High Impact Practices Technical Advisory Group

Meeting Report February 27 - 29, 2024

Virtual meeting hosted by FP2030 on Zoom

Report Prepared by FP2030

Day 1 – February 27, 2024

Moderator: Anand Sinha

Looking Back and Looking Forward

- To begin the TAG Meeting, the "Looking Back and Looking Forward" presentation reviewed the motivation for the creation of HIPs, what the FP community has learned so far from their use and implementation, and how the HIPs partnership has evolved since its establishment in 2010.
- For 2023, HIPs completed its first comprehensive review since its founding in 2010. The following key changes were implemented in light of this review:
    o The introduction of terms for TAG members (2 x 3 year terms)
    o Ensuring the independence of the TAG
    o Ensuing greater diversity - reflecting the wider family planning community
    o Formalizing the Secretariat functions and its move from USAID to FP2030
    o Establishing the stakeholder engagement function
    o Greater emphasis on implementation and use of HIP products
    o Appointment of co-chairs for the co-sponsors group and for the TAG
    o Clarity in roles and responsibilities and development of internal procedures
- For 2024, HIPs 5 objectives are:
    o Develop/update and disseminate, particularly at country and regional levels, HIP knowledge products
    o Support HIPs implementation and scale up
    o Strengthen the internal structures and processes of HIPs and increase inclusivity
    o Create a better means of measuring success
    o Meaningfully integrate HIPs into co-sponsor organizations' internal work
- Discussion regarding the Role of the TAG and implementation/scale up
    o The HIP brand is adherence to the evidence.
    o TAG is not designed to focus on implementation.
    o Other groups exist to work on scale up, for example ExpandNet.
    o Implementation is country-led.
    o TAG suggestion that co-sponsors reflect on how to scale up, not the TAG and not a sub-group of the TAG.
    o **Roles of TAG** (went through HIP Internal Procedures Manual from October 2023)
- We thank Nomi (BMGF), Saad (BMGF), Bethany (USAID) who represented HIPs as co-sponsors who are rotating off and welcome Melkam (CIFF), Kassa (CIFF), Perri (BMGF), Elaine (USAID) as our new co-sponsors.

Roadmap Moving Forward

Table 1.6 High Impact Practices Partnership Groups - Mandate and Accountabilities, p. 4

The Co-sponsors: USAID, UNFPA, WHO/IBP, IPPF, FP2030, BMGF, CIFF	The Technical Advisory Group	The Stakeholder Engagement Group (WHO/IBP, USAID)	The Secretariat FP2030
Mandate derived from the co-sponsor organizations. Responsible and accountable for: - Develops strategy and provides overall vision and direction to the partnership - Oversees, enables and facilitates the work of the Partnership, including decision authority over the partnership structure - Establishes a HIP Secretariat - Promotes the HIPs as a global public good - Supports implementation of the HIPs through their commitment to scaling HIPs across their organizations - Reviews measurement and tracking data including scalability and replicability and works towards standardized measures and indicators - Provides a collective, coordinated voice at the country level on HIPs - Develops partnerships to increase the reach and impact of HIPs - Approves new types of products - Upholds the HIP principles	Mandate derived from the co-sponsors. Responsible and accountable for: - Evaluates evidence, leads development and approves HIP briefs and other products (update or development) that the co-sponsors have agreed to and are able to fund. - Identifies gaps, sets priorities for product development based on the Partnership strategy - Regularly reviews HIPs products to ensure they continue to meet HIPs criteria and evidence standards while being practical for those delivering FP programmes - Makes recommendations on when evidence is robust enough to update and /or move a HIP from promising to proven - Supports and facilitates ad-hoc Technical Expert Groups - Develops an annual Activity Plan that contributes to the Partnership strategy and annual plans	Mandate derived from the Co-sponsors and WHO/IBP Reports to the Co-sponsors Responsible and accountable for: - Leads on dissemination and adaptation of HIPs Products - Manages external comms - webinars, newsletters, conference representation, HIPs partner engagement, etc. - Identifies opportunities for engagement with regional, national and local organizations - Coordinates HIPs promotion events with co-sponsors and partners	Established by the Co-sponsors Jan 1, 2024 to carry out the following functions: - Overall support and coordination - Meeting preparation and support - Internal communications and record keeping - Managing the process for recruitment of TAG members, TEG members and brief writers - Leads on the process for development of HIP Products, including writing groups, copy editing, fact-checking, layout, posting on website, and translations - Tracking country commitments on HIP inclusion and reports results to co-sponsors. - Other related functions as agreed by the Co-sponsors

