



High Impact Practices

Technical Advisory Group

Meeting Report

June 14th and 15th, 2022

Virtually hosted by

FP2030



Contents

Day 1. Tuesday, June 14, 2022	3
Opening of Meeting – Welcome Remarks and Updates	3
Updates on Briefs	3
HIP Strategic Plan	4
SBC Overview Brief	5
HIP Brief Guidance	6
HIP Evidence Tool and Criteria Tool	7
<i>Day 1 General Recommendations</i>	8
Day 2. Wednesday, June 15, 2022	9
Review Recommendations from Day 1	9
Production and Dissemination	9
R4S Draft Costing Approach to Cost the HIPs	10
TAG Technical Input	12
Update on the HIPs at ICFP	13
Next Steps and Closing	14
<i>Day 2 General Recommendations</i>	14
Appendix A. Meeting Agenda	15
Appendix B. List of Participants	17
Appendix C. TAG Recommendations	18
Appendix D. Presentations	22

Day 1. Tuesday, June 14, 2022

Opening of Meeting – Welcome Remarks and Updates

At the opening of the meeting, Laura Raney, FP2030, introduced three new TAG members who were elected in November 2021. The three new members are:

- Dr. Salma Ibrahim Anas, Director, Family Health Services, Federal Ministry of Health, Nigeria
- Dr. Caroline Kabiru, Head of Population Dynamics and Reproductive Health and Rights, African Population and Health Research Center
- Mr. Gamachis Shogo, Family Planning and Reproductive Health Commodity Security Technical Specialist, UNFPA Sierra Leone Country Office

Laura also shared updates from FP2030, reminding the TAG of FP2030's new structure, including regional hubs, new data framework, and new leadership board and executive director. Laura shared the latest organizational chart for FP2030. The regional hub for North America and Europe launched in January, the hub for North, West & Central Africa launched in March, and the hub for East & Southern Africa also launched in March. These hubs will be fully staffed by the fall. Work is in progress to launch the hub for Latin America and the Caribbean and the hub for Asia and the Pacific. FP2030 aims to have these hubs fully staffed by early 2023. FP2030 currently has 16 commitments from governments and 42 commitments from other stakeholders.

Erin Mielke (USAID) continued as the meeting chair and recapped the two objectives for this meeting:

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

Updates on Briefs

Maria Carrasco (USAID) shared updates on the new SBC briefs. In March 2022, TAG members Maria Carrasco, Jay Gribble (Palladium), Jenny Greaney (UNFPA), and Gail O'Sullivan (Kantar) conducted a rapid pretesting of the three new SBC briefs using a brief online survey. They reached out to several USAID missions and UNFPA country offices to assess whether the new briefs were found to be useful, easy to read, and helpful. The participants in the pretesting reported that the briefs were easy to read and understand, and believed that it was important to invest resources to implement some of the strategies in the briefs. All participants reported that the briefs would be helpful in their work, for example, to pilot and implement practices, for advocacy, and to make investment decisions. The TAG expressed interest in having more governmental officials engaged in brief pretesting processes.

Since the pretesting, the three SBC briefs have now been posted to the HIP website in English. They will be translated soon into Spanish, Portuguese, and French.

The three Enabling Environment briefs that were under development or update (i.e., Social Accountability, Policy, and Leaders and Managers) are currently in the design and production phase of development, and Enabling Environment Overview has been posted on the HIP website.

On June 6, 2022, there was a webinar for the SPG "Contraceptive Method Introduction to Expand Choice," which was well attended. In the past six months, the webinar for "Meaningful Adolescent and

Youth Engagement” was also posted to the HIP website. There are plans to share this presentation with the Coalition for Adolescent Girls in the near future.

Maria shared an update on three briefs that had been previously identified by the TAG for updates and revision: Educating Girls, Community Health Workers, and Mobile Outreach Services. The update of the three briefs has been put on hold by the co-sponsors while they update the current HIP Strategic Plan. There have been some discussions on the need to strengthen the literature review process and also determine how to ensure wider representation in the technical expert groups working on brief updates and brief development. The pause on brief updates/development is meant to ensure these questions are resolved before launching a new batch up updates/brief development.

The HIP co-sponsors are working on the updates to the HIP Strategic Plan. The TAG discussed the strategic planning process and expressed interest in being engaged in the process with the co-sponsors.

Maria also shared an update on the R4S measurement activities. R4S is currently working on data collection in Uganda and Mozambique. The data collection is slightly behind schedule as the team works to promote government and ministry engagement in the project. In the next month or so, they will also start data collection in Nepal. For data collection in Nepal, they will use an updated version of the tool that was used in Uganda. The original tool was long and required too much time from participants. D4I is working on data collection in Bangladesh and Tanzania. The goal is to collect data and share preliminary results on the scale and quality of the implementation of some of the service delivery HIPs by December; however, results from Mozambique may be delayed. As part of this work, the HIPs Partnership is working towards creating a measurement framework. This activity will start once the measurement work is completed. The process is envisioned to be participatory and engage stakeholders at the country level. The current measurement project focuses on service delivery HIPs and the mass media HIP. Additional work on this is expected to begin in early 2023.

HIP Strategic Plan

Heidi Quinn (IPPF) and Martyn Smith (FP2030) presented the updates on the HIP Strategic Plan. The HIP co-sponsors met at the end of May 2022 over two sessions to work on the strategic plan with the objective of refreshing and reinvigorating the work of the HIP Partnership. Their presentation covered five strategic priorities for the HIPs:

1. Broaden the audience for HIPs
2. Strengthen the internal structures and processes of HIPs
3. Create a better means of measuring success
4. Increase the inclusivity of HIPs
5. Support HIP implementation and scale-up

More detail on the strategic priority areas and key conclusions can be found in the presentation “Update of the HIP Strategic Plan” in the Appendix of this report.

The TAG shared thoughts and considerations for the strategic plan related to:

- Ensuring HIP scale-up is tailored to the needs of individual countries and considers where particular HIPs will have the greatest impact
- Documenting how countries have used specific HIPs and reporting countries’ experiences using HIPs

- Integrating HIPs into country-owned strategies and comprehensive family planning programming
- Engaging the TAG in strategic planning processes

SBC Overview Brief

Joanna Skinner (JHU/CCP Breakthrough ACTION) presented the SBC Overview Brief. Key points about the SBC Overview Brief from Joanna’s presentation included:

- The updates to the social ecological framework used in the overview demonstrate how the individual SBC briefs fit into the overall SBC framework.
- How SBC, the enabling environment, and service delivery are interconnected and link together in the overview so that readers can make the connection between these three HIP areas
- The tips for implementation that are included in the overview
- The list of tools and resources shared in the overview are unique from the tools and resources shared in specific SBC briefs and are meant to cut across SBC topics

After Joanna’s presentation, there was some discussion with Joanna about the graphic used for the SBC framework in the overview. The graphic includes the specific SBC HIPs in addition to other “channels” related to SBC and family planning.

Alice Payne Merritt (JHU/CCP) and Norbert Coulibaly (Independent Consultant) led the TAG discussion about the SBC Overview Brief after Joanna concluded her presentation. The main points from Alice and Norbert and from the TAG discussion of the overview included:

- The overview is well-written, well-structured, and relevant.
- Some TAG members would prefer a new name for the overview documents. Some members see the title “Overview” as a bit bland and could be improved. Other TAG members accept the name as it currently is and noted that the title should be consistent with the other existing overview briefs.
- In the framework, Alice and Norbert suggested that the arrow in the diagram should point in both directions. Sarah Fox (Options) suggested that they include links within the framework to the specific SBC briefs if readers would like to navigate to those briefs from the overview document.
- Alice and Norbert liked the tools and resources included in the overview and found them to be complementary to the tools included in the specific SBC briefs. Caroline Kabirtu (APHRC) commented that it may be useful to include links to more resources. Maria Carrasco (USAID) clarified that they try to limit the number of resources in the briefs to 3-5. HIPs will also be working with Knowledge SUCCESS on lists of resources for implementation for the SBC briefs and service delivery briefs. This will be a tool to help facilitate implementation and should be ready around September 2023.
- Alice suggested adding a small line of text noting that counseling is an important type of interpersonal communication (IPC).

With extra time before the next session, the TAG took a few minutes to discuss the roles and responsibilities of the TAG. Maria Carrasco pointed out that the TAG’s purpose has been to provide technical input for the HIPs, including reviewing the briefs, reviewing and approving concept notes, and approving SPGs. The TAG may want to revisit and modify its duties as the HIP Partnership moves forward with the new Strategic Plan and with implementation and scale-up as an important priority of the HIPs.

Some TAG members commented that they feel their role and where they should have input has become somewhat unclear. At the suggestion of some TAG members, a few members volunteered to meet with the HIP co-sponsors for further discussion. Karen Hardee (Hardee Associates) and Ginette Hounkanrin (Pathfinder) volunteered to participate in this small group. After the break, Maria shared some existing resources on the TAG and HIP structures:

- [Responsibilities and Composition of the Technical Advisory Group](#)
- [Partnership Structure](#)

HIP Brief Guidance

Maria Carrasco (USAID) presented the updated version of the HIP Brief Guidance. For complete details, see the presentation on HIP Brief Guidance in the appendix of this report.

The guidance includes sections on the process for developing HIP briefs and the content of the HIP briefs. The guidance on content comes from TAG input and experience from the past two years. The guidance on the process comes from the first version of the guidance online for developing an evidence brief. To finalize the guidance for HIP briefs, the TAG should provide detailed comments by July 29, 2022. The final version of the guidance should be available on the HIPs website in mid August.

These are some of the key points from Maria’s overview of the new guidance:

- The main audience has always been decision makers and policy makers; however, now there is agreement to include implementers and individuals who manage family planning programs as part of the audience for HIP briefs. Implementers are using the HIP briefs, so it is important to include them in the target audience for these documents.
- Version 1 of the guidance stated that the HIP briefs should not reference branded models or tools. Should this language be kept in the new guidance or modified? Although the HIP Partnership does not want to include specific brands in the main body of the brief, it is okay to include resources that have a “brand.” The HIP Partnership does not want to give one particular organization’s or program’s approaches strong prominence in the briefs.
- Words like “integration,” “quality,” and “engagement” should be clearly presented and defined when they are used in HIP briefs. The guidance should be clear on which words are to be avoided.
- Maria, Erin Meilke (USAID), Karen Hardee (Hardee Associates), and Michelle Weinberger (Avenir Health) will work on developing standards for what constitutes a HIP Enhancement. They will present this to the TAG at the next TAG meeting.
- When developing a concept note, authors should consider how the practice could be measured and indicators for the practice. There is some question whether it is feasible or necessary to measure Enabling Environment HIPs and HIP Enhancements.
- Sarah Fox (Options) suggested including a section in the guidance on “What is a HIP?”
- The guidance could include additional language about other relevant outcomes of HIPs in addition to contraceptive use and mCPR.

In addition to Maria’s presentation of the new guidance, the TAG discussed other aspects of their work and the HIP brief development process:

- Whether there is a need for meetings in between the semiannual TAG meetings to review concept notes and other agenda items. Do concept notes require special meetings, or should they be addressed during semiannual meetings? It was agreed that it is ideal to include concept note discussion during one of the two regular annual meetings. However, it is helpful to have the flexibility to have special meetings outside of the two annual meetings when there are items that need to be followed up on by the full TAG.
- A small group was organized to finalize guidance on indicators for Enabling Environment Briefs.

HIP Evidence Tool and Criteria Tool

Michelle Weinberger (Avenir Health) and Karen Hardee (Hardee Associates) presented the updated guidance for using the HIP Evidence Scale. They provided an overview of the HIP Criteria Tool and the “proven” and “promising” designations for HIPs. Their presentation “HIP Evidence Scale and Criteria Tool” can be found in the appendix of this report.

The five criteria used in the HIP Criteria Tool are impact, applicability/reliability/generalizability, scalability, affordability, and sustainability. The evidence for HIPs is not derived from the traditional systematic review process. HIPs are based on the best available evidence for each practice. Although randomized controlled trials (RCTs) are often considered the “gold standard” for research, there are many practices in family planning for which an RCT would not be appropriate.

To assess impact, applicability/reliability/generalizability, and scalability, the HIP Evidence Scale should be used. The scale is based on the Gray Scale. To assess sustainability, the HIPs has a paper on its website and a checklist to address questions about the sustainability of a given practice. Assessing affordability is more difficult, and the HIP Partnership does not currently have an agreed-upon process to assess this area.

Michelle presented how the HIP Evidence Scale is used. The scale can be applied to multiple outcomes for a single HIP by using multiple copies of the HIP Evidence Scale Excel file. There was some discussion about who will be responsible for completing the evidence review. It was agreed that a person with understanding of research, likely a consultant or a doctoral research intern, will most likely be responsible for completing the initial review of the literature that goes into the HIP Evidence Scale.

When the initial review of the evidence is complete, the TAG should review the summarized evidence within the HIP Evidence Scale to make determinations about the impact, reliability, generalizability, and scalability of the practice. One possibility is that the HIP Brief discussants could present their proposal for the assessment, and then the rest of the TAG could discuss their thoughts on the determination of “proven” or “promising” for the practice.

The TAG members discussed the new guidance and tool:

- There is a need for more clarity on the definition of “small” and “reasonable” scale under the scalability section of the tool.
- The tool uses red, yellow, and green color indicators to help rate the evidence and the number of studies with statistically significant positive results. Saad Abdulmumin (BMGF) asked for more clarity on what receives a “green” rating and how many positive findings are needed to make a proven or promising determination. It was noted that the rating was based on TAG discussion

and that there were no hard and fast rules. However, some “tips” for consideration could be added to the guidance.

- Sonja Caffè (PAHO) asked for clarification on how many people will complete the review and how discrepancies will be resolved. Although this has not yet been decided, Maria Carrasco noted that they may consider having a roster of consultants who could help complete the evidence review.
- Saad asked why the Gray Scale was chosen as the adapted scale for the evidence review. Karen clarified that the Gray Scale has been more useful for programmatic studies and works well for the non-peer-reviewed literature on programs.
- There is a need to determine how many outcomes should be assessed (and can feasibly be assessed) when completing the evidence review for one HIP.
- Saad pointed out the need to consider the weight of the five different criteria. Will impact be given more weight than the other areas?
- Chris Galavotti (BMGF) noted that assessments of “good” and “strong” evidence often come from top-down decision-making processes and Western values. At this time, the HIPs Partnership should be mindful of who values what type of evidence and whose values are prioritized.
- The TAG agreed that in the interest of transparency, both the tool and the Summary of Evidence Table could be shared on the HIP website after the evidence review process is completed. It was suggested that we monitor if the evidence review information is being accessed to determine if it is indeed important to share this information.
- Saad suggested publishing a paper on the methodology for the evidence review to share how the HIPs have adapted and used this tool.

For the next TAG meeting, the process for the review should be finalized and presented again to the TAG. Karen, Michelle, Saad, and Maria will form a small group to work on this for the next meeting.

Day 1 General Recommendations

- Wait to update HIP briefs that have been flagged for revision until the HIP strategic planning process is complete. The new guidance will be helpful for completing the revisions.
- Three TAG sub-groups were formed to:
 - To explore TAG roles related to the updated strategic plan
 - To refine criteria for enhancement briefs
 - To finalize guidance on indicators for Enabling Environment briefs
- The SBC Overview Brief was well-received by the TAG and received minimal edits from the TAG
- The TAG should share feedback on the new HIP Brief guidance by June 30, 2022.
- The TAG shared feedback on the new HIP Evidence Scale and HIP Criteria Tool. A finalized version of the guidance for the evidence review will be shared in December for the TAG to review and discuss.

Day 2. Wednesday, June 15, 2022

Michelle Weinberger (Avenir Health) served as the chair for the second day of the meeting welcoming TAG members to the meeting and starting with an icebreaker.

Review Recommendations from Day 1

Maria Carrasco (USAID) reviewed the following TAG recommendations from the previous day:

1. General Recommendations: Maria confirmed volunteers for the three sub-groups formed, and called for an additional volunteer for the sub-group that would explore TAG roles related to the updated strategic plan. Norbert volunteered to be added to this sub-group.
2. SBC Overview Brief Recommendations: The TAG determined that the brief could move to the next phase based on comments and recommendations from Day 1. There were no additional recommendations for this brief.
3. HIPs Brief Guide: The deadline for TAG members to review the draft and add comments was extended to June 30th. Michelle recommended that Maria Carrasco send a reminder email with the link to the group prior to the deadline. Maria also urged TAG members to reach out if additional points that needed further development or further conversations were identified while reviewing the HIP Brief Guide.
4. HIP Evidence Scale: Based on comments and points from Day 1, the small group formed will finalize the HIP Evidence Scale and will bring the final version to the next TAG meeting.

Further detail about the recommendations from Day 1 of the TAG meeting can be found in “Day 1 General Recommendations.”

Production and Dissemination

Natalie Aparcar (Knowledge SUCCESS) gave a presentation on HIP Production and Dissemination. Natalie’s presentation covered website usership, top 10 HIP products, HIP webinars, Twitter engagement, HIP newsletter, and HIPs in peer-reviewed literature.

