understanding of fertility and contraceptive options during the postpartum period Increased social support for PPFP use	Increased use of PPFP

Thank you!

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Addressing Social Norms- Thinking Big

- Recognizes importance of contextual factors in shaping contraceptive behaviors
  - Social norms can create openings for program success …. And doom interventions that may be highly effective in other contexts
- Further broadens scope from "changing" social norms to "addressing" them
- Social norms contribute to "last mile" family planning challenges
  - Early marriage
  - Childbearing immediately following or concurrent with marriage
- Norms are weak or strong, sticky.
  - Helpful to differentiate.

Rationale for Social Norms HIP

- Social norms affect success of FP programs (through demand- and supply-side factors)
- Social norms >= personal preferences in predicting contraceptive behavior
- Sustainable FP programs and outcomes require change in social norms regarding contraceptive and family size preferences

Theory of Change: Observations & Questions

Overall:
- Would be helpful to see pathways connecting barriers, changes, outcomes, and impacts.

Impacts:
- Missing improved healthy timing and spacing of pregnancies and smaller families? Why is this an outcome not an impact?

Outcomes:
- Social norms reinforce gender and social inequities. So, shouldn't social norm outcomes reflect changes in these inequities? E.g., increased couple concordance re fertility aspirations and FP use?

Changes:
- These changes seem very broad and occur as a result of many different factors (e.g., decreased backlash may occur in response to improved counseling re side effects or intro options with fewer side effects)

Barriers: Greater specificity would help here. #3 is a hodgepodge; Is lack of access to quality services a social norms issue?

Where are the interventions/outputs?

Evidence that social norms influence attitudes and use of FP (1)

- Range of evidence cited is mostly cross-sectional and qualitative – so mainly looking at association and not causation
  - Intervention studies are not the best ones for social norms
  - Evidence predominantly from Africa – *is this an issue?*
- The circumstantial evidence is quite overwhelming that
  - Evidence that reporting positive social norms about FP is associated with favorable a attitudes towards FP is strong
    - Causation issue: are people justifying FP use by saying they are doing what society thinks is right? Are there longitudinal studies?
    - Is there scope to do macro level analyses or use multi-level methodologies to look at the net effect of individual and community effects? (if some of the studies use multilevel analyses, it would be good to highlight them in the paper)

Evidence (2)

- Niger finding that social norms influence FP behavior among non educated and not among educated women suggests need to differentiate role of social norms at different stages of the fertility transition (is it more critical in pre-transition settings?).
- Apart from potential influencers like religious leader, family friends and neighbors – look at role of political leaders as potential shapers of social norms? *Laws formally inscribe social norms…*
- Avoid using the term "harmful norms and behaviors": norms against FP are not necessarily harmful and some norms may be driven by genuine fears about side effects of FP (missing in the paper).
- Persistence of traditional methods among the more educated and urban women show people think there are alternatives to modern FP

What interventions address social norms to enable uptake of family planning?

- "Dsymorphia" between interventions and scale of outcomes/impacts?
- Data limitations: Studies look at how interventions affected perceptions on how network or community members would approve or support FP and not at actual contraceptive use behavior
- Framing of the effects in the interventions study speaks to the association issue (are people more inclined to say what they are doing aligns with society expectations or norms?)
- In general, the strength of evidence does not seem strong???
  - Limiting evidence to intervention studies misses some of strongest causal evidence about social norms change in family planning (e.g., Grant Miller Malaysia work)

Implementation Measurement and Priority Research Questions

- Implementation measurement should include measurement of transition from approval to use, and how social norms may affect this.
- Need to look at impact beyond reflective dialogues, and the relative impact of alternative interventions or combinations of interventions
- Need to examine relative role of social norms interventions at different stages of FP and fertility transition

Conclusion

- The brief does a good job in defining the problem, theory of change, and outlining the key evidence and tips for operationalizing the social norms interventions
- Most of the literature on the impact of social norms on FP and RH behaviors is circumstantial, based on cross sectional data, and mostly from Africa
- Given emphasis on the impact of individual intentions versus social norms, analysis should emphasize literature that distinguished these impacts (such as multi-level and longitudinal studies)

Measures for ultimate FP outcomes

Updates for TAG June 2021

Karen, Michelle, Roy, and Jameel

From out last TAG discussion

- What are the ultimate outcomes to include in the Evidence section? We have used increase in mCPR. However, in the Drug Shops & Pharmacies brief, there are other outcomes, such as enhancing accessibility for certain groups.
- Need a subgroup to think about the ultimate outcomes we are linking to, beyond increased mCPR, e.g. increased access, etc. The evidence working group will look into this and offer options.