- **HIP Partnership Groups and roles:** Co-sponsors, TAG, Stakeholder Engagement Group, and the Secretariat. Appreciated knowing where TAG fits and the role of other groups. Question about communication between the groups. **It is the responsibility of the Secretariat.**
- **Conflict of interest statement.** Who would review that? The TAG? **Re-examine #14** that states TAG members cannot work as paid consultants on HIP products.
- **Election of TAG co-chairs: Chris and Maggwa volunteered to serve for one year.** Discussion of the need for mentoring opportunities for those in Group 3 who are due to rotate out December 2026 or December 2027 to assume co-chair positions.
- **Rotation schedule.** Discussed and agreed to:

	TAG Member	Organization	Joining date	Transition terms	Rotation date
GROUP 1					
	Roy Jacobstein*	Intrahealth	February 2011	retired	
1	Baker Maggwa	USAID	February 2011		December 2025
2	Erin Mielke	USAID	February 2011		December 2025
	Alice Merritt*	JHU CCP	February 2011	retired	
3	Jay Gribble	Palladium	February 2011		December 2025
4	Karen Hardee	Hardee Associates	December 2012		December 2025
GROUP 2					
5	Gael O'Sullivan	Georgetown University	December 2014		Dec 2026
6	Sara Stratton	Palladium	December 2014		Dec 2025
	Michelle Weinberger	Avenir	December 2015	left 2/2024	
7	Mario Festin	University of the Philippines	December 2015		Dec 2026
8	Rodolfo Gomez Ponce de Leon	PAHO/WHO	December 2016		Dec 2026
9	Sarah Fox	Options	2014		Dec 2025
10	Barbara Seligman	Population Reference Bureau	Dec 2019	1 term	Dec 2025

GROUP 3					
11	Anand Sinha	Packard Foundation	Dec 2017	1 term	Dec 2026
12	Christine Galavottii	BMGF	Dec 2017	1 term	Dec 2026
13	Ginette Hounkanrin	Pathfinder	Dec 2018	1 term	Dec 2026
14	Saswati Das	UNFPA	Dec 2018	1 term	Dec 2026
15	Medha Sharma	Visible Impact	June 2021	2024 (T1)-> 2027 (T2)	Dec 2027
16	Sonja Caffe	PAHO/WHO	June 2021	2024 (T1)-> 2027 (T2)	Dec 2027
17	Salma Ibrahim Anas	MOH Nigeria	Dec 2021	2024 (T1)-> 2027 (T2)	Dec 2027
18	Caroline Kabiru	APHRC	1/1/2022 (Dec. 2021)	2025 (T1)-> 2028 (T2)	Dec 2027
19	Gamachis Shogo	UNFPA	1/1/2022 (Dec. 2021)	2025 (T1)-> 2028 (T2)	Dec 2027

- Determining procedure for admitting new TAG members:
    - What is the nomination procedure? Open call with clear criteria. **Jay and Sara to help Laura design the call for nominations.**
    - Who chooses the new TAG members? The co-sponsors.
    - Have AY TAG members.
        - In the call for nominations say that applications from those in the youth bracket (18-35) are encouraged.
        - See models of FP2030 PME WG which does address youth, and RHSC, that doesn't address adolescent/youth membership, rather each group, e.g., systems strengthening, advocacy/accountability, has a defined and published nominating and election process.
        - Process to include calendar for the 12 months prior to having the new TAG member in place and identification of the steps needed and responsibilities. **Laura to create a calendar.**

- **How to onboard new members to retain group knowledge**.
    - Need for orientation process.
    - Karen made a video – helpful to continue this practice and share in orientation. Who would put it together?
    - Helpful to have a simple, standardized onboarding plan. Standardize resource materials for onboarding and mentoring framework. **Small group to work with Laura to start thinking of resources needed for on-boarding. Medha, Erin, Sarah.**

- Pair new members with TAG buddy for mentoring with existing or previous members.
- Strong vote for overlap of outgoing and new TAG members. Prolonged buddy system, 6 months or longer.
- Ensure out-going and in-coming TAG members at the same meeting, and if possible, have an in-coming member as observer at prior meeting. Identify the level of responsibility of the leaver to the new member. Start in advance of the last meeting.
- Share the bio of new TAG members with TAG prior to meeting. Space on TAG agenda for new members to introduce themselves and share their experience.