A few highlights from Natalie’s presentation include:

- Website Users: In FY2022 from October to date, there have been 88% (73,775) new users. Based on current numbers this could supersede FY2021 data of 101,365 users. There were 92,968 sessions and 132,965 pageviews.
- Website Users by Region: Majority of users are located in North & South America (40%), Africa (35%), Europe (14%), Asia (9.5%), Oceania (0.5%).
- Website Users by Language: English (45%), Spanish (14%), French (25%), Portuguese (4%). Compared to previous years, there has been an increase in Spanish, French, and Portuguese language users. This could be attributed to the translation of HIP products. For example, in FY21 there were 18% French language users, and so far in FY22 there have been 25% French language users.
- Website Users by Country: US (20%), France (6.8%), Colombia (4%), Mexico (3.8%), Nigeria (3.2%).
- Website Users by device: Users are using desktop (52%) and mobile devices (47%) almost equally.

- Website Users by Acquisition: This means how users are directed to the website. There were 65.9% organic search users; meaning users were using a search engine which directed them to the HIPs website. There were 28.3% direct users, meaning users navigated to the website themselves.

Other updates presented include: Top 10 HIP Products by Session, FY22 to date; Top 10 Downloads, FY2022 to date; Top 10 Presentation Downloads, FY2022 to date; HIP Webinars since the last TAG meeting; Twitter Engagement; Top HIP Newsletter Subscribers; HIPs in Peer-Reviewed Literature. More details on the HIP Production and Dissemination presentation can be found in “Appendix C” of this report.

Some questions and comments from the group on this presentation include:

- Was there data for how long sessions are on average? Natalie responded that this information is available and will be shared.
- Rodolfo asked about data for the number of proportions of users. Natalie responded that information for usership by country is available but highlighted that due to privacy features on people’s devices, it is not always possible to capture the full picture of where users are coming from.
- Norbert commented on the increase of French language users and highlighted further plans to disseminate HIP products to Francophone countries for use in conjunction with IBP/Network.

R4S Draft Costing Approach to Cost the HIPs

Jim Rosen (Avenue Health) and Rick Homan (FHI360) presented Research for Scalable Solutions’ (R4S) draft costing approach to cost the HIPs which Avenir Health has been working on with R4S for a couple of months. The presentation covered the role of cost in the HIPs, update on ongoing HIP costing work under R4S and new BMGF award, optimizing use of the R4S results, a facilitated discussion, and next steps. This presentation can be found in the appendix of this report.

Jim Rosen began the presentation by highlighting that high-quality costing can help various programs in a lot of ways with planning and budgeting, improving programs, and guiding investment decisions.

Rick Homan continued the presentation by telling the group about the R4S approach to HIPs costing, including the objectives, data sources, and analyses. The presentation began with a background on R4S, its mechanisms, and its prime and core partners. Rick went on to review the objectives of the HIP assessments, the guidance of costing work from HIP TAG members from consultations in January 2021, the six countries of focus and scope based on funding from USAID and BMGF, the methods employed, the costing objective, what the costs are, the activity-based costing approach documenting how the HIP was introduced and is supported, planning/budgeting for HIP introduction and scale-up, planning and budgeting analyses, program improvement analyses, and a guide to investment decisions analysis. After Rick’s presentation, there were follow-up questions from the TAG. Some include:

- Alice Payne Merritt asked why mass media was selected for this cost testing. Aurelie Brunie (FHI360) and Saad responded that it was requested by BMGF. Maria added that it could also be because this is one of the SBC HIPs that is a proven practice.

- Maria Carrasco asked if the guide to investment decision questions (noted on the slide) will be used in R4S analysis or if it was provided as a guide. Rick responded that it will be used initially to guide their analysis.
- Karen Hardee asked how generalizable the findings are from the study and how HIPs can use the information from the study. Rick noted that it is a challenge but it is not so much about the result but the approach, to have a replicable methodology which is the goal of the study.

Next, Jim Rosen facilitated an interactive discussion with the TAG where they had a chance to discuss the extent the R4S results will be useful to HIPs audiences. First, the TAG were asked to vote on a scale of 1-5, with 5 being very useful, the extent the R4S results will be useful for a) planning and budgeting, b) program improvement, c) guiding investment decisions while keeping in mind the following key audiences; national government family planning program managers, national NGO family planning program managers, external funders, and CIP developers. These were the results:

- Planning and budgeting-4.0
- Program improvement-3.4
- Guiding investment decisions-4.0

Next, Jim asked for volunteers to comment on their choices/votes. These are some of the key points discussed:

- Dr. Rodolfo Gomez (PAHO) commented on his vote of 5 for "guiding investment decisions." He felt it was important for a government, particularly for developing countries with scarce resources investing in FP. This tool could guide them in prioritization exercises.
- Nandita Thatte (WHO/IBP) commented on her vote. She expressed that this tool is useful for planning and budgeting but investment decisions aren't always based on what is useful. Other factors that could influence choices countries make could be policies and political views. Nandita's point was also echoed by other TAG members who had a similar score.
- Comment from chat - It also seems that this is very focused on public sector service delivery - not sure how applicable it is to private sector and non-service delivery HIPs.

The last part of the discussion focused on planned research utilization products for R4S HIPs costing. More about these plans can be found in the presentation appendix of this report.

The TAG were asked to vote on which of these three uses is the highest priority for the TAG. The results were as follows:

1. Replicate costing-4
2. Make results widely available-10
3. Get buy-in for the costing approach-5

Some members of the TAG gave the following reasons for their votes:

- Sarah Fox expressed that value really lies in the methodology hence her vote to replicate costing. Nandita also echoed Sarah's point.
- Dr. Salma Anas (Nigeria MoH) voted for "get buy-in for the costing approach" based on her experience working with the government in terms of ownership and sustainability.

Jim Rosen and Rick Homan thanked the TAG for their contributions to the conversation. For next steps, there will be a report back at a later time or a sub-group might be convened similar to the one that was convened in January 2021 for the guidance that was provided for the costing. Aurelie Brunie closed the presentation with a few remarks on replicability, technical assistance, implementation plans, and the ultimate goal of the study.

The first session of the meeting closed with the TAG taking a group photo followed by a 10-minute break.

TAG Technical Input

This session of the meeting had two parts.

The first part of the presentation focused on what is needed to move the Pharmacies and Drug Shops brief from “Promising” to “Proven.” Annie Preaux (USAID) presented her application of the HIP Evidence Scale to the current brief which was updated in 2021. Annie gave a brief overview of the studies that were included in the evidence review, the evidence summary using the HIP Criteria Tool and key takeaways. More details on the presentation can be found in Appendix C of this report.

These are some of the key points from Annie’s presentation:

- The two subheadings related to the impact section of the brief were included, access and quality.
- One paper related to access in the impact section of the brief was included and five papers related to quality in the impact section of the brief were included.
- For some studies, only baseline data was reported which she excluded from her review.
- For the review, there is a need for stronger measures of quality and access instead of relying on single items.
- Karen Hardee asked if there is more evidence now than what was included in the original brief. Annie noted that the studies included are what is out there, but it’s possible there might be more studies out there on other interventions not related to family planning.

Jay Gribble (Palladium) highlighted that the current brief outlines a set of research questions that require more evidence in order to better understand how pharmacies and drug shops might be responsive to family planning needs. The following questions were put forward to the TAG for discussion on moving the brief from “Promising” to “Proven”:

- What are the evidence gaps with this HIP?
- Do pharmacies and drug shops have the same gaps? Should the brief consider both types of outlets?
- What types of study designs could be used to fill the evidence gaps?
- How do we work with donors to advance efforts to close the evidence gaps?
- Michelle Weinberger noted that there are some forthcoming studies relevant to this brief that are method specific. This raises a question of whether the TAG would be open to the inclusion of method-specific evidence in this brief given that studies related to pharmacies and drug shops often focus on a specific method. Per the HIP Brief Guidance, the literature review excludes studies that are method specific.
- Maria commented that it might be helpful to see a study that uses an index rather than a single item to measure access and quality.

- Saad commented that it was great to see quality highlighted during the presentation. He also suggested that one aspect of quality that emphasis could be placed on, is the client's perception of quality. Another consideration is to map available evidence on literature to the questions already highlighted. He also emphasized Maria's comments on more RCT studies and that a well designed implementation research study could be used to close the evidence gaps.
- To wrap up this part of the presentation, there was a call for volunteers for a small working group to be involved in writing recommendations to push donors to advance efforts to close the evidence gaps. The following TAG members volunteered: Christina, Gael, and Anand Sinha (Packard Foundation).

The next part of the presentation focused on getting input from the TAG on emerging topics for new HIP briefs. Jay Gribble (Palladium) led this part of the conversation and noted that all ideas discussed will be summarized in a document by a sub-group and shared with the TAG. The sub-group made up of Heidi Quinn (IPPF), Barbara Seligman (PRB), Saad Abdulmumin (BMGF), Saswati Das (UNFPA), and Nandita Thatte (WHO/IBP) will also discuss how to move forward with these suggestions. While another sub-group made up of Maria, Jennie Greeley (UNFPA), and Mario Festin (University of the Philippines) will review the maximum number of HIP briefs per topic.

These are some ideas, topics, and comments raised during the conversation by the TAG:

- Governance: A family planning technical working group, which is a good example of good governance around an enabling environment.
- Responding to shocks: COVID-19 or Ebola maybe as an SPG or a brief. Increasing resilience in health systems for addressing family planning needs in humanitarian settings.
- Family planning program measurements. What family planning program measures make sense at different stages of program development?
- Integrating family planning with HIV services
- Advocacy for family planning services
- Decolonization of aid and localization
- What does not work? Consider a white paper noting what does not work, what needs to be deprioritized.
- Family planning counseling offered at family planning services
- Self-care interventions (is this an SPG or an enhancement?)
- Consider some more specific topics on supply chain management (i.e., supply planning and forecasting). This is a critical process requiring stakeholder engagement and data analysis.
- Determine how to more systematically address the importance of context in HIP implementation

Jennie Greaney (UNFPA) raised the idea of whether too many efforts were focused on creating a new brief or if efforts should be focused on updating already existing briefs. Maria noted that there's a hold on updating briefs until January when there is some clarity on the processes and procedures of updating briefs.

Update on the HIPs at ICFP

Nandita Thatte (WHO/IBP) gave updates on where HIPs will be featured during the IBP Track Program Implementation at the upcoming ICFP conference in November. The IBP Track Program will focus on implementation with eight sessions, will be highly interactive with polls, games, etc., will be created and

delivered by IBP Network members, participation will be diverse and there will be access to WHO tools, HIPs, and research. For complete details on these updates, see the presentation on IBP Track Program Implementation at ICFP: High Impact Practices in the appendix of this report.

Next Steps and Closing

Jennie Greaney (UNFPA) led the next steps and closing of the meeting. For the next TAG meeting, several suggestions were made. The TAG decided on a virtual meeting in January 2023 after a vote was cast (19 out of 25) given that several members of the TAG will be traveling in November and December for the ICFP conference and the SBCC summit. Also suggested was an ad hoc September meeting which Saad and Laura Raney (FP2030) will connect on and reach out to the TAG if decided. The TAG also suggested an in-person TAG meeting for June 2023.

Michelle closed the meeting with a few remarks.

Day 2 General Recommendations

- TAG Sub-groups were created to
 - Review suggested topics for new HIP briefs
 - To review the maximum number of HIP Briefs per topic
- Next TAG Meeting will hold in January 2023 and will be virtual

Appendix A. Meeting Agenda



AGENDA

Technical Advisory Group Virtual Meeting

June 14 and 15, 2022

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/86940814062?pwd=RnkrY250Y0sxUHNWNE5QajhQQ01Sdz09>

Or, go to <https://ghstar.zoom.us/join> and enter meeting ID: 869 4081 4062 and password: 816102

Tuesday, June 14th: Erin Mielke, 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 – 08:20	Opening of Meeting – Welcome Remarks Laura Raney	
08:20 – 08:35	Updates on Briefs Maria Carrasco	Presentation
08:30 – 09:00	HIP Strategic Plan Heidi Quinn and Martyn Smith	HIP Strategic Plan Presentation
9:00 – 10:00	SBC Overview Brief Alice Payne Merritt and Norbert Coulibaly	SBC Overview Brief Presentation
10:00 – 10:15	Break	
10:15 - 11:00	HIP Brief Guidance Maria Carrasco	HIP brief guidance document Presentation

11:00 - 12:00	HIP Evidence Tool Michelle Weinberger and Karen Hardee	HIP Criteria Tool HIP Evidence Scale Guidance Presentation
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Wednesday, June 15th: Michelle Weinberger, 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 – 08:15	Review Recommendations from Day 1 Maria Carrasco	
08:15 - 8:45	Production & Dissemination Natalie Aparcar	Presentation
8:45 - 9:45	R4S Draft Costing Approach to Cost the HIPs Jim Rosen	Presentation
9:45 - 10:00	Break	
10:00 - 11:30	Technical input Jay Gribble	1. What is needed to move <u>Pharmacies and Drug Shops</u> from promising to proven? 2. Input on emerging topics that could become HIP briefs
11:30 - 11:45	Update on the HIPs at ICFP Nandita Thatte	Presentation
11:45 - 12:00	Group Reflections Next Steps and Closing Jennie Greaney	

Appendix B. List of Participants

TAG Members	
Saad Abdulmumin, BMGF	Salma Ibrahim Anas,
Sonja Caffè, PAHO/WHO	Maria Carrasco, USAID
Norbert Coulibaly,	Saswati Das, UNFPA-India
Mario Festin, University of the Philippines	Sarah Fox, Options Consultancy Services
Christine Galavotti, BMGF	Rodolfo Gomez Ponce de León, PAHO
Jennie Greaney, UNFPA	Jay Gribble, Palladium
Karen Hardee, Hardee Associates	Ginette Hounkanrin, Pathfinder International
Caroline Kabiru, APHRC	Alice Payne Merritt, JHU-CCP
Erin Mielke, USAID	Gael O’Sullivan, Kantar Public
Annie Preaux, USAID	Heidi Quinn, IPPF
Laura Raney, FP2030	Anand Sinha, Packard Foundation
Gamachis Shogo, UNFPA	Martyn Smith, FP2030
Nandita Thatte, WHO/IBP	Michelle Weinberger, Avenir Health

Observers	
Natalie Aparcar, JHU-Knowledge Success	Bethany Arnold, USAID
Arit Essang, USAID	Nomi Fuchs-Montgomery, BMGF

Appendix C. TAG Recommendations

Recommendations Day 1

General recommendations

- After presentation of the strategic plan TAG members highlighted that it is critical to keep in mind, as work is implemented to support scaling up of HIPs, that scaling up does not mean scaling up all HIPs but focusing on the HIPs prioritized by the country and also that it is critical to take context into account.
- It was noted that the TAG should be plugged in with various activities/workstreams related to the new strategic plan that entail technical considerations. A TAG sub-group was formed to help better define the TAG's role vis a vis the new strategic plan: **Karen, Ginnette**. It was suggested that one of the newer TAG members should join the sub-group. There were no more volunteers that came forth at the TAG meeting. Maria to follow up with a few TAG members to find a few more volunteers.
- A sub-group was formed to develop recommendations on standards of what constitutes a HIP enhancement: **Erin, Karen, and Michelle**.
- **Saad and Laura** volunteered to organize an interim TAG meeting to review the one concept note that was submitted in May but that we did not have time to include in the agenda for the June TAG meeting. The interim TAG meeting will likely be in October but the exact timing is to be determined. It was noted that the concept note submitted is an enhancement. Given that the TAG also agreed to come up with standards of what constitutes an enhancement it will be important for that sub-group to have recommendations for the TAG ready for the October meeting.
- A sub-group was formed to provide further guidance on the EE indicators (that should go into the HIP brief guidance document). The sub-group includes: **Chris, Jay, Sara, and Barbara**.

Recommendations on the SBC Overview Brief

- Consider choosing a more eye-catching title that is more salient. Suggestions for alternative titles are:
 - Summary of SBC HIPs
 - HIP SBC Overview: Summary of how the SBC HIP briefs fit
- In paragraph 2, "Systematic process" is in blue but it is not hyperlinked to another page. Check if a hyperlink should be added.
- In paragraph 3, add "increasing couple communication."
- In Figure 1, explore if it is possible to add other approaches (not only HIPs) clarifying that those other approaches are helpful but are not HIPs. If the graphic becomes confusing it is OK to leave it as is but it will be important to add a sentence noting that there are other channels.

- Consider adding a footnote to where IPC is mentioned noting that counseling is an important type of IPC.
- In Figure 1, consider adding an arrow from the channels to the behavioral determinants noting that using those channels can impact the behavioral determinants.
- Figure 1: Explore if it is possible to hyperlink the graphic so that it can lead to the SBC briefs included in the graphic.
- The tips section is well done. Two bullets could be a little more specific so that they are more useful:
 - Add a little more detail to the bullet point on segmentation
 - Provide a little more detail to the bullet point on social listening
- There is no mention of pretesting of SBC materials/interventions in the tips. It may be helpful to add a tip on that.

Recommendations on the HIPs brief guidance document

- Language section: Clarify that branded models or tools should not be used in the body of the brief. However, it is OK to include a branded tool in the Tools and Resources section of the brief.
- Language section: The current words provided as examples of jargon may not be the best examples. Replace these with other examples.
- HIP brief categories: Add to the document the standards that should be used to select HIP enhancements.
- Add a short section defining/describing what is considered a “High Impact Practice.”
- HIP Development Process section: Add a sentence noting that it takes about 12 months to complete the whole process.
- TAG Review and Selection of HIP Briefs section: Add information about the occasional TAG meetings held in between the biannual TAG meetings.
- Production section: Add in this section that the technical experts will be engaged to address the comments from the fact checker so that the final version that goes to the next step of copy editing is the final version that the group has developed and agreed upon.
- Add to the document details on what is needed to move a practice from promising to proven.
- Add further guidance on how to go about choosing indicators for the EE briefs.