Yellow text = new revisions		Primary	Additional HIP Outcomes			
	Outcome:	Increase mCPR	Expand Method Choice, Quality, and Coverage	Reach Diverse Underserved Groups	Address Social Cultural Barriers	Reduce Financial Barriers
Linking HIP outcomes with existing frameworks	Equity Framework:		*Environmental Equity*	*Social Equity*		*Economic Equity*
	AAAQ:		*Availability, Quality*	*Availability*	*Acceptability*	*Accessibility*
Post-abortion FP	Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based post-abortion care.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Immediate PPFP	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Integrate FP into Immunization	Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts.	✔		Reach women who might not have been reached otherwise (may not seek services)		*Secondary: integrating services reduces number of visits needed*
Mobile Outreach	Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods.	✔	Increase coverage of LARC services			*Secondary: provide free services*
Social Franchising/ Quality Assured Networks	Organize private providers into branded, quality-assured networks to increase access to provider-dependent contraceptive methods and related services.	✔	Increase coverage of private sector services			
Drug Shops/ Pharmacies	Train and support drug-shop and pharmacy staff to provide a wider variety of family planning methods and information.	✔	Increase coverage of private sector services			
Social Marketing	Support distribution of a wide range of contraceptive methods and promotion of healthy family planning behaviors through social marketing.	✔	Increase coverage of private sector services			*Secondary: provide subsidized products*
Community Health	Integrate trained, equipped, and supported		*Secondary: reach remote*	*Reach underserved*		

Next Steps

- Discussion
- Finalize content
- Add SBC Briefs (all, just new ones?)
- Where/how will this live?
  - Accessible online tool?
  - Other?

Enabling Environment High-Impact Practices: Framework and Overview Brief

Jay Gribble

USAID FROM THE AMERICAN PEOPLE

HP+ HEALTH POLICY PLUS

Recap: Recommendations from key informant interviews

01 Sharpen and reframe Policy, Leaders and Managers, and Galvanizing Commitment

02 Develop an overarching framework for the enabling environment

03 Develop new topics to address emerging priorities for strengthening the enabling environment

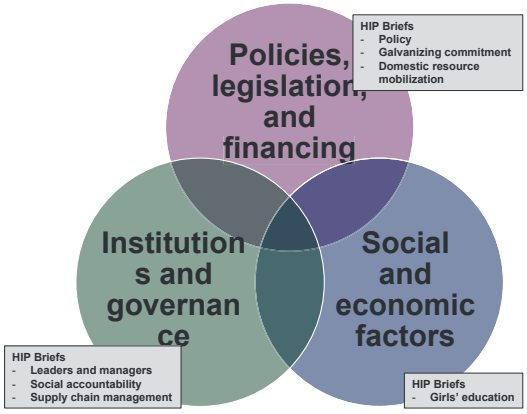
2

Status update: recommendations and next steps

- Working group of HIP TAG members are developing the framework and overview brief
- Updating the Policy and Leaders and Managers briefs
- Developing HIP brief on social accountability
- Will revisit the Galvanizing Commitment refresh after social accountability brief is developed

3

Enabling Environment Framework



Enabling Environment Overview Brief

Outline for 4-page brief

- Follows structure of the SBC brief
- 5 sections
  - Introduction
  - Enabling environment framework
  - Enabling environment high impact practices
  - Tips for implementation
  - Tools and resources

EE Overview Brief Outline

Introduction	• Definition and description of the enabling environment, and its relationship to family planning
Enabling Environment for Family Planning Framework	• Description of the enabling environment for family planning framework • Discusses how the components of the enabling environment work together to support family planning
Enabling Environment High Impact Practices	• List and description of EE HIPs • Discusses how the enabling environment practices support and leverages other HIPs

EE Overview Brief Outline (continued)

Tips for Implementation	• Describes tips for implementing enabling environment HIPs
Tools and Resources	• Provide list of tools and resources to support implementation of enabling environment HIPs

Next steps and timeline

Jun – Jul	• Write brief
Aug - Oct	• EE working group reviews and comments on first draft of the brief; writer incorporates comments into subsequent drafts
Nov - Dec	• HIP TAG reviews brief during December TAG meeting
Jan 2022	• Finalize and publish brief

HP+
HEALTH POLICY PLUS
Better Policy for Better Health

http://healthpolicyplus.com
policyinfo@thepalladiumgroup.com
HealthPolicyPlusProject
@HIthPolicyPlus

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

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SBC Brief: Promoting Healthy Couples' Communication to Improve RH Outcomes

Discussants: Erin Mielke, Alice Payne Merritt

July 1, 2021

General Comments

Brief is very strong

Well-organized and clear

Demonstrates magnitude of impact on FP use

Results are from a wide range of settings and demonstrate replicability: from 8 countries in Asia, Africa, LAC

Needs minor edits

Comments by Section

What is the HIP? Promote interventions demonstrated to encourage sexual partners to discuss family planning/reproductive health and make equitable, joint decisions to reach fertility intentions

- Recommend stronger verb "Conduct" or "Implement"
- Recommend "couples" (conveys a unit) and is used throughout the rest of the brief

Background

TOC: This is clear, and is aligned with the other SBC briefs

Comments by Section

Why is this practice important?

- 1st paragraph (All couples can benefit…)- doesn't seem as strong as 2nd paragraph (communication is correlated with FP uptake)- possibly switch the order?
- 3rd paragraph (gender equality) mentions "scripts" (heuristics in behavioral economics): this is super useful -- but doubt many readers will understand this well. Needs a half a sentence to define/describe.