Other discussion topics:

- Question if there is a need for the TAG to meet twice a year and in person. Expense. Can it be allocated to implementation.
- Strict number of briefs. Are we focused on updating only? Review the mandate of the TAG. (To be discussed more on Day 2)
- Suggestion to have HIP TEG writers from LMIC.
- Continuity of HIP Criteria tool – **Michelle and Karen volunteered to work with Maria.**
- TAG workplan – where does it come from? From the previous TAG meeting. Discussion to continue in Day 2

ACTION ITEMS - DAY 1

On-going activities and responsibilities:

Ensure communication between HIP Partnership Groups: Co-sponsors, TAG, Stakeholder Engagement Group, and the Secretariat - Laura, as Director of the HIP Secretariat, FP2030

Co-chairs for July agenda - Chris, Maggwa - to work with Laura + any volunteers from TAG

Subgroups formed to report out at the July TAG meeting
Design the call for nominations for new TAG members and create a calendar for the 12 months prior to having new members in place. Laura, Jay, and Sara

Develop a standardized onboarding plan with resources. Laura, Medha, Erin, and Sarah

HIP Criteria Tool continuity. Maria, Michelle, and Karen.

Day 2 – February 28, 2024

Moderator: Karen Hardee

HIPs Roadmap Prototype

- The motivation for the creation of a user-focused Road Map tool comes from the expressed need for more detailed guidance on HIPs prioritization, implementation, and tools to measure implementation. This is an update of the presentation to TAG from the June 2023 meeting on HIP User Roadmap.
- MCGL's creation of the Road Map prototype was informed by a three-phase process – **1) secondary research, 2) primary research and in-depth interviews, and 3) facilitated design workshops** – engaging with participants from various backgrounds including the USAID HIPs Team, HIPs Task team, other HIPs TAG Members, HIPs Users/Implementers, and key subject matter experts. Key takeaways included:
  - HIPs are considered widely useful resources, but users struggle with fully utilizing them
  - Developing a tool to provide guidance with the HIPs should be informed by a deep understanding of user needs
  - Primary consideration should be given to users who have the most influence over FP programs
  - The Road Map needs to be simple, user-friendly, instructional, and a gateway to availing additional resources
- When developing the HIPs Road Map prototype, a set of user experience objectives and supporting insights were considered including **facilitating ease of access** to desired HIPs resources; enabling users to **filter through HIPs for relevance** to specific contexts and goals; and **improving the visibility of important case studies and measurement tools** to improve implementation and advocacy. These ideas informed the design process of the Road Map tool in format, content structure, and navigation.
- The current prototype design allows users to see HIPs organized by objective and for prioritization but also provides oversight across the breadth of HIPs. Accompanied by an introductory guide to the road map, the prototype features a navigation tool that lets users filter through resources by desired context, HIP category; target audience; country; language; and additional criteria.
- *Discussion and Feedback Points Regarding the HIPs Road Map Prototype*
  - **Kevin Shane shared the participant profiles** from the interview and facilitated design workshops used to inform the Road Map prototype. **Follow up with WHO offices and MOH was discussed.**
  - It was emphasized that there must be more refinement in connecting HIPs to family planning outcomes, especially in relation to the navigation filter (slide 41). Clarifying what top-down tags are needed will help finalize the navigation tool.
  - The "country" filter in the navigation tool was also a subject of debate. While the tool could benefit the site by generating interest and boosting confidence in subject countries, the fact that HIPs are widely applicable needs to be stressed in the format of our site.
  - The malleability of the navigation tool was discussed, and it was confirmed that it should have no trouble integrating new briefs into the road map, nor should there be any issues with users searching for objectives related to multiple HIPs.