Recommendations on the Evidence Scale

- In the excel spreadsheet, clarify that the coloring in the rows 7-19 (focusing on the evidence) is independent of the coloring of the score provided by the TAG in the various categories (rows 27 and below).
- There was a question about whether more guidance is needed for the TAG on how to determine if a rating should be green or yellow or red for the sections where the TAG rates the evidence based on the table in lines 7-19 and their expert opinion? Michelle and the sub-group will re-group and determine if more guidance should be provided.
- Suggested process for completing the evidence scale: Have a roster of consultants or PhD students who help to fill the evidence/table part of the Evidence Scale (summarized in rows

7-19). Based on that information, TAG members make determinations on impact, reliability/generalizability, scalability, sustainability, and affordability.

- It will be important to be mindful of the fact that we are in a different moment in research and development. What counts as a standard of evidence is being questioned. It is not only important to think about how we evaluate the evidence but **who is doing it?** To whom will this be of value? What are the different structures and processes? If we were to put weights on how we value the different criteria (i.e., impact, reliability/generalizability, scalability, sustainability, and affordability), it is important to be mindful that this would be a value decision. Given this, the TAG agreed that instead of hard and fast rules, the guidance document could include tips and how to make determinations on how to provide a score for the different criteria.
- Make a summary slide of the Evidence Scale (noting proven vs. promising determination) available on the website. If possible, add some bullet points of the discussion of how final determination was made.
- Make HIP Evidence Tool available on the website.
- A small group was formed to finalize the Evidence Scale with the input received from the TAG. The small group includes: Michelle, Karen, Annie, Maria, and Saad.
- The TAG recommended having an orientation for TAG members on how to fill out, as a group, the section of the Evidence Tool for which the TAG is responsible. This can be done at the next TAG meeting.
- In terms of process, it was agreed that for future Evidence Scale reviews, a TAG sub-group will be formed to come up with recommendations of determination for impact, reliability/generalizability, scalability, sustainability, and affordability. Then, those recommendations will be reviewed by the full TAG to finalize the Evidence Scale as a group.

Recommendations Day 2

General recommendations

- A sub-group was formed to take in the points made in the discussion and the findings from the HIP Evidence Scale analysis and make recommendations on what is needed to move the Pharmacies and Drug Shops brief from promising to proven. The sub-group members are: **Gael, Chris, and Anand.**
- A sub-group was formed to discuss ideas of what could become a HIP in the future and how to move forward in terms of process. The members are: **Heidi, Barbara, Saad, Saswati, and Nandita.**
- A sub-group was formed to discuss what is the ideal number of briefs: **Maria, Jennie, and Mario.**

What is needed to move the Pharmacies and Drug Shops brief from a promising to a proven practice?

- Many studies related to Pharmacies and Drug Shops seem to be method specific. It may be helpful to fund studies that are method agnostic.

- It may be helpful to fund/support studies on customer preferences and also related to supply chain
- It would be important that future studies use scales rather than single items to measure access and quality.
- Another element to explore in future studies is the effect of supportive supervision in pharmacies and drug shops quality.
- There is research funded by BMGF that will soon be published on clients' perspectives in Nigeria, a study in Kenya about providing DMPA through pharmacies including a broader basket of services.
- A critical question is how to make a value proposition/what is the financial incentive for pharmacies in some of the service provision activities that they could possibly implement (if it was financially attractive). Demand (rather than trainings) is probably a greater factor for a pharmacy or drug shop in terms of their responsiveness. Studies that look into what helps to change pharmacists behavior (related to access and quality) vs. only changing knowledge would be important.

What could be some possible new HIPs?

Below are some ideas brainstormed by TAG members.

- Family planning working groups as an EE brief
- Responding to shocks/humanitarian crises (such as the COVID pandemic)
- Measurement: What family planning program measures make sense at different stages of program development
- Family planning and HIV integration
- Advocacy for family planning is critical (particularly given the stance in some countries about family planning provision to adolescents)
- Decolonization, localization (this may be a white paper)
- Critical question as we explore ideas for more HIPs is on what is the "ideal" number of HIPs. An idea to help limit the number of HIPs is to do an analysis of the least accessed HIPs and determine why those HIPs are not being used/accessed as much.
- What does not work? Consider a white paper noting what does not work, what needs to be deprioritized.
- Family planning counseling offered at family planning services
- Self-care interventions (is this an SPG or an enhancement?)
- Consider some more specific topics on supply chain management (i.e., supply planning and forecasting). This is a critical process requiring stakeholder engagement and data analysis.
- Determine how to more systematically address the importance of context in HIP implementation.

Appendix D. Presentations

FP2030

HIP TAG Meeting

June 15, 2022

FP >> 2030



Photo Credit: European Union/N. Mazars/Flickr

Dr. Salma Ibrahim Anas



Director, Family Health
Services, Federal Ministry
of Health, Nigeria

Dr. Caroline Kabiru



Head of Population
Dynamics and
Reproductive Health and
Rights

African Population and
Health Research Center
(APHRC)

Mr. Gamachis Shogo



Family Planning and
Reproductive Health
Commodity Security
Technical Specialist
UNFPA Sierra Leone
Country Office

FP2030: A Global Family Planning Partnership



FP2030 vs Family Planning 2020: Key changes



FP2030 is structured as a **global support network with five regional hubs** in North America, Africa, Asia, and Latin America – as opposed to one centralized office.



FP2030 is **open to all stakeholders** invested in quality, voluntary, rights-based family planning.



FP2030 has a new, **updated data framework** monitoring individual, system, and environment level indicators.

Shared responsibilities and inclusive decision-making

FP2030 overall is guided by a diverse Governing Board, which includes representatives from youth partners, CSOs, donors, and other partners.

The board oversees several high-level committees and the Executive Directorate. The Executive Directorate oversees all the regional hubs.



**Dr. Samukeliso
Dube, FP2030
Executive
Director**



**Mereseini
Rakuita, FP2030
Governing
Board Chair**



GOVERNING BOARD



FP2030 Regional Hubs

FP2030 NORTH AMERICAN & EUROPE HUB

LAUNCHED IN JANUARY

Based in **Washington, DC, USA**

Hosted by **United Nations Foundation**

FP2030 NORTH, WEST & CENTRAL AFRICA HUB

LAUNCHED IN MARCH

Based in **Abuja, Nigeria**

Hosted by **Population Council Nigeria**

FP2030 EAST & SOUTHERN AFRICA HUB

LAUNCHED IN MARCH

Based in **Nairobi, Kenya**

Hosted by **Amref Health Africa**

IN PROGRESS

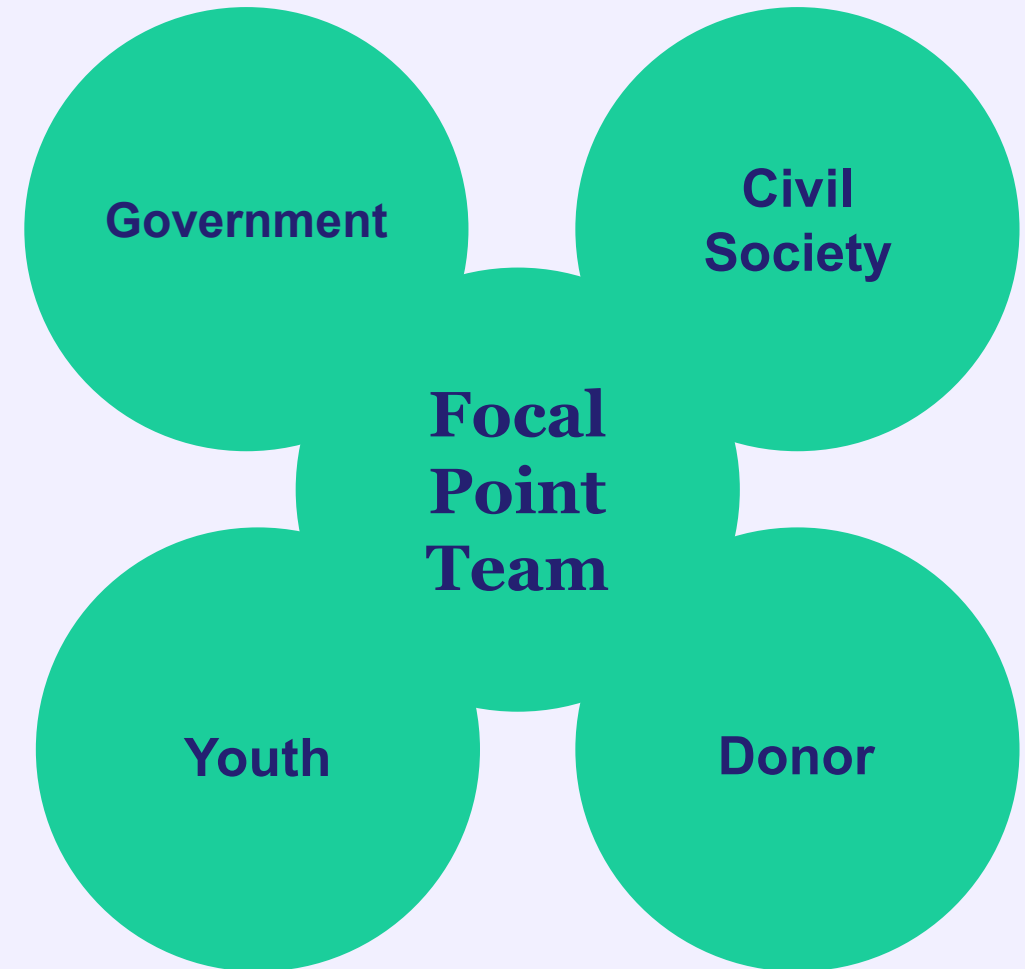
Latin America & the Caribbean Hub

IN PROGRESS

Asia & the Pacific Hub

FP2030 Focal Points

- Focal points work as a team in commitment-making countries to set and lead their family planning agenda, and to advance and monitor their country's progress toward their commitment
- Each team has representatives from the **government** (e.g., Ministry of Health), **civil society**, **youth**, and **donor** agencies
- **Focal Points** convene partners and stakeholders in the country for **consultation** and **inputs from the community**



FP2030 commitment snapshot:

16 Commitments from governments

42 Commitments from other stakeholders



See all FP2030 commitment makers at commitments.fp2030.org/commitment-makers

HIP

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Briefs and SPG update

Maria A. Carrasco - June 2022 TAG meeting

Pre-testing of new SBC briefs

Objectives and participants

- Learn if the new SBC briefs are: useful, easy to read, helpful in making investment decisions

Countries	Organization	Briefs read
India	UNFPA	Social norms and couples' communication
Sierra Leone	UNFPA	All 3
Nigeria	USAID	All 3
Ethiopia	USAID	All 3
Rwanda	USAID	All 3

Questions

Country	Are the briefs easy to read & understand?	After reading the new SBC briefs, do you consider that it is important to invest resources to implement some of the strategies noted in the briefs?
India	Yes	Yes
SL	Yes	Yes
Nigeria	Yes	Sure. It is strong evidence.
Ethiopia	Yes	Yes. Most of our FP SBC funded projects/activities deploy most/a range of strategies noted in the briefs - especially Knowledge, Beliefs brief and Couple's communication. The brief on social norms offers some great insights and resources on measuring which is a very important but limited aspect of currently funded work.
Rwanda	Yes	Yes, given the strong evidence provided in the briefs. Evidence-based programming has nearly become a global mantra and global health investments are increasingly informed by existing body of evidence. We must follow the evidence in order to invest wisely and smart. Though evidence of impact of digital tools in producing outcomes in FP is not as strong as the other tools/ interventions, there is certainly an opportunity to do more and learn from these actions. Digital tools are increasingly being used in Rwanda, but there is room for expansion of this approach.

Questions

Country	Are the new SBC briefs going to be helpful in your in your work? Please explain
India	<p>Norms brief: Yes. India has reached to replacement level total fertility level, but there are variations in TFR and mCPR between states and these indicators are not satisfactory for marginalized populations, like youth and adolescents; scheduled tribes etc. And these are the groups, which are influenced most by social norms for decision making for contraceptive use. So, promoting community support will be helpful. India is a country which has significant proportion of youth population, so this is very relevant for India..</p> <p>Couples' communication brief: This brief will be very useful in Indian context, where many women in patriarchal society in rural areas and vulnerable groups including those from poor education and economic strata and young ones, do not have access to HTSP and contraceptives' information and decision making power for timing, spacing of pregnancies and desired no. of children.</p>
SL	<p>Yes. The three briefs outline interventions that could be considered at the level of individuals, couples, and community (social norms) and can help guide programme/project design. It is helpful to get the tools, resources, references, country experiences, links to key SBC concepts and jargons in these concise briefs.</p>

Questions

Country	Are the new SBC briefs going to be helpful in your in your work? Please explain
Nigeria	All three briefs are helpful. I found the brief on social norms most helpful
Ethiopia	Yes, they are much helpful. Because it shows what does specific subject mean, and lessons learned from the practice from review of publications. This would help us to pilot and implment these high impact parctices
Rwanda	Yes, the evidence of impact of interventions highlighted in the briefs are helpful. As some of these are already being implemented in the Rwandan context examples – couple counseling, reflective dialogue, mass media, role models, IPC, etc.), the evidence reinforces the message that using these interventions correctly produces the desired outcomes in family planning. This can be a strong advocacy tool for program implementers and donors to increase investments in the HIP highlighted in each brief – and for program implementers to increase intensity of these interventions to achieve even better outcomes.

Brief and SPG updates

Briefs

- New SBC briefs posted
 - [Healthy couples' communication](#)
 - Finishing PDF of other 2 briefs
- EE briefs to be finished in 8 weeks
 - In design phase
- [Overview EE](#) brief posted

SPGs

- Contraceptive Method Introduction to Expand Choice.
- Meaningful Adolescent and Youth Engagement and Partnership in Sexual and Reproductive Health Programming.

Next round of updates

Next round of updates

- Next briefs up for updating: Girls' education, Community Health Workers, Outreaches
- The updates were put on hold until the co-sponsors had a chance to update the strategic plan and discuss areas where the HIP updating process could be strengthened.
 - Example: How do we ensure that diverse voices are included in the Technical Expert Groups

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P L A N N I N G

H I G H I M P A C T

P R A C T I C E S

Technical Advisory Group Virtual
Meeting June 14th 2022

Update on the HIPS strategic Plan

Martyn Smith & Heidi Quinn

Our objectives for the Strategy:

1. Discuss high priority strategic areas and make recommendations for actions including timeline, deliverables, resources, priority countries, etc.
2. Identify how each HIP Co-Sponsor can use their comparative advantage (leadership, strategic positioning, resources, current and future activities, etc.) to elevate HIPS in their strategies and workplans and create a demand for HIPs as a public good.
3. Explore innovative approaches, novel ideas, or new partnership models to enable high impact practices at scale —including dissemination and utilization.
4. Continue to build and strengthen the collaborative partnership by working effectively together to achieve HIP strategic priorities

HIPS Strategic Plan 2020-2025

Purpose of the HIPS:

Increase the reach and impact of family planning to more women, adolescent women, and men, by making evidence more available and easier to use, helping countries prioritize their investments, and, as a global FP community, building consensus around interventions that work.

Five Strategic Priorities:

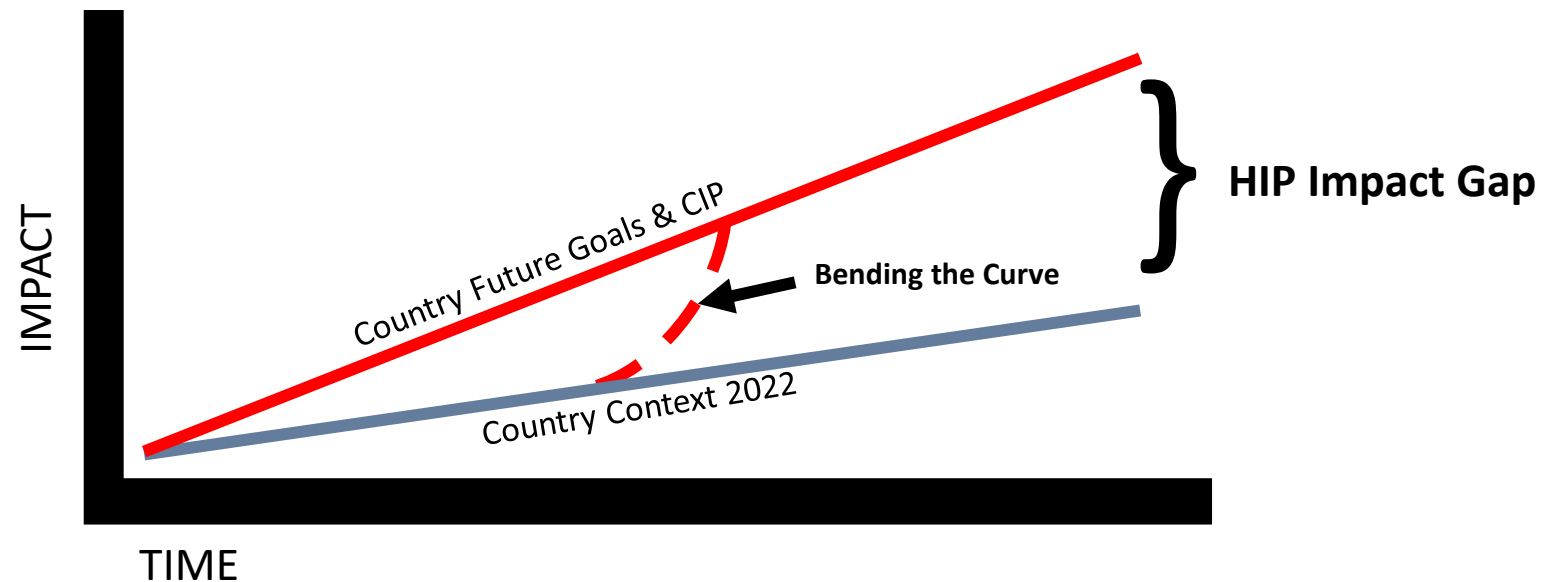
- Priority 1: Broaden the audience for HIPS
- Priority 2: Strengthen the internal structures and processes of HIPS
- Priority 3: Create a better means of measuring success
- Priority 4: Increase the inclusivity of HIPS
- Priority 5: Support HIPS implementation and Scale Up

HIP CO-SPONSORS MEETING

Our BlueSky Ideas

roadmapping for fp2030
prioritization
mainstream
integration
high demand
challenge-bound
high quality
partner alignment
institutionalized
global public goods
cost effective
public availability
lifecycle approach
research
quality
promising
implementation
financing
investment
cutting edge
different ideas
inclusivity
different geographies
widely known
simple monitoring
evidenced
scaled up
sustainable

How can HIP SCALE UP close key gaps in coverage, quality, and equity at National and Subnational level in countries?