Comments by Section

What is the evidence? (Table 1)

- Lot of great evidence (India, Malawi, Rwanda, Nigeria, Kenya, El Salvador, Bangladesh, Nepal)
- Nearly all results are statistically significant
- Results are consistent across all studies:
  - *positive impact on couples communication was consistent across all studies*
  - *positive impact on contraceptive uptake across all studies*
  - *decrease in IPV or attitudes accepting IPV was consistent in the studies that measured this*
  - *increase in gender equality was consistent in the studies that measured this outcome*

Comments by Section

Table 1 (cont'd)

- Clarify heading of last column and use of symbols (+ vs - impact: a negative impact is better for GBV but a positive impact is better for gender equality)
- 2 studies (Kenya and El Salvador) need to be more explicit about whether they were conducted with single-sex participants or with couples together.
- Malawi study shows an FP uptake result that belongs in the column to the right (and frequency of FP discussions only belongs in column where the result is shown)
- Legend below table - The symbol for statistical significance (✔) is used for all studies (not every single result), but some symbols (🚫, +, -) are not used at all. Delete these entirely or add where appropriate within the table

Comments by Section

How to do it: Implementation Tips

- Section is a bit long, not sure if any of the points can be combined?
- Info is all clear
- Perhaps the reference to "scripts" (see comment above) can go here in the paragraph on self-efficacy

2 Call-out boxes -- these are useful examples

Comments by Section

Implementation Measurement

- Recommend adding social media (channel) under the recall of the practice

Priority Research Questions

- These span a wide range of issues. Is it useful to have somewhat narrower focus?
- Note, no data shown on cost effectiveness in the brief, and this is not included as a priority research question

Tools and resources

- These are the ones mentioned in the text above (i.e., consistent)
- There are a lot of references and tools on men in this brief. Are there sufficient or equal resources on working with women?

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Evaluation of High Impact Practices in Family Planning Products

Highlights from the Summary Report
April 2021

2

Presentation Outline

- Evaluation design
- Results: KM4GH logic model elements
- Discussion: research questions

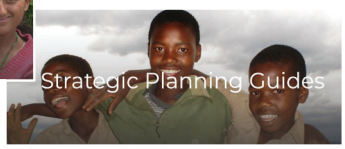
3

Evaluation Design

4

Objective

To assess whether and how HIP products were being used among health professionals at the country and global levels and how exposure to a HIP product affected knowledge, attitudes, and beliefs related to High Impact Practices in Family Planning.



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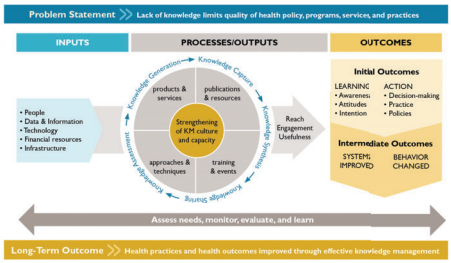
Research Questions

1) Are the HIP products being used to enhance programming on the ground?
2) Is there any evidence of increased implementation of high-impact practices, and is there any evidence that the HIP products contributed to that?
3) If HIP products are not being used, why not?
4) Are they a global good available on a worldwide basis?
5) What could we do to make them better and improve their utility to key stakeholders?

Theoretical Framework



Knowledge Management for Global Health Logic Model

- Developed by the Global Health Knowledge Collaborative with leadership by CCP
- Key elements:
  - Reach
  - Engagement
  - Usefulness
  - Learning
  - Action

Methods

Interview Participants

- Purposive sampling
- Criteria to select priority countries
- 35 family planning professionals
  - Global-level participants (n=7)
  - Country-level participants (n=28)

Data Collection

- Virtual interviews
- English, French, Spanish

Analysis

- Transcripts and notes
- Manual coding and Atlas.ti

Results

Participant Characteristics

Location	Country breakdowns	Interview language
Global (n=7)	U.S. and Geneva (n=2 each), Paraguay, Panama, and Uruguay (n=1 each)	English
South Asia (n= 7)	India (n=5), Pakistan (n=2)	English
Anglophone Africa (n=10)	Ethiopia (n=2), Kenya (n=3), Nigeria (n=5)	English
Francophone Africa (n=6)	Burundi and Mali (n=2 each), Senegal and Togo (n=1 each)	French
Latin America (n=5)	Colombia (n=4), Mexico (n=1)	Spanish

Other Demographics

- **Sex**
  - Female 66.5%
  - Male 33.5%
- **Organization type**
  - Non profit 37%
  - Donor (multilateral) 20%
  - Network/association 14%
  - Donor (foundation) 11%
  - National government 9%
  - Donor (bilateral) 9%
- **Job type**
  - Technical/programmatic officer 71%
  - Director/senior leader 29%
- **Level of HIP product use**
  - Heavy user (provided examples) 51%
  - Light user (read for reference) 26%
  - Non-user 23%

Reach and Engagement

- **First time hearing about HIP products**
  - Meetings, workshops, and training opportunities that specifically highlighted HIPs
  - Co-workers and colleagues, partner organizations, or networks and professional associations
  - Internet searches and links from other websites
- **Sharing of HIP products**
  - With their co-workers/colleagues, staff members in partner organizations, and government officials
  - Via email (link and PDF) network listserv, social media
  - Positive feedback from those received HIP products

Usefulness

- **Quality of HIP products**
  - Indicated by many:
    - Format and length are just right
    - Content is simple yet comprehensive
    - Level of language is technically adequate
  - Noted by a handful or less :
    - Too lengthy or too condensed
    - Potential translation-related issues (Spanish)
    - Potential product categorization issue

Usability of HIPs Website

"I like the arrangement and color coordination."

"The site is appealing and the way things are arranged is good."

"The layout is user-friendly, and it is well done."