- o The current website may convey the three HIPs categories as in competition with one another; therefore, their organization may need to be reworked to show them as overlapping within the HIPs narrative. **Maria, Sarah, Jay, and Maggwa volunteered to act as a sub-group to rethink these categories.**
  - o It was clarified that FP2030 is now in charge of the HIPs website and will take the lead in integrating the Road Map tool into it, working in conjunction with MCGL.
  - o **MCGL emphasized a desire for feedback from the TAG of next steps for the prototype, and potentially for TAG members to help with the next phase. Sara and Caroline volunteered.**

Self-Care HIPs Enhancement Brief Update

- At the last TAG meeting, the following points of input addressed the self-care brief:
  - o Reinforce the need for connections to the health system through referral, linkages, and accountability
  - o Reinforce self-care as an informed choice, offered – but never mandated – within the context of client-centered care, regardless of age, marital status, education, income level, and other demographic factors.
  - o Demonstrate linkages to other relevant HIPs illustrating its enhancing – but not duplicating – value (i.e. links to 'educating girls,' 'pharmacies and drug shops,' 'social norms,' 'knowledge, beliefs, self-efficacy', etc.)
- The following adjustments were made in reflection of the above feedback:
  - o Definitions of self-care were changed.
    - ▪ Self-care now refers to the "ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider." (WHO).
    - ▪ Contraceptive self-care is specifically "the ability of individuals to freely and effectively space, time, and prevent pregnancies in alignment with their fertility preferences with or without the support of a healthcare provider."
  - o A self-care FP Theory of Change was drafted. This draft specifically focuses on barriers solved by self-care; how self-care enhances other aspects of family planning; individual and social changes that improve the self-efficacy and accountability in self-care scenarios; how self-care can change the health system; and positive outcomes of self-care in family planning.
  - o A revised literature review has been proposed to address limitations in why the self-care brief was deferred. The research question and parameters for this review are still in development.
    - ▪ These limits were the newness of the term "self-care" in family planning as well as the requirement that a single study must address more than one method which eliminated many key studies that formed the evidence base for WHO guidelines.
    - ▪ The more expanded criteria for this literature review would include research on specific self-care methods; studies focused on specific contraceptives regardless of the number of methods included in a study; and studies addressing fertility awareness and management.
- Moving forward, **updating the literature review and mapping out connections between self-care enhancement and other HIPs will be the priorities in developing the brief for the update at the next TAG meeting in June 2024.**

- *Discussion and Feedback Points Regarding the Self-Care Enhancement Brief*
  - It was emphasized that in the definitions the term "contraception" may be limiting to other methods of self-care in family planning.
  - The importance of avoiding duplication from other HIPs when developing a self-care implementation toolkit was brought up. We should also try to avoid duplication with the many Self Care Implementation Tools and Guides that come out of WHO that are based on the Guidelines.
  - Maggwa pointed out that new data for self-care is being generated by FHI360 through the R4S project
  - The inclusion of how self-care could transform the broader health system in the theory of change was an appreciated detail.
  - Nihal mentioned that IPPF will collect self-care data more systematically and that she can check if some of the 2023 self-care data can be included in the Annual Performance Report due to be published in June.
  - An updated literature review will be needed before the July TAG Meeting. **Laura will work with Maria to add additional key words.**
  - **TEG requested a volunteer or two from TAG to support the research sub-group in further developing the self-care literature review's parameters.**

TAG Member Selection - Continuation of Discussion from Day 1

- The HIPs manual says the TAG can be up to 20 members. For the sake of reaching other planned talking points, TAG voted to accept a member number of 19 for now and spend time developing the process in a detailed open call for later.

[Work Plan for TAG](#)

- Sub-Group Work for June TAG Meeting
  - **Maggwa, Rodolfo, Nandita, and Monica -** will determine how to best engage country-level stakeholders
  - **Maria, Jay, Karen, and Monica -** will draft a SPG document to be shared and finalized at the next TAG meeting in June
  - **Maggwa, Monica, Nandita, Rodolfo -** will work on engaging the field (through reports from FP2030, OPCU, etc) to understand their needs
  - **Barbara, Sarah, and Maria -** will work on determining the criteria for evaluating the relevance of existing HIPs and the need to retire older briefs
- In the pipeline, we have the self-care brief as well as the gender-transformative approaches SPG. The CHW and mobile outreach briefs are in the process of getting reviewed. We are aiming to have the rights SPG draft for the next HIP TAG which may be challenging given the timeline. The concept note for the rights SPG was approved quite some time ago.
  - When considering the gender transformative SPG we need to take into consideration that we already have a male engagement SPG
- Viewership statistics from HIPs website were provided for some of our older briefs (see TAG work plan presentation for full stats)
  - Economic empowerment (posted in 2017) has received the most viewership, while galvanizing commitments (posted in 2015) received the least
  - Educating girls (posted in 2014) and galvanizing commitments (posted in 2015) were prioritized for update