Revised HIP strategy pivots to increased country ownership and participation—creating need for new approaches and adjustments

Strategic Priority 1:

Broaden the main audience to include implementers as well as decision makers

- ✓ *Broaden the HIPS audience to implementers as well as decision makers – including government*
- ✓ *Develop more useable/util format for HIPS*
- ✓ *Link HIPS more to other resources and organisations*
- ✓ *Create a strong secretariat between the 5 sponsors*

Strategic Priority 2:

Strengthen the internal structures and process of HIPs

- ✓ *Strengthen the institutionalization of the HIPS amongst sponsors and partners*
- ✓ *Increase engagement and representation from the field in two areas : technical and governance*

Strategic Priority 3: Create a better means of measuring success

- ✓ *Better understanding of of HIPS brief access and utilization.*
- ✓ *Develop indicators to measure the success of HIPS implementation activities .*
- ✓ *Measure the impact of HIPS on FP in the field*

Proposed Recommendations for Action:

Strategic Priority 4: Increase the inclusivity of HIPS

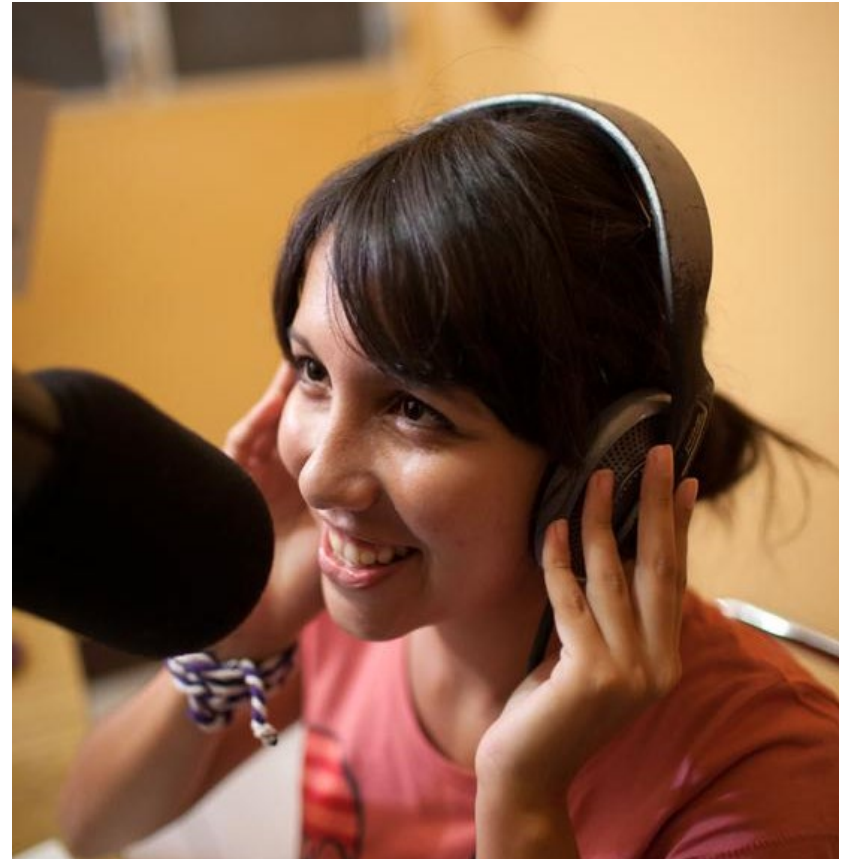
- ✓ *Strengthen engagement of existing partners in dissemination of HIPS*
- ✓ *Increase the decision-making role of the global south*
- ✓ *Increase the visibility and understanding of HIPS amongst global health community from decision makers to implementers*

Strategic Priority 5: Support HIPS Implementation and Scale-Up

- ✓ *Help HIP users to find a link to resources to support HIP implementation and scale up*
- ✓ *Develop resources to support and encourage HIP implementation and scale Up*
- ✓ *Strengthen in country capacity to determine what HIPS to implement and scale up*

Key conclusions

1. Consensus on the incredible progress of the HIPS Co-Sponsors and gamechanging opportunity for collective action, ensuring HIPS are a public good, and accelerating impact
2. Alignment on the need to more deeply understand the barriers for country engagement, participation and utilization of HIPS for scale up by conducting further analysis and investing in country consultations
3. Proposal to build a roadmap/blueprint to outline the critical steps needed to carry out the revised HIPS Strategy (2020-2025) including updating TORs for Co-Sponsors and TAG, measurement indicators and learning agenda, orientation and training for all new staff at all Co-Sponsor organizations, etc.
4. Co-Sponsors prioritize & elevate HIPS in their current strategies, workplans, staffing requests, budgets, and ICFP Engagement



Key conclusions



1. County Scale Up Blueprint: Further mapping of investments, defining country readiness and identification of country needs and country consultations to finalize country selection and engagement and develop a M&E plan, learning agenda, etc.
2. Further due diligence on a collaborative platform or new approach to support sharing, learning, evidence and scale up
3. Given TAG June Meeting-explore standard of evidence, streamlining processes, exploring research questions, reviewing TOR, engaging more southern experts, etc.
4. HIPS Orientation and Training Package for All Co-Sponsors to be used at Global, Regional and Country Levels to broaden our audience and engage local implementers

The New York Times

May 23, 2030

Millions Lives Saved from Scaling up High Impact Practices

Landmark announcement by FP2030 & 50 Ministries of Health that millions of women, infants and children's lives have been saved due to the scale up of High Impact Practices (HIPS) by public, private and civil society partners in Asia, Africa and Latin America. In 2022, a groundbreaking alliance of changemakers came together with a bold vision to scale up cost effective and evidence-based practices. Global and country partners drove the change to ensure access for rights based family planning for all people everywhere.



Questions, suggestions and discussion ?



- *How can you support the HIPS Strategy ?*

High Impact Practice: Social and Behavior Change Overview

May 6, 2022

Norbert Coulibaly
Alice Payne Merritt



Overall

- The brief is well-written, well-structured and relevant to social and behavior change actors.
 - It provides through the framework and tips clear guidelines for the implementation of effective and efficient SBC programs.
 - It also provides important and varied resources to better understand the contours of SBC and related best practices.
-



TITLE

Suggestions for consideration:

- Summary of Social and Behavior Change as a *High Impact Practice*
or
 - High Impact Practice: Integrated Framework and Guidelines for Effective Implementation of Social and Behavior Change Programs in Family Planning
-

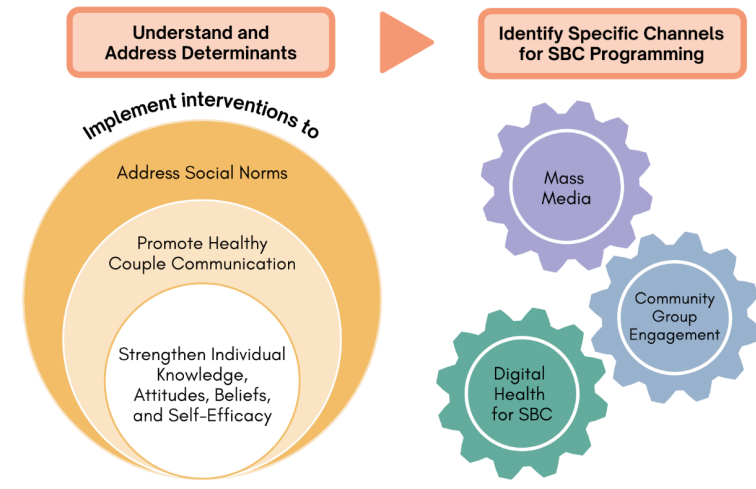


INTRODUCTION

- Set the scene well: what is SBC in FP, its importance for individuals and couples, and how to proceed using the HIPs dealing with the issue.
 - Its complementary role with the domains of service delivery and the enabling environment to create a set of interconnected high-impact practices that work together to strengthen family planning programs.
 - Paragraph 2: “Systematic process”: why in blue when it is not a hypertext link?
 - Paragraph 3: consider adding “ increasing couple dialogue”
-

Figure 1: A framework of SBC HIPs

- Can't the arrow be both ways? considering that communication through the different channels combined can also contribute to a better knowledge of the determinants of SBC



THE FRAMEWORK

Understand and Address Determinants

- The briefs “Addressing social norms ” and “ Knowledge , Attitudes and Beliefs ” are not yet available on the website. We could not consult them
- Delete “of the” after “social ecological model”
- Hypertext link of the brief “ *Implement interventions to strengthen an individual's ability to achieve their reproductive intentions by addressing their knowledge , attitudes, beliefs , and self- efficacy* »

Identify Intervention Options

- “ Some evidence ”: This link does not work. Is it really a hyperlink?
- Put in bold the paragraph: SBC programs are most effective when they use a multi- channel approach , and there is consistent evidence that shows the greater the exposure to SBC campaigns through different channels, the greater the odds of behavior change (known as a dose- response relationship).



SBC practices support and enhance service delivery and enabling environment HIPs

- No particular remark or addition on this chapter which is very well documented.
 - It demonstrates the functional links between SBC practices and “Service delivery” and “creating an enabling environment for FP” HIPs.
-



Tips for implementation

- No specific remarks
 - The brief provides 7 relevant tips to support the implementation of SCB programs
 - Recalls the importance of formative research in all approaches
 - Consider budget issues
 - Takes into account the specific needs of vulnerable and/or marginalized populations.
-



Tools and resources

- Excellent suggestions!
-

HIP Brief Guidance - Overview

Maria A. Carrasco
6/14/22

Content

- Process: Comes from [version 1](#).
- Content: Comes primarily from TAG input and system established and experience over the past 2 years

Process to finalize

- TAG discussion today
- Please add detailed comments by Friday, June 24
- Goal is to post final document on HIPs website by mid-August

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HIP Evidence Scale and Criteria Tool

Karen Hardee, Michelle Weinberger, Annie Preaux, and Maria Carrasco

HIP TAG Meeting

Virtual, June , 2022

Objectives

- Provide an overview of the HIP Criteria Tool, including HIP Evidence Scale
- Get feedback on the tool and discuss some issues

Background

5 Criteria for Assessing if HIPs are Proven or Promising

Criteria	How defined for HIP review purpose	Source
Impact	Sufficient evidence of impact as per the HIP Evidence Scale	Based on summary of evidence included in the HIP brief
Applicability, Reliability, Generalizability	Broad evidence of impact from multiple contexts or settings	Based on summary of evidence included in the HIP brief
Scalability	Evidence from impact being implemented at scale (not only from pilots)	Based on summary of evidence included in the HIP brief
Affordability	Qualitative rating based on what we know about cost and affordability. This is not the same as cost effectiveness	Experience/expert opinion
Sustainability	Based on HIP Sustainability paper (https://www.fphighimpactpractices.org/hip-sustainability-paper/) (and checklist)	Experience/expert opinion

How the HIP Initiative Considers Evidence (HIP Evidence Scale)

- HIPs are not based on systematic reviews of the literature
- What is the best available evidence for the practice? Is it sufficient for proven or promising?
- How can we categorize and assess the evidence of impact available for each HIP?
- The HIP Evidence Scale is based on the Gray Scale – 5 level hierarchy of evidence from Sir Muir Gray (involved in developing the Cochrane collection)

HIP Evidence Scale

Level	Type of Study
I	Systematic review of randomized control trials (RCT)
II	Randomized control trials
IIIa	Control with pre/post design (non-randomized/quasi-experimental)
	Control with post-only design (non-randomized)
	Other rigorous design (e.g., propensity score matching)
	Systematic review of non-RCTs (quantitative)
IIIb	Pre/post design, no control
IV	Routine/program data (e.g., service statistics or other M&E data)
V	Qualitative
	Systematic review of non-RCTs (qualitative)
n/a	Other/unsure

Gray, J. 1997. Evidence Based Health Care: How to Make Health Policy and Management Decisions. London, UK: Churchill Livingstone.

Gray, J. 2009. Evidence-Based Health Care and Public Health: How to Make Decisions About Health Services and Public Health. 3rd Edition.

Edinburgh, Scotland: Churchill Livingston Elsevier. Also see <http://www.whatworksassociation.org/strength-of-evidence-methodology.html>

Other criteria are considered along with evidence of impact

Criteria	How defined for HIP review purpose	Source
Impact	Sufficient evidence of impact as per the HIP Evidence Scale	Based on summary of evidence included in the HIP brief
Applicability, Reliability, Generalizability	Broad evidence of impact from multiple contexts or settings	Based on summary of evidence included in the HIP brief
Scalability	Evidence from impact being implemented at scale (not only from pilots)	Based on summary of evidence included in the HIP brief
Affordability	Qualitative rating based on what we know about cost and affordability. This is not the same as cost effectiveness	Experience/expert opinion
Sustainability	Based on HIP Sustainability paper (https://www.fphighimpactpractices.org/hip-sustainability-paper/) and checklist	Experience/expert opinion

Sustainability

The screenshot shows the HIP website header with navigation links: HIP PRODUCTS, RESOURCES, ENGAGE, OVERVIEW, ABOUT US. The main content area features the title 'Guidance on assessing the potential sustainability of Practices as part of an evidence review: Considerations for High Impact Practices in Family Planning'. Below the title, it states: 'Sustainability is a key concern among decision makers when deciding whether to invest in any specific HIP. This paper explores three key questions: 1. How is sustainability defined? 2. What evidence is required to demonstrate a practice is sustainable? 3. How can HIPs be implemented to increase the potential for sustainability for as long as the practice is relevant for the program?'

<https://www.fphighimpactpractices.org/wp-content/uploads/2018/01/HIP-Initiative-Sustainability.pdf>

Table 1. Questions and Considerations About Sustainability in Relation to the HIP Initiative, for Authors, Reviewers, and Implementers

Questions to ask about sustainability of the HIPs	Authors/ Reviewers should address these in the HIP brief	Implementers should consider these points
Is the practice clearly defined?	X	X
Is the practice programmatically relevant?	X	
Has the practice been scaled beyond its initial setting to reach a larger portion of the target population?	X	
Has the practice been tested under routine operating conditions and existing resource constraints of relevant health systems (e.g. beyond controlled pilot settings)?	X	X
Is the practice simple enough (e.g. it is not overly complex or reliant on charismatic individuals) such that the inputs required to implement it are manageable at large scale?	X	X
Is there an organizational home and leadership for the practice? If the practice crosses organizations/ministries, are they aligned on the practice implementation and are the roles and responsibilities for implementation clear?		X
Are all relevant stakeholders involved in the process of scaling up the HIP?		X
Have the stakeholders reached consensus on their expectations for scale up?		X
Is the source of funding for the practice scaled up reliable over a reasonable time period? What are the sources of funding (national/donor)?		X
Are policies, regulations, and other system components in place for sustainable scale up of the practice?		X
Does the definition of sustainability of the practice include a focus on equity and quality—not just financial sustainability?		X
Is there a plan to implement M&E and learning as part of the scale-up process and/or the scaled-up practice to assess sustainable implementation of the practice?		X

Sources: These questions are adapted from the 12 recommendations for scaling up sustainable practices³⁰; the Scalability Assessment Tool (MSI, 2012); the *Guide for Monitoring Scale-up of Health Practices and Interventions*²⁴; and *A Systems Approach to Sustainability for USAID Global Health*¹⁹

Summary Table for TAG review and determination

Summary of HIP Criteria

Ratings and notes for the first three HIP Criteria are automatically populated from the information entered on the previous tab (to revise these please return to the previous tab).
Ratings and notes should be added for the affordability and sustainability HIP Criteria below.