Learning and Action

Many use examples were collected

Up to date knowledge
(Nigeria)

I read all of them - because I am interested, and some of them were recommended. You want to know what other people are doing to inform your proposals very comprehensively, look at what has been done so that you do not repeat, and learn what was not very successful.

Inform programs
(Burundi)

We use the products regularly during our planning meetings to plan our interventions for the coming year. We also use the products during our project evaluation phase to see if the implementation was done correctly.

Design strategies
(India)

We are working with the government and currently exploring if there is an opportunity to leverage any of these high impact practices for strengthening program implementation.. I'm collecting some strategies for expanding self-care and looking at the role of pharmacies and drug shops.

Learning and Action

List of HIP products most frequently mentioned by participants

HIP product topic		Type	Categories	Mentions
1	Immediate PPFP	Brief	Service delivery	9
2	Postabortion family planning	Brief	Service delivery	8
3	Social franchising	Brief	Service delivery	6
4	Community health workers	Brief	Service delivery	5
5 (tied)	Community group engagement	Brief	Social and behavior change	4 (each)
	Supply chain management	Brief	Enabling environment	
	Engaging men and boys	Planning guide		

Values and Benefits

- **Advocacy and information sharing:**
  - To promote and reinforce high impact practices that were considered or were already in use
  - To inform their partners and counterparts as well as other organizations about HIPs
- **Implementation:**
  - To determine which practices were relevant and feasible and design family planning interventions

Suggestions for Improvement

- **Increased dissemination:**
  - To explore additional mechanisms and make systematic and intentional efforts
    - Revisit existing communications plan
    - Community-based organizations, professional networks/associations
    - Training, seminars, targeted in-person outreaches, social media, webinars
- **Increased use:**
  - To incorporate HIP products in the national system, policy, and curriculum
  - To consider different formats or auxiliary products

Discussion

Research Question 1

Are the HIP products being used to enhance programming on the ground?

↓

Substantial evidence in the countries selected for the evaluation

- For decision-making purposes and informing policy, strategy, and practice
  - Organization types: government, donor agency, professional association, and nonprofit organization
  - Job types: policy makers, technical advisors, program officers, and network coordinators
- Service delivery briefs are accessed more often compared to other HIP products
- Users either share HIP products electronically or knowledge gained from the products with others to ensure that HIPs are integrated into family planning programs, projects, and activities

Research Question 2

Is there any evidence of increased implementation of high-impact practices, and is there any evidence that the HIP products contributed to that?

↓

HIP products support the implementation of HIPs

- Evidence-based information and programmatic guidance in a user-friendly format
- However
  - Effect of HIP products in overall family planning achievements may be recognized as just contributory
  - Data, information, and knowledge gained from HIP products play small parts in the entire resources and tools supporting family planning efforts
- To further examine the evidence of increased implementation of HIPs and direct contributions made by HIP products, a follow-up study with a more rigorous design may be considered

Research Question 3

If HIP products are not being used, why not?

↓

Information presented in HIP products can be too basic or too general to address a specific context of the country

- A small segment of users not using HIP products specifically for programming:
  - Still think of HIP products as valuable and relevant resources
  - Tend to read HIP products to keep their knowledge up to date with the latest evidence
  - Already very familiar with the type of activities covered by HIP products or working in a country where most HIPs have been tested and well integrated in the national family planning program
- Only two people did not know about the products before the interview

Research Question 4

Are they a global good available on a worldwide basis?

↓

HIP products can be easily accessed, understood, and used by family planning professionals across different countries

- Global-level users:
  - Highly support the collective effort to update existing products and identify other HIPs to publish new products
  - Often serve the role of knowledge broker to country-level users by sharing the latest news about the HIP products and incorporating HIP products into guidelines and training materials
- Some language-related challenges:
  - English versions, developed and then translated into other languages, may not adequately address unique family planning and reproductive health context in some regions
  - Proven vs. promising

Research Question 5

What could we do to make them better and improve their utility to key stakeholders?

↓

Useful suggestions particularly about connecting with family planning practitioners on the ground

- Enhance targeted outreach:
  - Audiences who are providing family planning services on the ground—including health officers, service providers, community health workers, and midwives
  - With other easy-to-disseminate formats, such as developing social media graphics.
- Reflect the voice of those community-level audiences from the initial stage of HIP product development to increase relevance and usefulness
- Continue to reach out to users and collect their feedback

Lessons Learned & Limitations

- The sample size for each country not large enough to make country-specific recommendations
  - Suggest approximately eight interviewees per country to assess country differences
- One member of the study team cleaned, coded, and analyzed the data
  - Consistency of data outputs and the quality of evaluation findings
- Deliberate effort to distinguish between the HIP product use and the HIP implementation
  - Interest in monitoring, evaluating, and learning about HIP implementation experiences

Findings cannot be generalized to the entire study population or community (in this case, all HIP product users)

JOHNS HOPKINS Center for Communication Programs

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

R4S Research for Scalable Solutions

Measuring the Scale, Reach, and Quality of Family Planning High Impact Practices

Methodology & Core Components

USAID FROM THE AMERICAN PEOPLE | fhi360 | EVIHDAF | Makerere University | psi | Save the Children.