Criteria	How defined for HIP Review purpose	Source	Rating	Notes on Selection
Impact	Sufficient evidence of impact as per the HIP Evidence Scale	Based on the HIP Evidence Scale <i>(see tab 2)</i>	Green	Most of evidence included shows positive results.
Applicability, Reliability, Generalizability	Broad evidence of impact from multiple contexts or settings	Based on a summary of evidence included in HIP Evidence Scale <i>(see tab 2)</i>	Yellow	The evidence is almost exclusively from Africa and a lot is from specific sub-populations or contexts which may limit generalizability.
Scalability	Evidence of impact being implemented at scale (not only from pilots)	Based on a summary of evidence included in HIP Evidence Scale <i>(see tab 2)</i>	Green	Most of the evidence comes from interventions implemented at scale.
Affordability	Qualitative rating based on what we know about cost and affordability. This is not the same as cost-effectiveness.	Experience/expert opinion (select rating from dropdown list)	MAKE SELECTION	Add notes on selected rating here
Sustainability	Organizational, political, and financial sustainability of practices, while maintaining equity of access and quality of services.	Based on HIP Sustainability Checklist <i>(see tab 3)</i>	Yellow	Limited evidence of operation under routine settings

A Walk through the HIP Criteria Tool

Discussion

- Outcomes – how many should be considered for HIPs beyond contraceptive use?
- Making a determination of proven vs. promising based on intermediate or longer term outcomes?
- Does the HIP Criteria tool and outputs have utility beyond the TAG? Where should the HIP Criteria Tool and outputs live on website? Should the summary table be shared as part of the brief (an annex?)
- Is the criterion affordability or cost-effectiveness?
- Who should be responsible for filling out the tool? TAG, intern, research consultants?
- Any feedback on the tool and guidance on using it?

HIP

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Recommendations from Day 1

6/15/2022

General recommendations

- TAG sub-group created to explore TAG role related to the updated strategic plan (Karen, Ginette)
- TAG sub-group formed to refine criteria for enhancement briefs (Erin, Karen, Michelle)
- TAG sub-group to finalize guidance on indicators for EE briefs (Chris, Jay, Sara, Barbara)

SBC Overview Brief Recommendations

- *Does the brief need to be reviewed by a sub-group or can it be finalized based on comments?*
- Add a sentence on other channels of communication that are not HIP briefs
- Explore a new title to make the document more compelling.
 - “Summary of SBC HIP briefs”
- The tips are very helpful. In a couple of places they could use more specificity (i.e. add more detail on segmentation, provide a little more background on social listening)
- In the tips, add a tip on pre-testing materials
- In the graphic of the briefs, is it possible to hyperlink the titles of the briefs? Also, consider adding an arrow in the other direction to note that for audiences using the channels of communication can help to address the behavioral determinants.

HIPs Brief Guide

- *Please review and add comments by June 24*
- Update process to note that fact checking findings should be resolved by the Technical Expert Group
- Add criteria for enhancement briefs
- Add a short section on what we mean as a “practice”
- Add more details on TAG review process
- Add a note about the fact that sometimes the TAG meets between the bi-annual meetings, if absolutely necessary
- Add clarity to the section on “Updating briefs”
- Update guidance on developing indicators for EE briefs

HIP Evidence Scale

- To be finalized by small group (Karen, Michelle, Saad, Maria)

HIP

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HIP Production and Dissemination (P&D) Data Review

June 2022

Natalie Apcar, Knowledge SUCCESS

HIP

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Agenda

Website Usership

Top 10 HIP Products

HIP Webinars

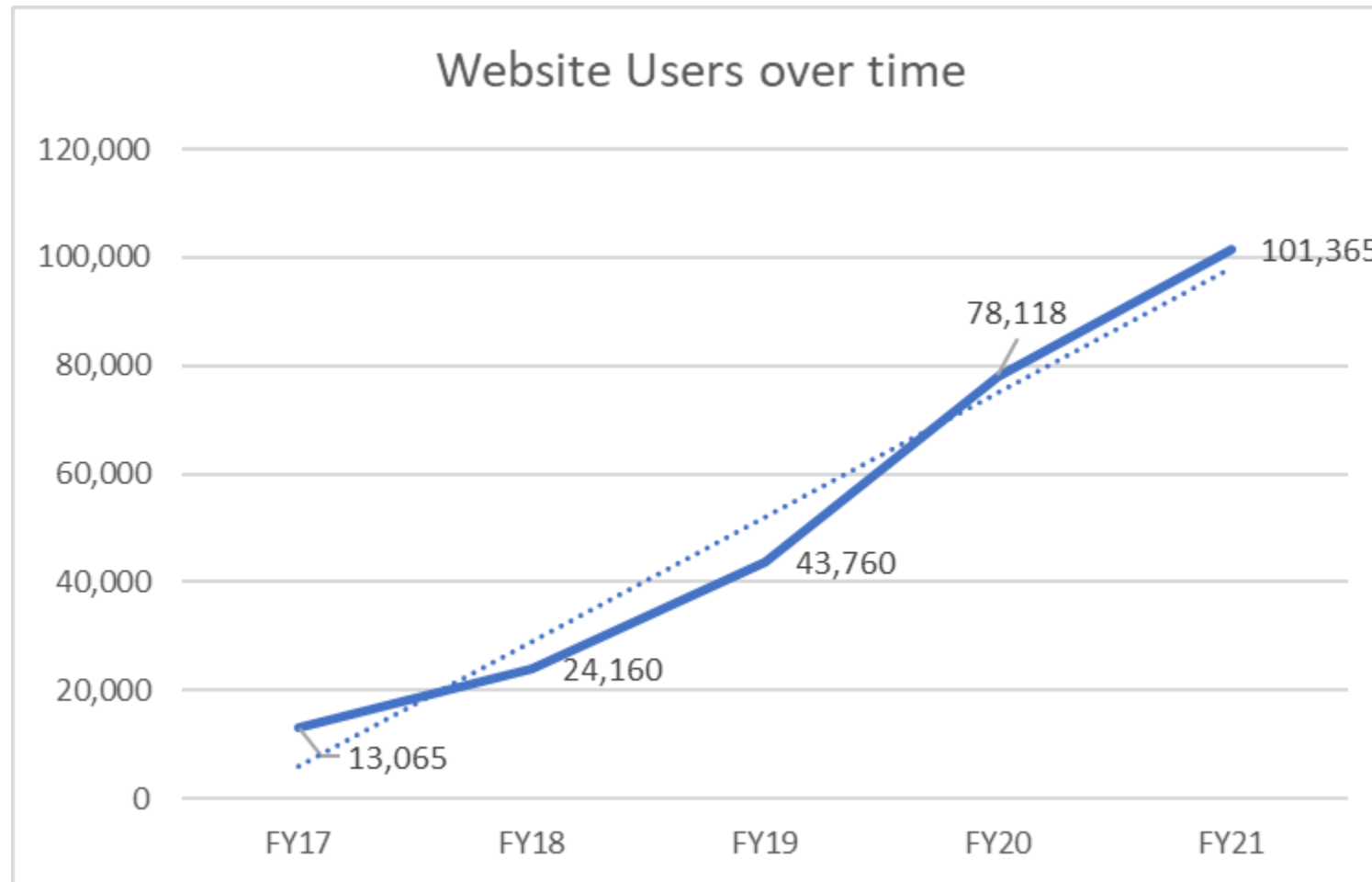
Twitter Engagement

HIP Newsletter

HIPs in Peer-Reviewed Literature



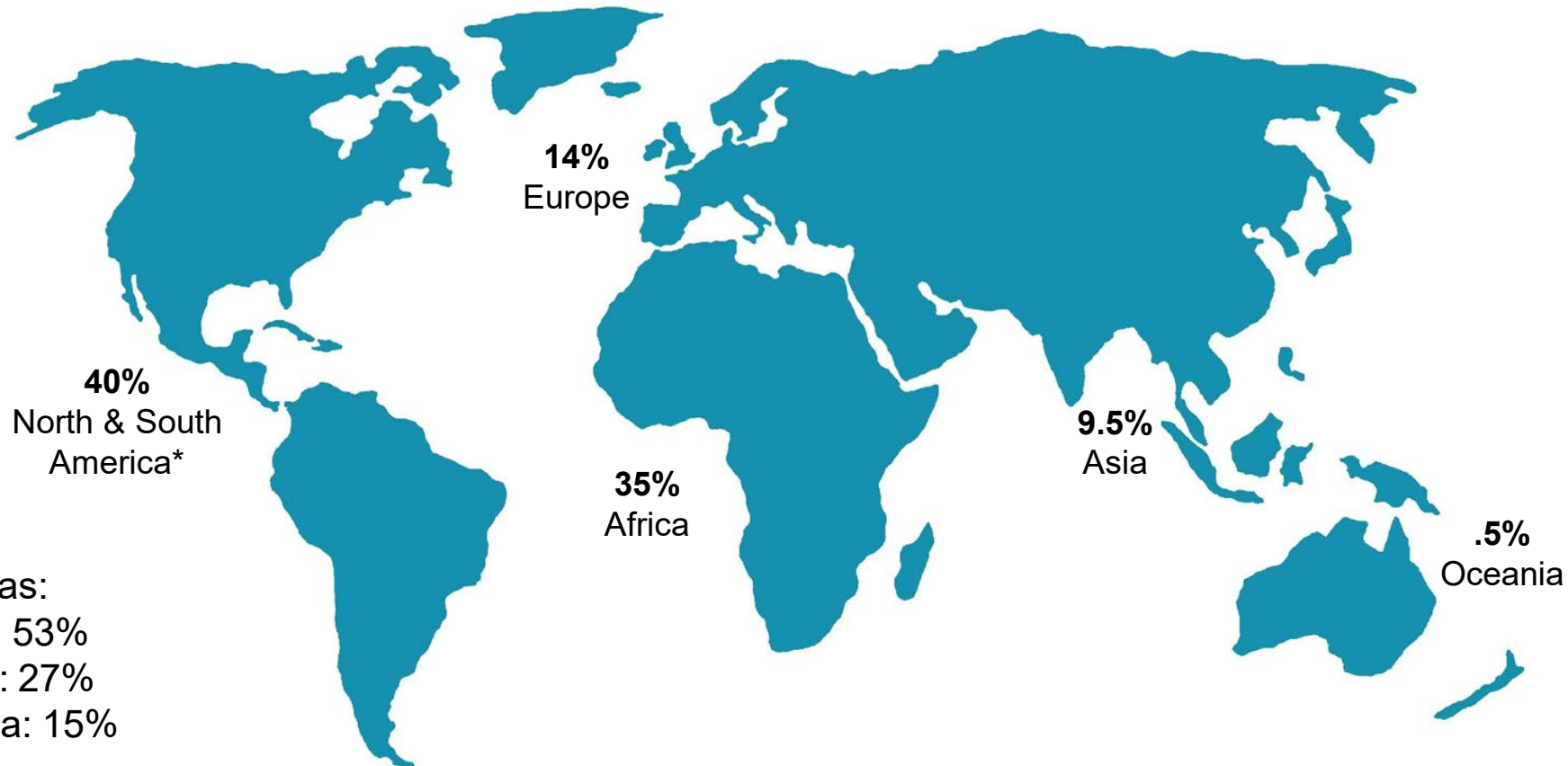
Website Users FY2018 – FY2021



Quick Analytics

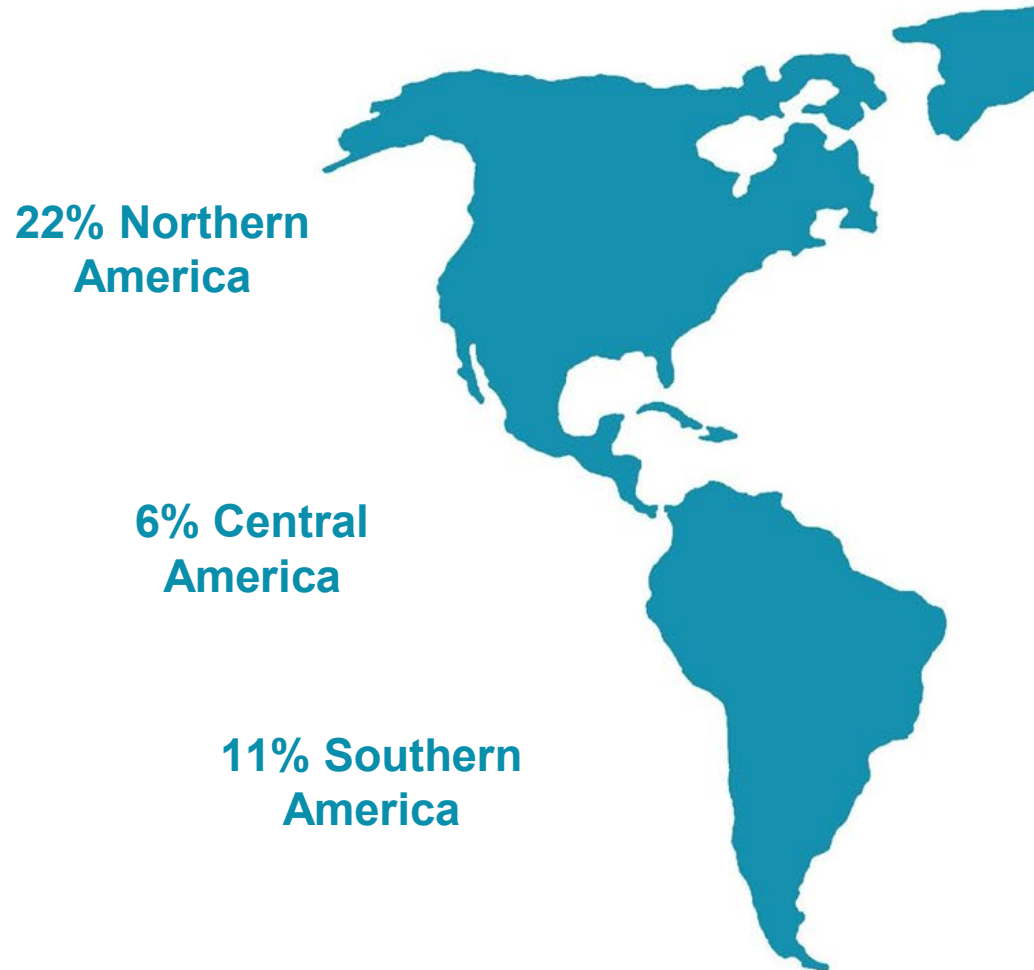
FY22 to date	
Users	73,775 (88% are new users)
Sessions	92,968
Pageviews	132,965
Avg session duration	1 min 14 seconds

Website Users by Region FY22



*Of the Americas:
North America: 53%
South America: 27%
Central America: 15%
Caribbean: 5%

Website Users by in the Americas FY22



Countries with highest population of users:

Colombia (3,226)
Mexico (2,809)

Website Users in Africa FY22

Countries with highest population of users:

Nigeria (2,426)
Mozambique (1,597)

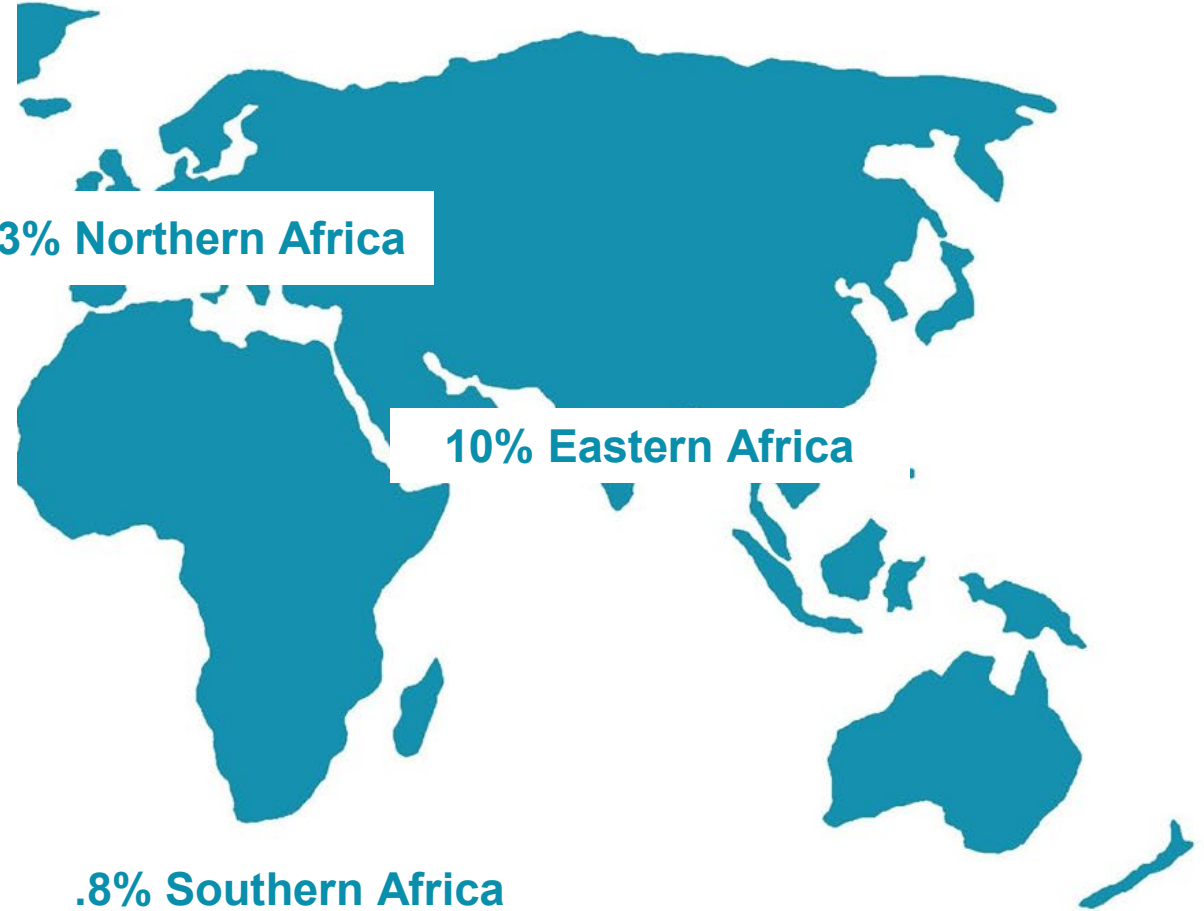
14% Western Africa

8% Middle Africa

3% Northern Africa

10% Eastern Africa

.8% Southern Africa

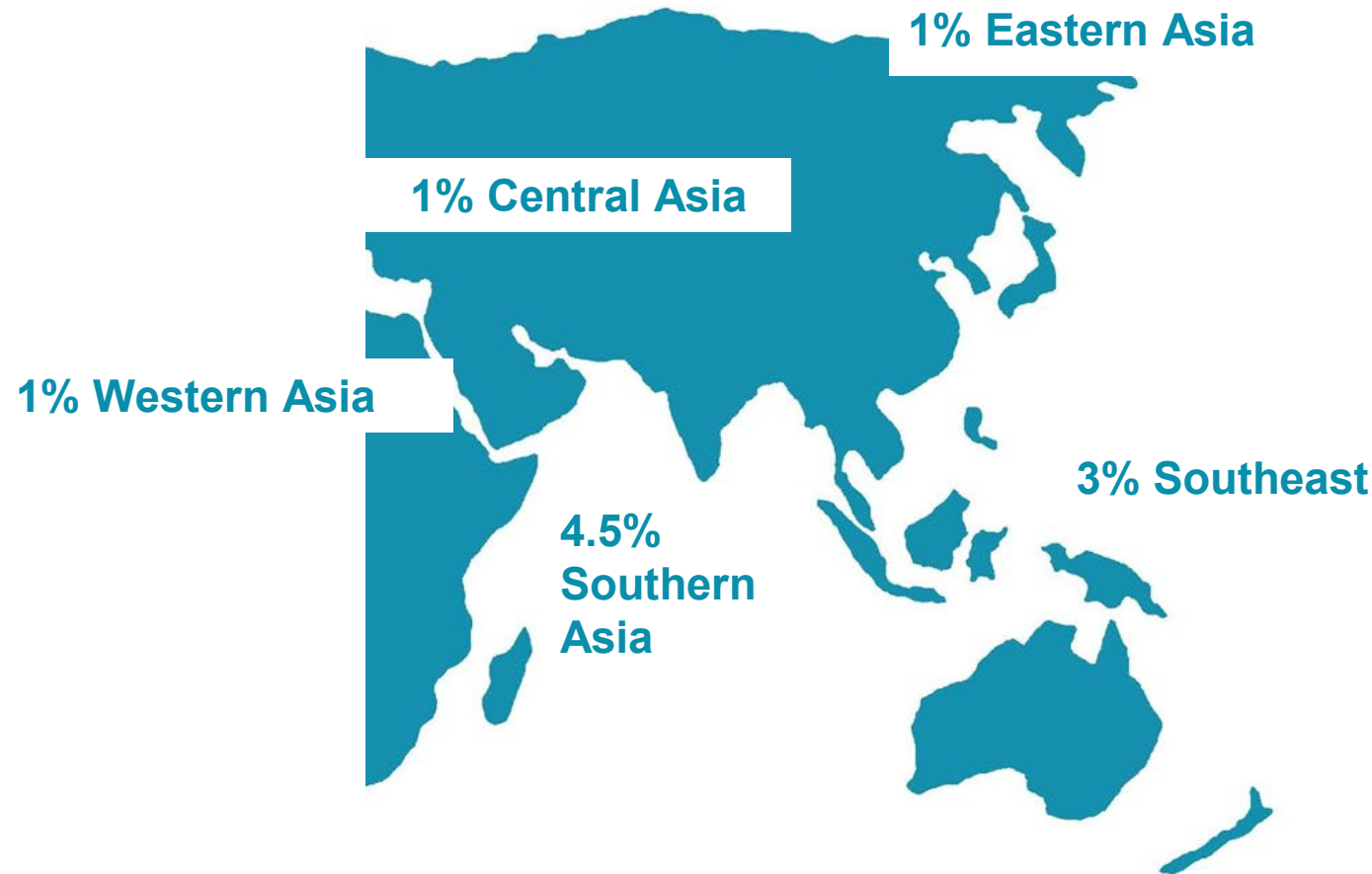


Website Users in Asia FY22

Countries with highest population of users:

India (2,061)

Philippines (1,786)



Website Users by Language

Exact numbers:

English: 33,854

Spanish: 10,056

French: 18,652

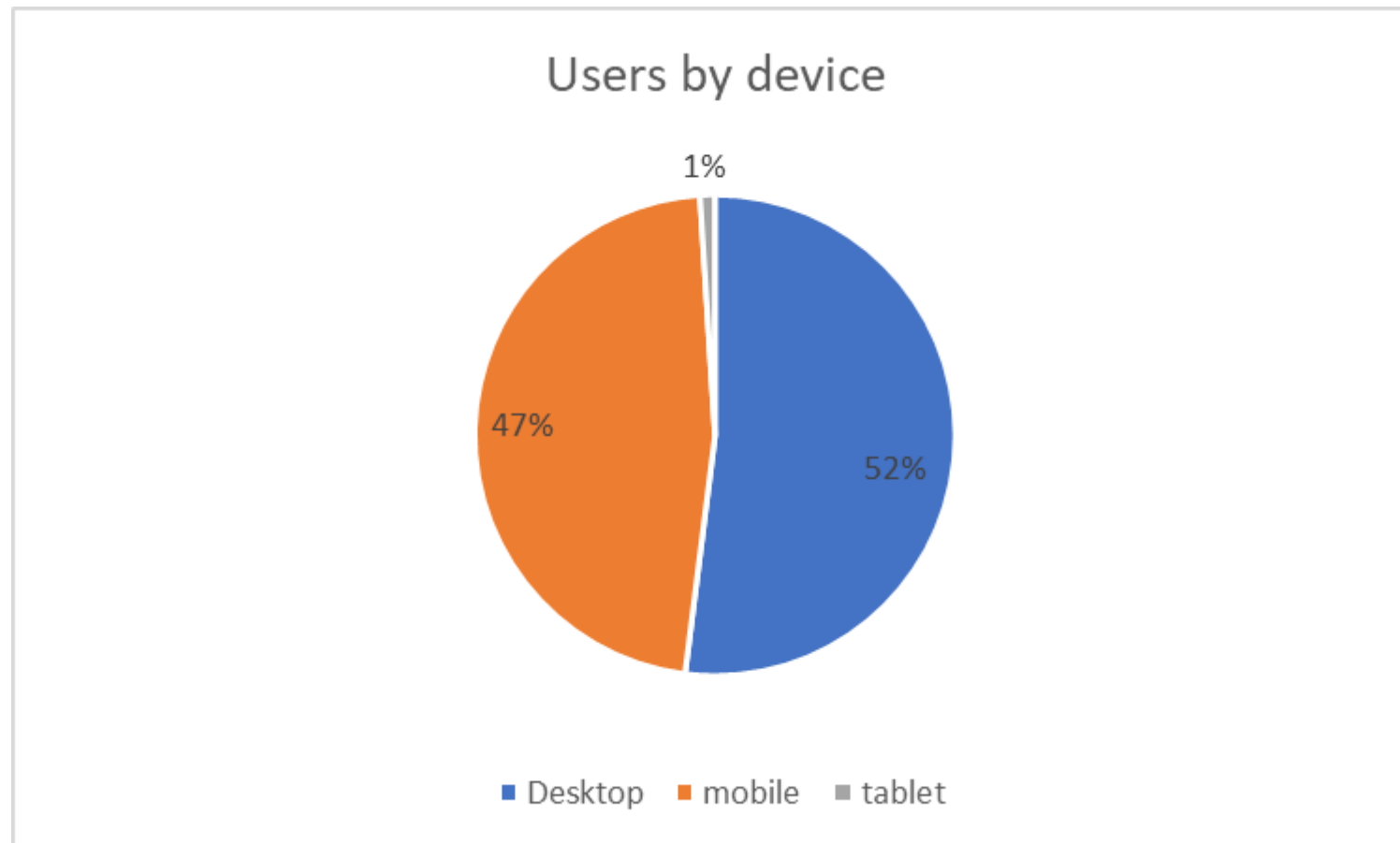
Portuguese: 3,255

Language	FY19	FY20	FY21	FY22
English	72%	63%	47%	45%
Spanish	14%	24%	17%	14%
French	13%	12%	18%	25%
Portuguese	1%	2%	4%	4%

Website Users – Top 10 Countries, past year

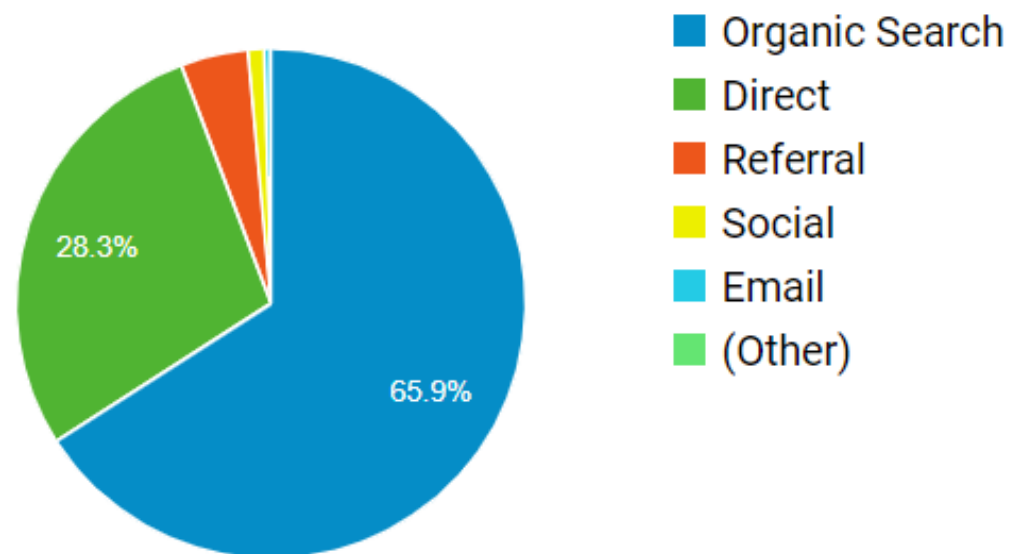
Country	Number of Users
1. US	15,058 (20%)
2. France	5,108 (6.8%)
3. Colombia	3,226 (4%)
4. Mexico	2,809 (3.8%)
5. Nigeria	2,426 (3.2%)
6. Cameroon	2,196 (2.9%)
7 India	2,061 (2.8)
8. DRC	1,860 (2.5)
9. Philippines	1,786 (2.4%)
10. Peru	1,688 (2.2%)

Website Users by Device

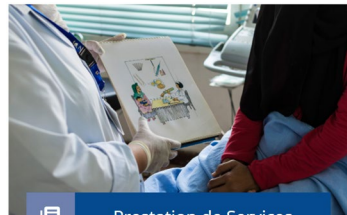


Website Users – Acquisition Overview

Top Channels



Top 10 HIP Products, FY22 to date



Prestation de Services

Planification familiale après avortement

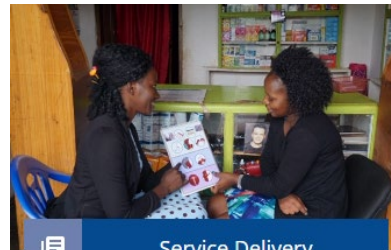
PRATIQUE ÉPROUVÉE



Service Delivery

Social Marketing

PROVEN



Service Delivery

Pharmacies and Drug Shops

PROMISING



Evidence Summary

Economic Empowerment



Prestación de Servicios

Planificación familiar post-aborto

PRÁCTICA COMPROBADA



Environnement Propice

Gestion de la chaîne d'approvisionnement



Prestación de Servicios

Farmacias y droguerías



Service Delivery

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



Service Delivery

Contraceptive Method Introduction to Expand Choice



Prestación de Servicios

Planificación familiar inmediatamente posparto

Top 10 Downloads, FY22 to date



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



Service Delivery

Social Marketing



HIP Enhancement

Adolescent-Responsive Contraceptive Services

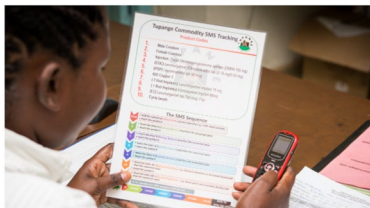


Service Delivery

Immediate Postpartum Family Planning



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



Enabling Environment

Supply Chain Management



Contraceptive Method Introduction to Expand Choice



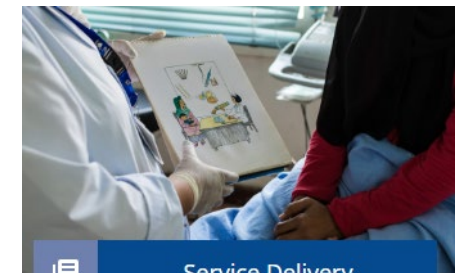
Service Delivery

Family Planning and Immunization Integration



Service Delivery

Community Health Workers



Service Delivery

Postabortion Family Planning

Top 10 Presentation Downloads, FY22 to date



HIP Enhancement

Adolescent-Responsive Contraceptive Services



Service Delivery

Immediate Postpartum Family Planning



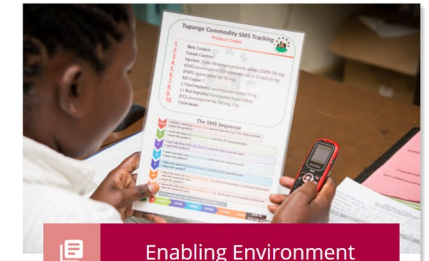
Service Delivery

Community Health Workers



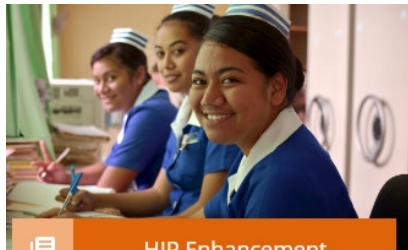
Service Delivery

Social Franchising



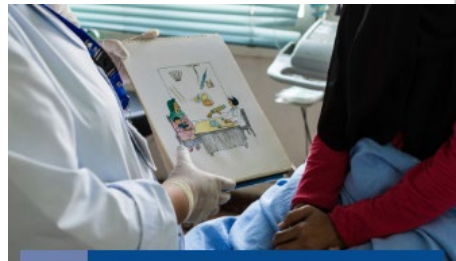
Enabling Environment

Supply Chain Management



HIP Enhancement

Digital Health to Support Family Planning Providers



Service Delivery

Postabortion Family Planning



HIP Enhancement

Digital Health for Systems



Enabling Environment

Educating Girls



Enabling Environment

Policy

HIP Webinars since last TAG meeting

Social Marketing, January 20, 2022

96 participants and 329 registrants

Product Introduction SPG, June 6, 2022

165 participants and 493 registrants

Twitter: Consistent Engagement from Reliable Partners

Average # of monthly Tweets: 99

Average # of monthly participants: 32

Top 5 by # of Tweets:	Top 5 by # of Impressions:
Knowledge SUCCESS	FP 2030
R4S Project	USAID GH
FP 2030	Knowledge SUCCESS
EVIHDAF	JSI Health
Alex Omari (Amref)	PSI Impact



HIP Newsletter

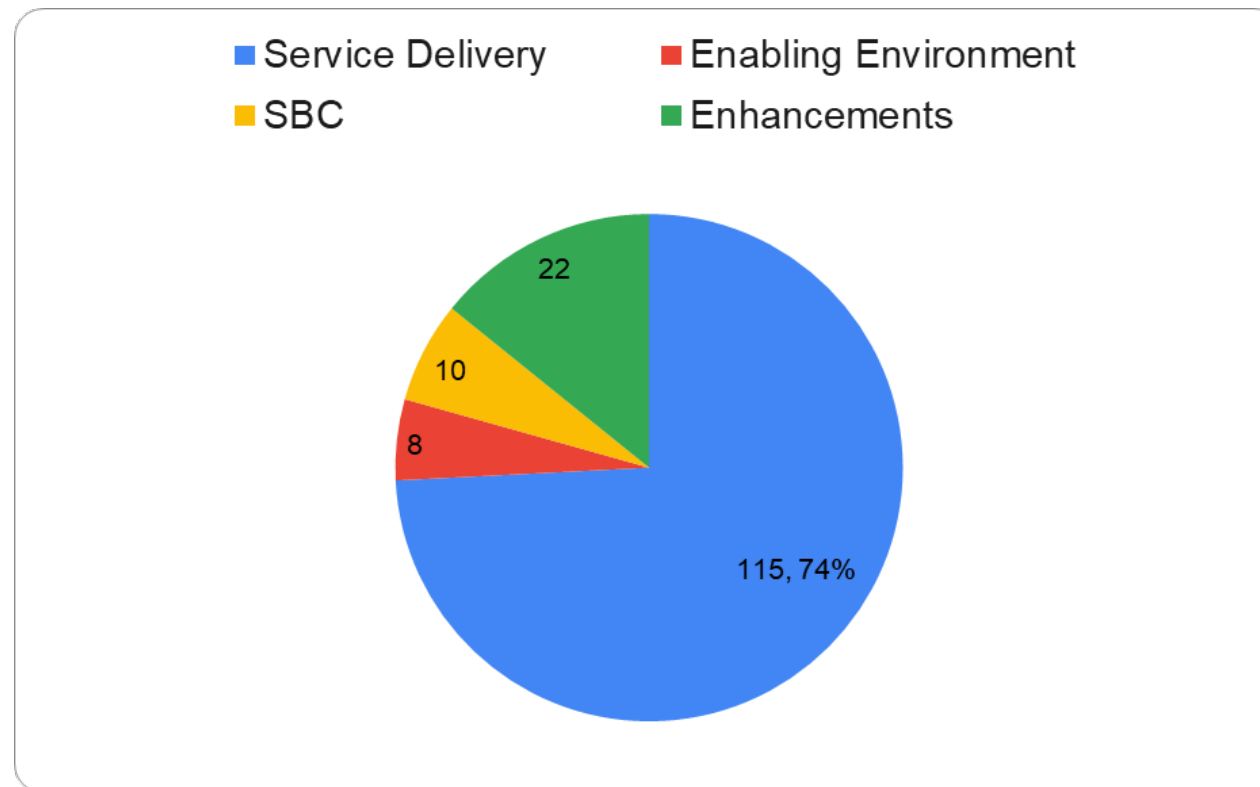
*Since the newsletter's launch in June 2020, over **761** FP stakeholders from **86** countries have subscribed to the HIPs newsletter.*

Top Countries	# of Subscribers
United States	304
India	35
Nigeria, United Kingdom	53
Nepal, Pakistan, Peru	33
Kenya, Uganda	57



HIPs in Peer-Reviewed Literature

So far in FY 2022, **12 peer-reviewed publications** cited a HIP brief, bringing the total to 137 publications since 2014.