Goals & Objectives

- **Goal** - Develop and apply a replicable approach that measures the scale, reach, quality, and cost of HIPs, information which will help countries critically analyze and maximize their investments in comprehensive FP strategies
  1. Measure the current **horizontal and vertical scale** of implementation of 2 - 3 service delivery HIPs per country;
  2. Measure the current **reach** of those selected HIPs to sub-populations by age, urban/rural location of service delivery points, and, if applicable, new FP users;
  3. Assess **quality** of services for selected HIPs, including policy-level intention and readiness of services to offer the HIP;
  4. Estimate the **costs** of implementing and sustaining service delivery, and identify the cost drivers and efficiencies for selected HIPs

Selected Priority HIPs per Site

Uganda	Nepal	Mozambique
Postpartum Family Planning	Postpartum Family Planning	Postpartum Family Planning
Community Health Workers	Community Health Workers	
Drug Shops and Pharmacies		
		FP-Immunization Integration

Assessment of Horizontal & Vertical Scale

Horizontal Scale – Geographic coverage

Vertical Scale – Institutionalization into systems

Scale: Horizontal	Scale: Vertical
Data sources: Service statistics, desk review	*Data sources: MOH KIIs, desk review*
Number and proportion of districts/sub-districts where HIP is being implemented	Policies exist to support HIP implementation (ex. task-sharing to CHWs, authorization for drug shop providers to offer FP, etc.)
Number and proportion (when possible) of health facilities/CHWs/drug shops implementing the HIP by district, level in the health system, and overall	National guidelines (including norms and procedures) exist for HIP service provision
Monthly number of clients, visits, and/or FP commodities dispensed through the HIP by district, level in the health system, and overall in the past 12 months	Logistics Management Information System includes/supports HIP service delivery
Number and proportion of providers/CHWs/DSOs trained in the HIP by district, level in the health system, and overall	HIP service provision captured in Health Management Information System
	Government-endorsed training curricula available for HIP (pre- and in-service)

Assessment of Reach

Reach –
HIPs delivered to sub-groups, by urban/rural and age

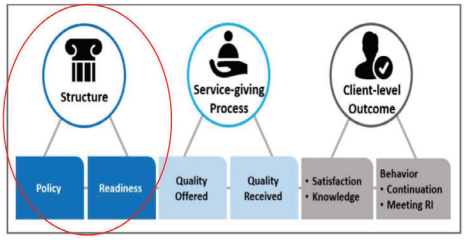
Reach
Data sources: Service statistics
Monthly distribution of clients, visits, and/or FP commodities dispensed through the HIP by district, level in the health system, and overall in the past 12 months by age
Monthly number of clients, visits, and/or FP commodities dispensed through the HIP by district, level in the health system, and overall in the past 12 months by urban versus rural location
For IPPFP and FP/IZ: Monthly proportion of all FP clients, visits, and/or FP commodities dispensed through the HIP
If available: • Monthly number of new and restarting/first-time* users served through the HIP by district, level in the health system, and overall in the past 12 months • Monthly proportion of total users that are new and restarting/first-time* users served through the HIP by district, level in the health system, and overall in the past 12 months

*Definitions of new and restarting/first-time users may vary by country

Defining Quality

- **Quality** – The extent to which the practice is being implemented in accordance with guidance
- Need to define "**core components**" or essential elements that must be implemented in order for us to consider the practice as being implemented
- Review of HIP briefs and collaboration with HIP expert groups to define core components

Assessment of Quality



Jain, A.K., J. Townsend, and S. RamaRao, *Proposed metrics to measure quality: Overview*, in *Working Paper No. 3*. 2018, Population Council: New York.

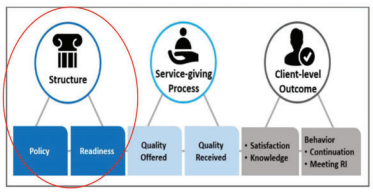
Core Components: IPPFP

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

Assessment of Quality

Policy –
KIIs with managing authorities, including Ministries of Health, and document review to verify that core components are met

Readiness –
Assessed via health facility surveys (IPPFP, FP/Immunization) and provider interviews (CHWs, DSOs)



Jain, A.K., J. Townsend, and S. RamaRao, *Proposed metrics to measure quality: Overview*, in *Working Paper No. 3*. 2018, Population Council: New York.

Quality Assessment: Policy (examples)

HIP	Core component	Policy component
CHWs	Assures CHWs have necessary supplies and materials to fulfill their roles	Managing authority uses/refers to a national Norms/Procedures document that describes how CHWs will be re/supplied
Drug Shops & Pharmacies	Conducts periodic visits of drug shops and pharmacies to ensure the quality of services and products	Managing authority uses/refers to a national Norms/procedures document describing who should perform supervision visits and at what interval
FP/Immunization	Trains providers for FP/IZ per local guidance	Managing authority uses/refers to a national Training curriculum that includes FP content/messages for vaccinators
IPPFP	Monitors, reports, and assesses on counseling and uptake of methods for post-partum clients	Monitoring report (via HMIS or other database) of relevant indicators

Quality Assessment: Readiness (examples)

HIP	Core component	Readiness component
CHWs	Assures CHWs have necessary supplies and materials to fulfill their roles	CHWs have appropriate methods (the ones they can offer) and counseling materials on-hand
Drug Shops & Pharmacies	Conducts periodic visits of drug shops and pharmacies to ensure the quality of services and products	Drug shop and pharmacy operators receive regular supervision and support
FP/Immunization	Trains providers for FP/IZ per local guidance	Providers who offer child immunization report they are ready to screen mothers for unmet need for FP
IPPFP	Monitors, reports, and assesses on counseling and uptake of methods for post-partum clients	Facilities regularly document relevant indicators through registers or other means; indicators are HIP specific