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R4S Research for Scalable Solutions

HIP Costing



➤ Outline

- The role of cost in the HIPs– *Jim Rosen (5 minutes)*
- Update on ongoing HIP costing work under R4S and new BMGF award – *Rick Homan (25 minutes)*
- Optimizing use of the R4S results: a facilitated discussion – *Jim Rosen (25 minutes)*
- Wrap-up next steps (*5 minutes*)



➤ Costing helps answer various programming questions

Plan, budget

- How much will it cost to do X?

Improve program

- What is the most efficient way to do X?

Guide investment decisions

- Is it worth investing in X?
- Is it better to invest in X or Y?

➤ Costing is important to the HIPs for various reasons

Plan, budget

- How much will it cost to introduce and scale up HIP X?

Improve programs

- What is the best way to do HIP X?

Guide investment decisions

- A HIP or not a HIP?
- HIP X or HIP Y?

➤ That brings us here

- Rick Homan will tell us about the R4S approach to HIPs costing, including the objectives, data sources, and analyses
- The TAG will get a chance to discuss to what extent the R4S data is giving the HIPs partners the costing information they need
- The TAG will also discuss what costing information is needed to guide HIP investment decisions. Can R4S or other organizations provide that information? What would be the best format for that information?



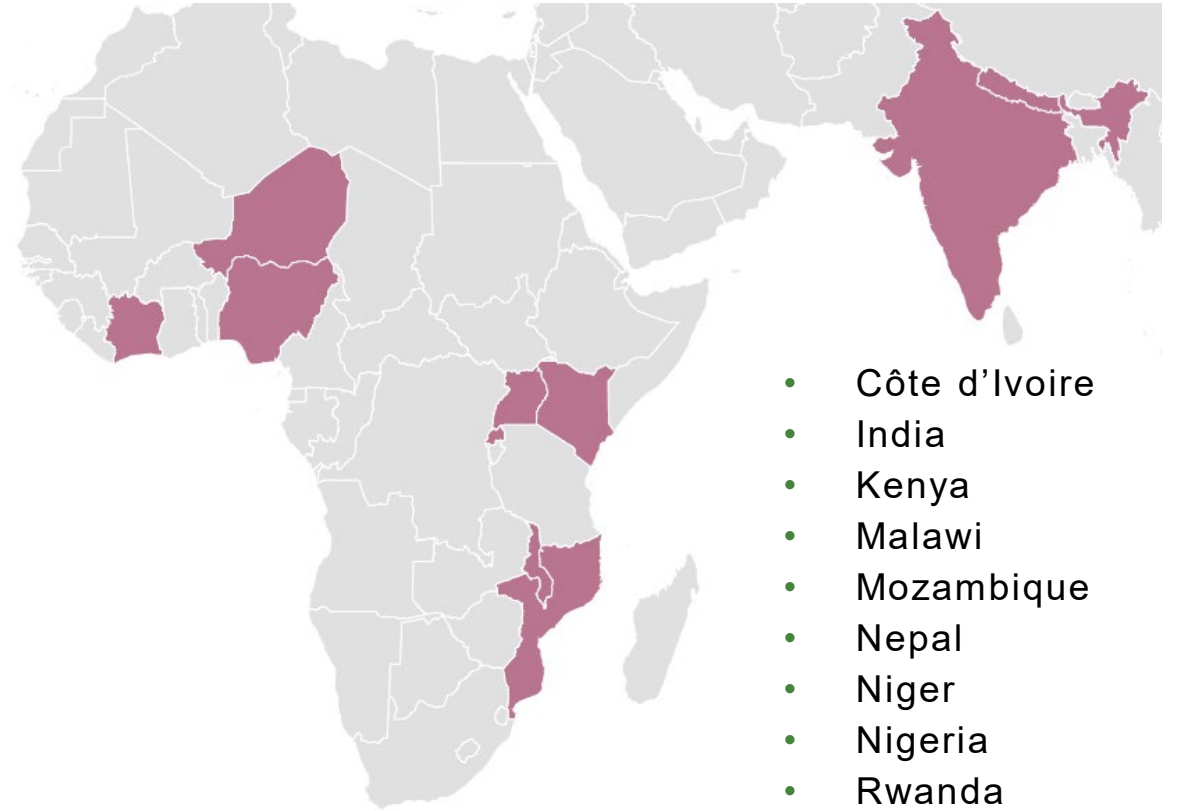
Research for Scalable Solutions

R4S and HIPs Costing



➤ Research for Scalable Solutions (R4)

- R4S conducts implementation science research to improve the efficiency, cost-effectiveness and equity of family planning programs in Africa and Asia
- 5-year USAID-funded cooperative agreement (Oct 1, 2019-Sept 30, 2024)
 - Office of Population and Reproductive Health
 - \$35 million award ceiling – core and field support buy-in
- Prime: FHI 360
- Core partners: EVIHDAF, Makerere University School of Public Health, PSI, and Save the Children



- Côte d'Ivoire
- India
- Kenya
- Malawi
- Mozambique
- Nepal
- Niger
- Nigeria
- Rwanda
- Uganda



➤ HIP assessments

Objectives

1. Measure the current vertical and horizontal scale of implementation of selected HIPs
2. Measure the current reach of selected HIPs
3. Assess quality of implementation of selected HIPs, including policy-level intention and readiness to offer the intended standard of care
4. **Estimate the costs of implementing and sustaining implementation and identify the cost drivers and efficiencies for selected HIPs**



Country and global consultations to develop and recommend measurement standards



Guidance on costing work from HIP TAG members (Jan 2021)

- Prioritize costing for **planning and budgeting** and **program improvement** over costing for guiding investment decisions
 - What does it cost to introduce and scale-up HIPS and how to do so efficiently
 - Not trying to estimate cost-effectiveness or choose between one HIP and another
- Use a rigorous, replicable, and flexible costing methodology
 - Able to apply to other HIPs not being assessed
- Treat all HIPs equally
 - Not trying to prioritize one HIP over another
- Focus on HIPs that are relevant to broad audiences



Scope – Focusing on HIPs relevant to broad audiences

Country	IPPPF	CHWs	PDS	FP –IZ	PAFP	MM	Funder
Uganda	X	X	X				USAID
Nepal	X	X					USAID
Mozambique	X			X			USAID
India	X	X			X	X	BMGF
Nigeria			X		X	X	BMGF
Burkina Faso	X					X	BMGF

Service delivery HIPs

IPPPF = Immediate Postpartum Family Planning

CHWs = Community Health Workers

PDS = Pharmacies and Drug Shops

FP-IZ = FP/immunization integration

PAFP = Post-Abortion Family Planning

Social and behavioral change HIP

MM = Mass media



➤ Methods – Rigorous, replicable, and flexible

- Key informant interviews (KIIs) with FP program managers / SBC technical leads at MOH
- KIIs with program managers at managing authorities
- Analysis of service statistics and media plans
- Readiness assessment, including a health facility questionnaire, and surveys with FP providers, CHWs, drug shop operators, and a desk review of media plans and strategies and of mass media products
- Activity-based costing template guided interview with program officers & finance officers at managing authorities

	KIIs with MOH	KIIs with MAs	Service statistics/media plans	Readiness assessment	Activity-based costing
Vertical scale					
Horizontal scale					
Equity of access					
Policy-level intention					
Service readiness					
Costs					



➤ Costing Objectives

Plan, budget	Improve program	Guide investment decisions
<ul style="list-style-type: none">• How much will it cost to do X?	<ul style="list-style-type: none">• What is the most efficient way to do X?	<ul style="list-style-type: none">• Is it worth investing in X?• Is it better to invest in X or Y?

- Planning and Budgeting
 - Estimate the cost to introduce HIP service at a (country, district, or SDP) level
 - Estimate the cost to sustain HIP service at a (country, district, or SDP) level
 - Provide budgetary guidance to assist in HIP scale-up (resource gap estimation template)
- Program improvement
 - Document the most efficient way to introduce HIP service
- Guide investment decisions
 - Identify situations that facilitate HIP introduction and scale-up
 - Document relationship between cost and reach and service readiness



➤ What are costs?

- Summation of the monetary value assigned to resources that are used to produce something or deliver a service
 - Resources can come from multiple sources (funders)
 - Value assigned to a resource will likely vary by source of the resource
 - Resources may be used at the point of service delivery or above-site depending upon the activity for which they are used
 - Newly acquired and redeployed resources will be included
 - Indirect resources (infrastructure / overhead) will not be included (unless explicitly mentioned, such as space refurbishment, assumed to remain unaffected and therefore not attributable to HIP)



Activity-based costing approach – Documenting how the HIP was introduced and is supported

4 step process*	Example
Identify activities required for start-up	Planning for implementation and site selection, Design of training materials, handouts, job aids, Procurement/refurbishment of equipment/space, Training of service providers, Modification of reporting formats
Identify activities required to sustain HIP and frequency	Awareness raising/demand creation activities, Provision of HIP service to clients, Supportive supervision/quality assurance reviews, Reporting of HIP service to HMIS
Ascertain type and quantity of resources used to complete each activity	Labor, supplies, equipment, transportation, meetings, etc.
Assign unit cost to each resource	Hourly cost for labor cadre, unit cost for supplies, etc.

*Use of separate template for each HIP/managing authority combination

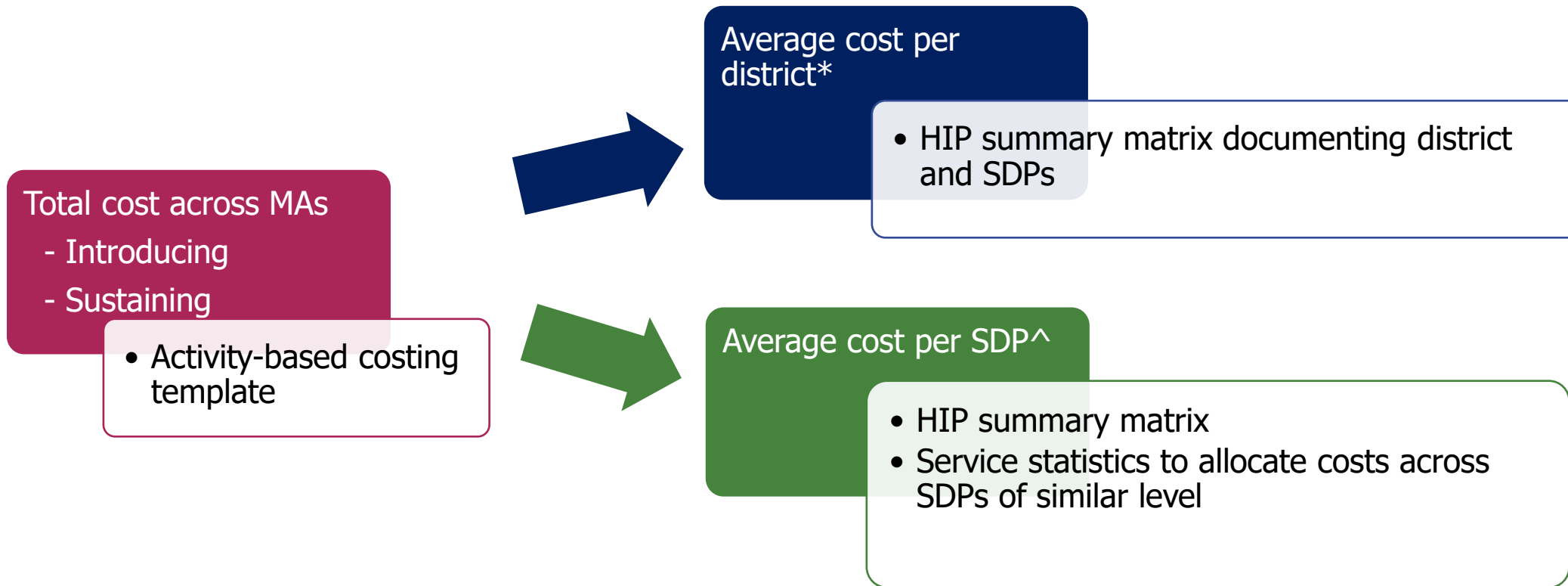


Research for Scalable Solutions

A Quick look at the Costing Tool



Planning / Budgeting for HIP Introduction & Scale-up



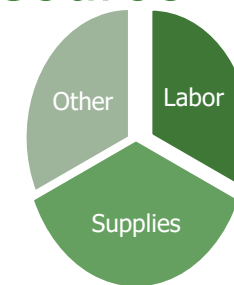
*District refers to level to which managing authority has devolved

^Service Delivery Point could be a facility, a community, a pharmacy / drug shop, etc.

➤ Planning and Budgeting Analyses

- **Cost driver analysis** - *costs broken out by type of resource*

- What types of resources account for majority of costs?
 - How does source of resource impact this distribution?
- How does this vary with level of the health system?



- **Budget guidance for scale-up** – *magnitude of resources required per type of SDP and per district by activity/phase*

- What resources will be needed to expand HIP provision?



➤ Program Improvement Analyses

- **Cost-efficiency analysis**

- Are there potential economies of scale which make the HIP service more efficient at certain volumes?
- Are there opportunities to improve efficiency of introducing or sustaining the HIP service?



➤ Guide Investment Decisions Analysis

- **Site selection for HIP Introduction / Scale-up**

- Are some SDPs better positioned to offer a HIP service (efficiency / quality)?
- Are some SDPs disproportionately used by certain segments of the population (equity)?
- Should these types of SDPs be prioritized when scaling-up?

- **Relation of Cost to Reach & Service Readiness**

- Is it more expensive to reach certain segments of the population (equity)?
- How does cost relate to service readiness (quality)?



Research for Scalable Solutions

Interactive discussion: Optimizing use of the R4S results



➤ To what extent will the R4S results be useful to key HIPs audiences?

Key audiences include:

- National government family planning program managers
- National NGO family planning program managers
- External funders (USAID, other donors)
- CIP developers



➤ **Vote**

Vote:

To what extent will the R4S results be useful for:

- Planning and budgeting
- Program improvement
- Guiding investment decisions



➤ Planned research utilization products for R4S HIPs Costing

Replicate costing

- Master Protocol
- Cost data collection templates and guidelines
- Detailed analysis plan

Make results widely available

- Country briefs
- Summary results spreadsheets
- Country-specific presentations, webinar, slides decks
- Newsletters

Get buy-in

- Peer-reviewed journal article
- Conference presentations
- Social media posts
- Blog posts

➤ **Vote: Which of these three uses is highest priority for the TAG?**

Vote for the three most important uses:

- Replicate costing
- Make results widely available
- Get buy-in for the costing



➤ Discussion

- Do different audiences have different product needs? What are they?
- Are there any important products left off this list?
- Is there an “optimal” mix of products that would serve these audiences?



➤ Wrap-up

- How R4S will use this session to refine costing methods, analyses, and research utilization products.
- Report back to the TAG at a future date?
- Reconvene the cost subgroup?
- Other follow-up actions?

THANKS !