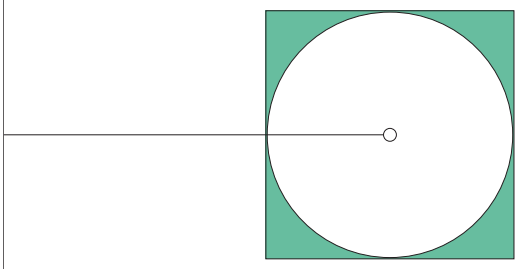
Assessment of Cost

Costing – Identifying cost drivers, start-up costs, and cost efficiencies

Cost
Interviews with program staff to complete Excel-based tool
Total cost of start-up activities when introducing HIP service by managing authority (de-identified) and level of the health system
Total annualized cost of recurring activities related to HIP service provision by managing authority (de-identified) and level of the health system
Total annualized cost broken out by type of resource (labor, supplies, equipment, etc.) by managing authority (de-identified) and level of the health system
Cost per client served with HIP service broken out by type of resource (labor, supplies, equipment, etc.) by managing authority (de-identified) and level of the health system

Next Steps

Activity	Anticipated Timeline
Finalizing core components with expert groups	July
Submit to local IRBs	July/August
Begin data collection for scale, reach, quality, and cost	August/September



Evaluation: Three Service Delivery High Impact Practices (HIPs) in Family Planning (FP) in Bangladesh and Tanzania

Susan Pietrzyk
July 1, 2021

USAID DATA FOR impact

Introductions

- PhD in cultural anthropology, worked in/around USAID programming for 30 years
- Most formative chunks of my career have been:
  - Development Alternatives, Inc. (DAI)
  - Fulbright Scholar (Zimbabwe, HIV, sexual health, activism, arts)
  - ICF: USAID Food for Peace Baseline Studies
  - ICF: USAID DHS Kenya MCH Studies
  - ICF: USAID Data for Impact (D4I), University of North Carolina Population Center:
    - Research and Evaluation Capacity Assessment Tool
    - Assessment of High Impact Practices (HIP) in Family Planning (FP)
  - ICF: USAID HSS Accelerator Project, Results for Development (R4D):
    - Institutional Architecture Framework for Health Systems Strengthening
    - Improving the Linkages between Social Accountability and Social and Behavior Change

Activity description

- Overall statement:
  - Assess implementation of service delivery HIPs
  - Inform the development of a HIP measurement framework, including recommendations on standardizing indicators
  - Two countries selected from USAID PRH priority countries
  - Four USAID-funded projects in each country
- January – March 2021: Indicator mapping to examine
  - Degree to which the service delivery HIPs are being monitored (as HIPs)
  - What data are being collected, including frequency and disaggregations
- Currently being designed: An evaluation to assess
  - Continued focus on the MEL system
  - Scale of implementation (e.g., the coverage)
  - Quality of implementation (e.g., per standards, pre-determined core components)

Selections (countries, projects, HIPs)

Bangladesh	
Advancing Universal Health Coverage (AUHC)	Chemonics
MaMoni Maternal and Newborn Care Strengthening Project (MNCSP)	Save the Children
Accelerating Universal Access to Family Planning (AUAFP) / Shukhi Jibon	Pathfinder
Marketing Innovations for Sustainable Health Development (MISHD)	Social Marketing Company (SMC)
Tanzania	
Boresha Afya Lake and Western Zones (BA-LWZ)	Jhpiego
Boresha Afya Southern Zone (BA-SZ)	Deloitte
Boresha Afya North and Central Zones (BA-NCZ)	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
Sustaining Health Outcomes through the Private Sector (SHOPs Plus)	Abt Associates, Inc.

Service delivery HIPs

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

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

Immediate post-partum family planning (IPPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities

Indicator mapping (findings)

- Monitoring of individual HIPs seems insufficient
- Few indicators to assess scale and quality of implementation
- Unclear if indicators can be disaggregated by HIP
- Limited standardization of indicators across projects
- Variably defined HIP indicators limit comparability of data
- Not apparent how gender monitored as part of HIP implementation
- Most HIP indicators not reported to national HIS

Community health worker indicators reported by USAID partners

Indicator	Bangladesh					Tanzania		
	AUHC	MNSCP	AUSCP	MISHD	BA-LWZ	BA-SZ	BA-NCZ	SHOPs
# of USG assisted CHW providing FP information, referrals, and/or services during the year	X	X	X	X	X	X		
# of CHWs supported to provide community-based services to HIV, FP, and/or TB clients							X	
# of service providers trained with support of USG funding			X				X	
# of trainers who received training in FP teaching with the support of USG funding			X					
# of training curricula developed or updated with the support of USG funding			X					
# of service providers trained on use of at least one modern communication technology for adolescents and youth with support of USG funding			X					

Community (mobile) outreach indicators reported by USAID partners

Indicator	Bangladesh					Tanzania		
	AUHC	MNSCP	AUSCP	MISHD	BA-LWZ	BA-SZ	BA-NCZ	SHOPs
# of USG supported service delivery points providing short acting and long acting and permanent methods (LA/PM)	X							
# of facilities conducting regular integrated outreach services (HIV, HIV/TB, FP/MCH)							X	
# of clients accepting FP methods through outreach						X	X	
# of people reached with USAID BORESHA AFYA -supported services through community-based outreach disaggregated by type of services					X			
# of counseling visits for FP/RH as a result of USG assistance		X						

Immediate postpartum family planning (PPFP) indicators reported by USAID partners

Indicator	Bangladesh					Tanzania		
	AUHC	MNSCP	AUSCP	MISHD	BA-LWZ	BA-SZ	BA-NCZ	SHOPs
# of facilities that provide PPFP services with the support of USG funding			X					
# of USG-assisted facilities that offer FP services immediately i.e., <48 hours) postpartum							X	
# of outlets and health facilities offering SHOPS Plus supported brands, products, services								X
# of service contacts of post-partum women delivered in Surjer Hashi (SH) clinics who left with any modern contraceptive methods	X							
# of new PPFP acceptors in USG-assisted facilities		X						
% of women initiating modern method of FP in the PPFP		X						
# and % of women receiving modern method of FP immediately (i.e. <48 hours) postpartum					X		X	
# of targeted priority products dispensed to clients with SHOPS Plus support								X
# of priority health services delivered with SHOPS Plus support								X
# of private providers trained in priority clinical areas with SHOPS Plus support								X
# of people trained in PPFP						X		

Indicator mapping (summary)

- 22 indicators in total
- 18 of the 22 from only 1 of the 8 projects
- By HIP as noted below
  - CHW: 6 indicators, 4 from only 1 of the 8 projects
  - Mobile Outreach: 5 indicators, 4 from only 1 of the 8 projects
  - Immediate PPFP: 11 indicators, 10 from only 1 of the 8 projects

Evaluation design

- Multi-layered
  - Continued work on indicator mapping
  - An evaluation
- Sequential or phased data collection
  - Multiple modes (online survey, checklist, interview)
  - Grounded theory
- HIP monitoring + HIP core components
  - Define standard, what makes HIP a HIP
  - Evaluation will investigate if standard being followed

HIP core components

- Coordinated effort
  - R4S: CHW and IPPFP
  - D4I: Mobile Outreach Services
- Approach
  - Literature review
  - HIP brief implementation how to section
  - Assessment tools from implementers
  - Expert consultation
  - Wording/style strategy

HIP Briefs are designed to develop consensus around what works in family planning.

The HIPs describe family planning practices that have demonstrated impact, are applicable across settings, and are scalable, sustainable, and cost-effective.

Mobile Outreach Services | HIPs (fphighimpactpractices.org)

How to do it: Tips from implementation experience

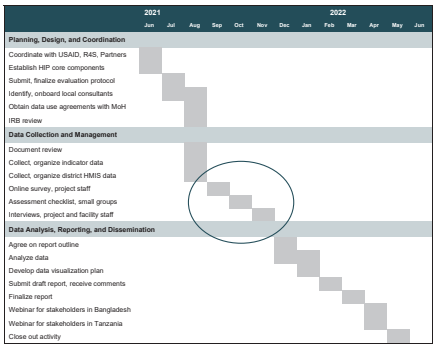
1) Coordinate with community leaders to identify appropriate locations
2) Map the geographic area
3) Ensure that sites are clean, safe, and private
4) Develop effective public-private partnerships
5) Ensure Clients Have Access to Follow-up Care
6) (Ensure Clients Have Access to Follow-up Care) Work with CHWs to assist with follow up and to refer complications to higher levels of service
7) (Ensure Clients Have Access to Follow-up Care) Use mobile phones and SMS for follow-up messaging
8) (Ensure Clients Have Access to Follow-up Care) Use hotlines for information about follow-up care
9) (Ensure Clients Have Access to Follow-up Care) Ensure mobile outreach teams are equipped to offer LARC removals, and ensure a strong referral network is in place to guarantee access to removals between visits
10) Recruit and support dedicated staff
11) Invest in sustained awareness-raising and communication activities
12) Link outreach programs with CHWs and local clinics for family planning counseling, referrals, and community mobilization
13) Anticipate and address challenges

Integrate trained, equipped, and supported community health workers (CHWs) into the health system	
Assures CHWs have necessary supplies and materials to fulfill their roles	
Monitors, reports, and assesses data on CHW services and referrals provided	
Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts	
Trains and assesses CHWs' abilities to provide services and behavior change messages	
Provides regular and as-needed supportive supervision from health system to CHWs	
Engages communities in recruiting and supporting CHWs	
Formalizes the role of CHWs as part of the health system to recognize their services	
Immediate post-partum family planning (PPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities	
Ensures consistent availability of essential supplies, equipment (i.e. medical instruments), and methods appropriate per local demand and preferences	
Monitors, reports, and assesses on counseling, offering, and uptake of methods for post-partum clients	
Trains providers for IPPFP on counseling and service provision per local guidance	
Engages health facility leadership and staff to promote the practice	
Ensures staff availability for FP services and products prior to discharge	
Assures that national service delivery guidelines are readily available and widely disseminated	
Communicates the role of service providers as outlined in national service delivery guidelines	
Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods	
Core component	***Description of the core component***
1. Context, Equity, and Consideration of Cultural, Economic, and Social Factors	The design and implementation of the mobile outreach or inreach effort has given adequate attention to relevant cultural, economic, and social factors as well as the overall context and needs in relation to the intended client base.
2. Coordination, Staffing, and Awareness-Raising	Planning for and launching the mobile outreach or inreach effort has included coordinating with community leaders, identifying staffing requirements, aligning staff to the specific needs, establishing a plan to raise awareness for the service, and communicating the relevant details to potential clients.
3. Equipment, Supplies, and Service Integration	During implementation of the outreach or inreach service a process is followed to ensure the necessary equipment and supplies are in place and used appropriately to provide family planning services as well as integrated services, including preparedness for any emergency needs.
4. Client Care, including Counseling and Referrals	Service providers for the outreach or inreach service have been trained and are monitored to provide respectful care including counselling services and recognizing instances when a referral for additional care is appropriate.
5. Advocate for and Ensure Access to Follow-up Care	Service providers for the outreach or inreach service have established approaches for discussing the importance of follow up care with their clients and procedures for helping clients understand how to access follow up care.
6. Data Collection, Documentation, and Reporting	Management of the outreach or inreach service incorporates and implements a plan for collecting and recording relevant data and inputting that information into the relevant national, sub-national, and/or project repositories to ensure follow-up.