TAG Technical Input

June 15, 2022

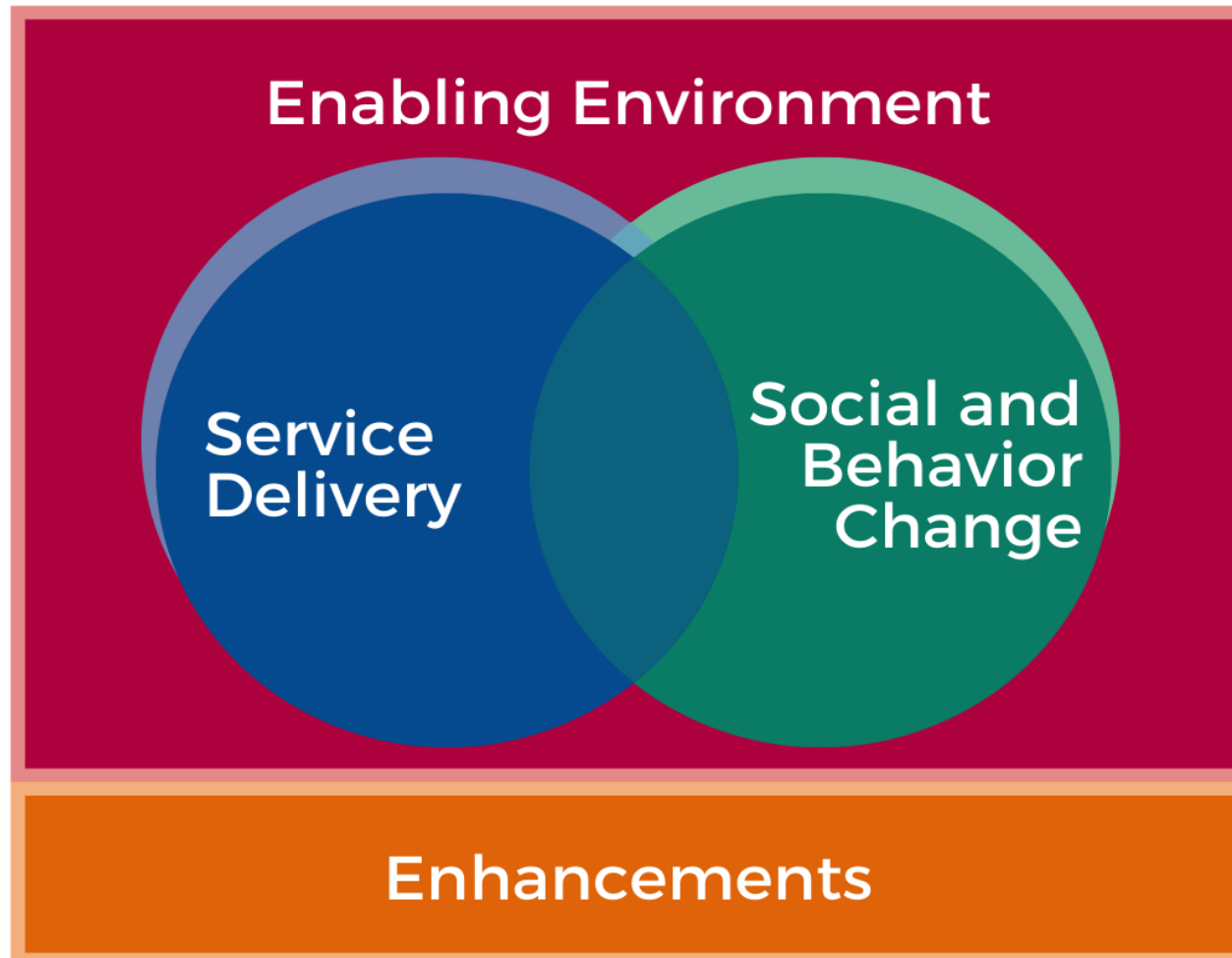
Pharmacies and Drug Shops: Getting from promising to proven

- Presentation of HIP evidence scale using research include in 2021 brief (by Annie Preaux)
- Current research questions
 - What kinds of training, supportive supervision, or other interventions work best to improve family planning knowledge and practice among pharmacy and drug shop staff?
 - What are the best ways to facilitate effective referrals?
 - What are the key issues around supply chain management to ensure a consistent supply of quality-assured products for pharmacies and drug shops?
 - What are family planning consumers' preferences regarding accessing pharmacies and drug shops?

Pharmacies and Drug Shops: Getting from promising to prove

- Discussion questions for TAG
 - What are the evidence gaps with this HIP?
 - Do pharmacies and drug shops have the same gaps? Should the brief consider both types of outlets?
 - What kinds of study designs could be used fill the evidence gaps?
 - How do we work with donors to advance efforts to close the evidence gaps?
 - Small working group to write guidance/recommendations for donors

Input on emerging topics that could become HIP briefs



- Educating Girls
 - Leaders & Managers
 - Strategic Social Accountability
 - Policy Implementation
 - Domestic Public Financing
 - Supply Chain Management
- Mobile Outreach
 - Postpartum FP
 - Social Marketing
 - FP & Immunization
 - Social Franchising
 - Immediate Postpartum FP
 - Community Health Workers
 - Pharmacies & Drug Shops
- Mass Media
 - Digital Health for SBC
 - Community Group Engagement
 - Social Norms
 - Couples Communication
 - Knowledge, Attitudes & Beliefs
- FP Vouchers
 - Adolescent-Responsive Contraceptive Services
 - Digital Health for Systems
 - Digital Health to Support FP Providers

Input on emerging topics that could become HIP briefs

- Open discussion of possible ideas
- Process for moving forward between June and December:
 - Further discussion in 4 small groups—service delivery, SBC, enabling environment, enhancements—refine to a short list (2-3 topics/group) (August)
 - Identify staff member to do high-level landscape of existing evidence (i.e., is there sufficient evidence to support proposing the topic for HIP consideration) (October)
 - Follow up summary presentations at December meeting of 1-2 topics per group to review evidence availability and consider as HIP topic (December)

HIP

FAMILY
PLANNING

HIGH IMPACT
PRACTICES

Pharmacies and Drug Shops

Evidence review using the HIP Criteria Tool

Overview

- Focus of the review and outcomes assessed
- Overview of studies included
- Evidence summary
- Key takeaways

Focus of the evidence review for pharmacies and drug shops

- **ACCESS**

- Pharmacies and drug shops are an important source of supply for a range of contraceptives in many countries.
- Pharmacies and drug shops are popular for short-acting contraceptive users, including hard-to reach or underserved populations, such as unmarried women, males, and youth, due to convenience, cost, and confidentiality.

- **QUALITY**

- Training and support improve the quality of family planning services offered by pharmacies and drug shops, thereby improving client satisfaction.

Papers included in the review

1. Included papers from the Impact section of the brief (which was organized into sections on access and quality)
 - a. Only included papers that included an intervention to improve access to or quality of FP and SRH services in pharmacies or drug shops
 - 6 of 17 papers cited in the impact section included an intervention (the others provided contextual information, were not about pharmacies, or provided other descriptive information about pharmacies and drug shops with no intervention activities)

Papers Included

- related to **access** in the impact section of the brief: **1 paper**
- related to **quality** in the impact section of the brief: **5 papers**

Outcome: Access			
Paper, country	Intervention	Study Design	Outcome(s)
Akol et al. 2014 Uganda	Workshops/trainings for drug shop operators to counsel clients and administer DMPA injections, followed by supportive supervision of the operators and some logistical support	Interviews with 54 operators. Operators also helped to recruit PF clients for interviews (585 clients) “Comparative retrospective review of service statistics...to determine the drug shop market share of family planning services” No baseline, no comparison group, no test for significance related to access or quality outcomes.	Market Share: “Data from selected subcounties in 3 districts for April 2011 through June 2011 show that, overall, clinics, CHWs, and drug shops delivered equivalent proportions of CYPs to the community, with drug shops leading marginally at 36%, followed by clinics (33%) and CHWs (31%)” Quality (this paper not included in quality section of brief) 100% of clients said that they were treated respectfully 93% felt that the operator would protect their privacy 79% “were satisfied with the method” “96% would recommend the drug shop to a friend for family planning services” “92% of DMPA clients intended to get another injection”

Evidence Summary for Access

Outcome: Quality

Paper, Country	Intervention	Study Design	Outcome(s)
Ishaku et al., 2021 Nigeria	Training on FP counseling, sale, referral, and administration of injectables	Interviews with patent and proprietary medicine vendors before, 5 days after, and nine months following the training (pre/post, no control group) Post-intervention data collection with clients.	<p>-knowledge: PPMVs had significantly higher knowledge on injectables -PPMV retained or improved knowledge at 9 months follow up -skill: “There was a significant increase in proportion of PPMVs who demonstrated key DMPA-IM administration steps at the 1- and 6- month monitoring visits (significant improvement in 8 of 9 skills monitored compared pre test to 1-month follow up). However, there were some significant decreases in the proportion who demonstrated key steps for DMPA-SC administration in the followup monitoring visits.” -women’s perception of quality: "Over 97 percent of clients reported that they would return to the PPMV for their next injection and 100 percent would recommend that PPMV to a friend for injectable contraceptive services"</p>
Chase et al., 2019 Nigeria			<p>-knowledge “PPMV who reported using at least two FP job aids were 2.6 (95% CI: 1.4–5.1) times more likely to have DMPA-IM knowledge 9 months after the training compared to those who used one or no job aids, while adjusting for PPMV characteristics. Similar results were observed for knowledge of DMPA-SC (AOR: 2.5; 95% CI: 1.2–4.6) and side effects (AOR: 2.5; 95% CI: 1.3–4.8)”</p>
Minh et al., 2013 Vietnam	Training pharmacy staff on customer relations, good pharmacy practice, childhood diarrhea, and emergency contraception	Baseline and 6-month post intervention surveys. Assessed knowledge, attitudes, and practices of pharmacists.	<p>Knowledge: "After interventions, pharmacy staff knowledge was significantly improved on most of the measured indicators...For side effects of ECP [knowledge] increased from 27% to 77%..." Practice: “While assessment of actual practice revealed that this knowledge was not always used, significant improvement was observed....” Practice: “The proportion giving information on side effects of ECP increased from 13% to 54%.”</p>

Outcome: Quality

Paper	Intervention	Study Design	Outcome(s)
<p>Lebetkin et al., 2014</p> <p>Ghana</p>	<p>Training sellers on injectables and referring clients to facilities for injections.</p> <p>Key stakeholders spoke at trainings to show support and emphasize the importance of compliance with regulations and sellers potential to contribute to increasing access to contraception.</p> <p>Local pharmaceutical company provided marketing support, demonstration, and sold the product</p>	<p>Data collected before and after the intervention; however, the data does not provide a comparison. Data collected from operators and injectable clients.</p>	<p>perceived increase in clients: "Sixty-four percent of the shop operators (57% in Amansie West and 79% in Ejisu-Juabeng) reported an increase in the volume of family planning clients during the intervention;" however, there does not seem to be an actual measurement of the increase from baseline."</p> <p>perceived ability "Nearly all sellers (94%) reported feeling that they received the training needed to provide clients with the contraceptives and family planning services that the clients wanted (not shown);..."</p> <p>perceived challenges: "however, they reported several challenges related to selling the injectable, including the inability to inject the drug and client misconceptions about the method"</p>
<p>PSP-One. Goli ke Hamjoli. 2008</p> <p>India</p>	<p>Oral pill promotion program with communication and marketing activities. Provider training, consumer outreach, mass media campaign.</p>	<p>Pre-post study with no control.</p>	<p>knowledge: "Baseline KAP and follow up surveys showed that after these trainings:</p> <ul style="list-style-type: none"> - 79% chemists knew that OC side effects usually disappear within a few months, versus 54% in the baseline in 1998. - A total of 86% said OCs were very effective in preventing pregnancy versus 79% in the baseline. - 73% chemists knew that OCs help to regulate menstrual cycle versus 49% in the baseline. - Additionally the percentage of chemists who knew that OCs lessen the risk of some types of cancer increased from 16% to 54%" <p>OC use among women: The main objective was to increase use of OCs among women; however, we don't know how this objective was connected to the interventions done with chemists/pharmacists. There were many interventions that made up this project. "Use of OCs increased significantly in the target audience from 4% in 1998 to 11% in 2003 with a corresponding 46% increase in sales volumes"</p>

Evidence Summary for Quality

Key Takeaways

- **Focus on access and quality:** The studies included in this brief focus the effect of interventions on pharmacists' and drug shop operators' knowledge and ability to provide FP services and the sale of contraceptives in pharmacies and market share
- **Data Collection/Evaluation Methods:**
 - For some studies, only baseline data was reported (these were excluded from this review)
 - Based on current studies included in the brief, there is a need for more evaluation and research on interventions in pharmacies and drug shops.
 - Opportunity for more rigorous studies using pre-post comparisons or other designs. Only 3 studies in the impact section had a pre-post comparison.
 - Only 1 intervention study on access
 - Strengthening measurement: a need for stronger measures of quality and access instead of relying on single items (ex: pharmacist could name side effects of oral contraceptive pills)



IBP Track Program Implementation at ICFP: High Impact Practices

HIP TAG Meeting, June 15, 2022

ICFP 2022: 14-17 November 2022, Thailand

- 5,500 participants from over 120 countries (Hybrid Conference)
- 20+ pre-conference events
- 3 conference days
- 150+ sessions & auxiliary events
- 1,800+ oral sessions
- 1,000+ poster presentations



IBP Track Program Implementation Features

1. Focus on Implementation
2. Highly interactive
3. Created and delivered by IBP Network members
4. Diverse participation (several languages, geographies)
5. Access to WHO tools, High Impact Practices, Research

IBP at ICFP 2022

- Uniting forces with Program Implementation Subcommittee
- Eight sessions focused on implementation
- Two pre-conferences
- Partners encouraged to organize sessions in other languages
- National/Regional partners encouraged to lead sessions

Eight Sessions



Scale up | Mise a echelle **E**



Community | Communauté **F**



FP Goals Model | Modele des Buts PF **E**



Interventions/HIPs: Service Delivery | Interventions/PHI: Prestation de Services **E**



Interventions/HIPs: Demand Generation | Interventions/PHI: Génération de la Demande **F**



Interventions/HIPs: Enabling Environment | Interventions/PHI: Environnement propice **F**

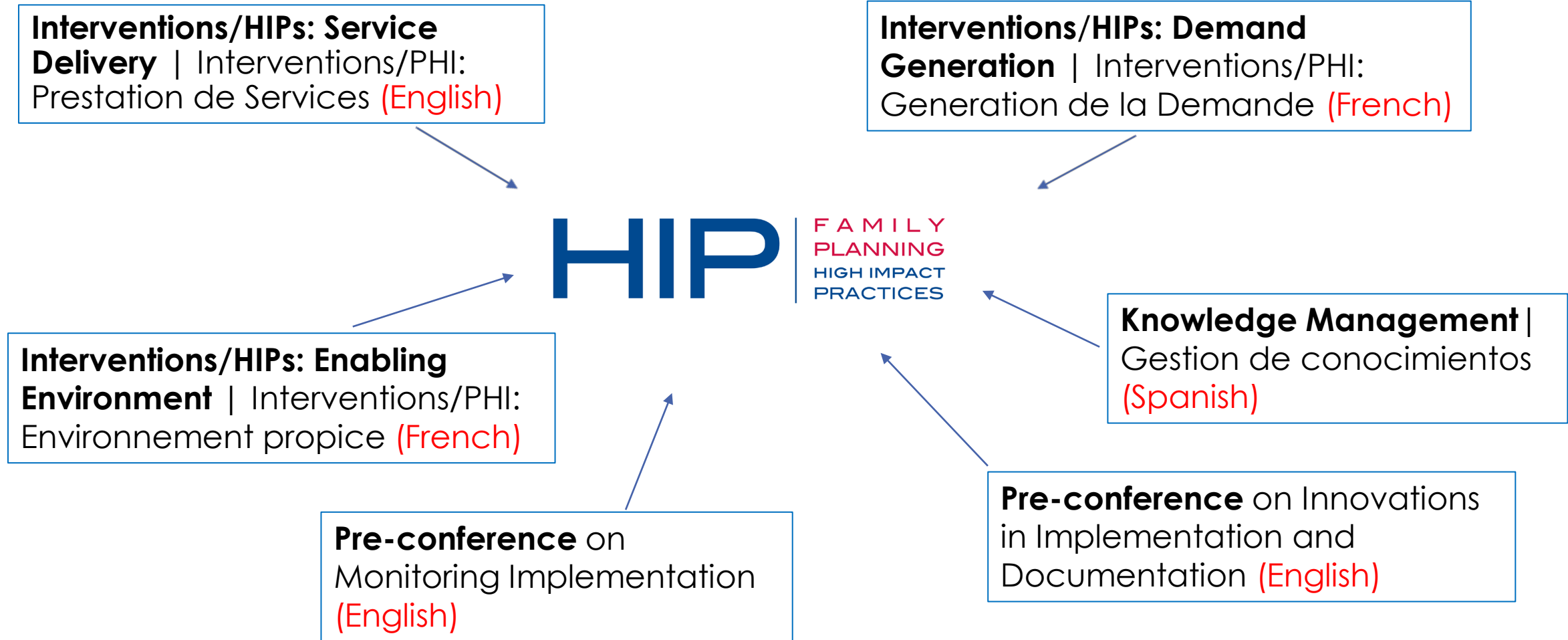


Knowledge Management | Gestion des connaissances **F**



Knowledge Management | Gestion de conocimientos **S**

Sessions featuring the HIPs



Pre-conferences

- **Pre-conference event on Monitoring Implementation **HIPs featured: (M&E of HIPs)****
- **Implementation and Documentation **HIPs featured: (Implementation Stories)****

Get involved!

Join the Sub-committee and a session planning team

https://docs.google.com/document/d/1T2vHDwdmex6bEw23Xeh_bv72GYgnyVch_LSuO65xewl/edit?usp=sharing

Attend the ICFP Session at the IBP July 12 Meeting

Register for ICFP here: <https://icfp2022.org/>