Data collection

- Online survey, individual project staff
  - Awareness of HIPs, views on if prioritized
  - Extent HIP is monitored, scale and quality of implementation
  - Successes and challenges surrounding HIP implementation
- Assessment checklist, project small group discussion
  - HIP-specific, quality of implementation per the core components
  - Facilitated discussion per an assessment checklist
  - Successes and challenges surrounding HIP implementation
- Interviews, project and facility staff
  - Chance to dig deeper, more detail
  - Discuss specific successes and challenges

Timeline



Aiming for sequential or phased data collection September to November

Challenges and limitations

- Focus areas (MEL, scale and quality of implementation)
  - Lack of indicators more pronounced than anticipated
  - Lack of indicator comparability greater than expected
- Evaluate adherence to HIP per core components
  - Varying views on core components, often not singular
  - HIP brief evidence subjective in some places
  - Evidence changes over time
  - Measurement framework won't be able to keep pace
- Timeline, COVID, Process
  - Activity delayed, more complicated than realized
  - Data collection by local consultant
  - Cart after or before the horse

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www.data4impactproject.org

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Questions for the TAG

Maria Augusta Carrasco, PhD

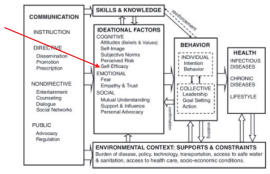
July 1, 2021

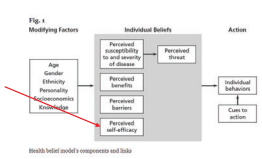
Agency

- ***"Agency describes the capacity of individuals to make their own free choices and act independently on them***. Agency requires both having the resources or physical ability necessary to perform the behavior and the ***power*** to do so.

Self-efficacy

- Self-efficacy describes an individual's ***perception*** that they have the power to produce desired effects through their actions. Self efficacy is a ***belief*** about one's ability to cope with a situation
- "Perceived self-efficacy is concerned with people's beliefs in their ability to influence events that affect their lives."
- Unlike the FP beliefs (i.e. beliefs about the effectiveness of contraception, etc.) which are the focus of the KABs brief, self efficacy is a belief about one's ability. It is a key construct at the center of various behavior change theories such as the Health Belief Model.





Agency and self-efficacy

- "Agency is often used synonymously with self-efficacy; however, *self-efficacy refers to one's* ***perceived ability*** *to deal with a task or situation*, while agency refers to having physical ability, resources, self-efficacy, and the control necessary to deal with a task or situation."
- "Self-efficacy is a primary requirement for agency: Even if the necessary resources and power are available to someone, if they do not perceive they are able to make changes in their life, they will not be inspired or motivated to act or deal with a task or situation."

Source: Social Norms Lexicon

Decision on KABs brief and inclusion of self-efficacy and agency

1. Option 1:
   - Maintain focus the KABs brief *only on* knowledge, attitudes and beliefs (KABs). Take out self-efficacy and agency from short paragraph where they are mentioned in the evidence section and the research questions to avoid confusion.
   - Develop a separate brief focusing on self-efficacy and agency

2. Option 2:
   - Maintain current focus of the current draft, which is on KABs, but includes some information on self-efficacy and agency.
   - Develop a separate brief focusing on self-efficacy and agency

3. Option 3:
   - Cover in the current 8-page brief: 1. *knowledge, 2. attitudes, 3. beliefs, and 4. self-efficacy* as the main focus of the brief. This will require finding where to cut the current brief and conducting an additional literature review focusing on self-efficacy.
   - Consider developing a brief on agency when evidence is available (currently little evidence)

3. Option 4:
   - Cover in the current 8-page brief: 1. *knowledge, 2. attitudes, 3. beliefs, 4. self-efficacy and 5. agency* as the main focus of the brief. This will require finding where to substantially cut the current brief and an additional literature review.
   - No need to develop a separate 8-page brief on self-efficacy and agency that highlights these two constructs.

Questions for the TAG

- How to address that SD programs already integrate behavioral insights and often integrate SBC components with SD components (i.e. CHW provide information to increase knowledge and services/linkage to services; IPPF includes strengthening client knowledge; etc.)
  - TAG recommendation: Include some insights on the intersections in the overarching EE and SBC briefs