- A subgroup with **Jay, Monica, Sarah, Gamachis** was formed to give guidelines on the HIP brief galvanizing commitments to the TEG and differentiate between its contents and what should be in economic engagement and domestic finance.

Comments on [Task Sharing Brief Draft](#)

- Medha Sharma and Ginette Hounkanrin suggest revisions, organized by section in [this presentation](#)
- Other TAG Member Comments
  - WHO is in the process of updating the table on task sharing. Nandita will be able to share it when it is finished, but it would take longer than the three month deadline set for the task-sharing brief to finish. Keeping the old table in our brief may cause confusion when it is updated. We no longer print briefs, so WHO might be able to help update around the new table. Translations and site layout may be affected.
  - It would be useful to provide higher level indicators that measure implementation of the practices and satisfaction with them.
  - Adding a section on the potential challenges of task sharing would be insightful.
  - The brief relies mostly on sources from WHO, diversifying sources to come from various organizations would improve the brief.
  - Advocacy may need to be emphasized as health care providers may resist task sharing/shifting.
  - Melkam Teshome-Kassa noted that CIFF has implemented some examples on Empathways intervention to train providers to be empathetic and more open to task shifting/task sharing. She could provide examples, if needed.
  - Information on self-care should not be duplicated within the task-sharing brief (so the current format of brief in regards to self-care is approved).
  - We need to ensure a clear scope of work for the different cadres. Sometimes the custodian of the scope of work could be a professional association or the health department, there needs to be a formal process that needs to happen to make the change official. The scope may be updated in the national task sharing/shifting policy but may also need to be reflected in other places.
  - A discussion occurred whether "task-sharing" was the correct term for the brief due to shifting WHO guidelines. Should we be using "expansion" instead?
- **Further comments on the task sharing brief are due to be posted [on this document](#) on March 8th.**

ACTION ITEMS - DAY 2

On-going activities and responsibilities:

Follow up with WHO offices and MOH on HIPs roadmap prototype interviews.

MCGL emphasized a desire for feedback from the TAG of next steps for the prototype and potentially for TAG members to help with the next phase.

New action items to report on at the July TAG meeting:

An updated literature review for the self-care brief will be needed before the June TAG Meeting. Laura will work with Maria to add additional key words.

Further comments on the task sharing brief are due to be posted by March 8th.

Subgroups

Help integrate the overarching briefs and the HIP categories into the HIPs roadmap - Maria, Sarah, Jay, Maggwa and Erin

Determine how to best engage country-level stakeholders - Maggwa, Rodolfo, Nandita, and Monica

Draft a SPG document to be shared and finalized at the next TAG meeting in June - Maria, Jay, Karen, and Monica

Work on engaging the field (through reports from FP2030, OPCU, etc) to understand their needs - Maggwa, Monica, Nandita, Rodolfo

Determine the criteria for evaluating the relevance of existing HIPs and the need to retire older briefs - Barbara, Sara, and Maria

Give guidelines on galvanizing commitments to the TEG and differentiate between its contents and what should be in economic engagement and domestic finance - Jay, Monica, Sarah, Gamachis

Notes from TAG Day 3 – February 29, 2024

Moderator: Sonja Caffe

Discussion on Future TAG Meetings - Scheduling and Location

- WHO can host the Summer TAG meeting on campus in Geneva on July 2, 3, 4. If these days do not work, hosting offsite could still be an option. The scholarship fund will not account for everyone's travel but we will be able to give letters for visas.
  - The Olympics in late July should be considered when arranging the schedule as they will increase flight prices.
- Doodle polls will be sent out to schedule both the Summer and December TAG Meetings. Note that December will be virtual.

Presentation of findings of key informant interviews on the HIP evidence identification and review process (SHERP)

- Key informant interviews provided feedback on SHERP. Originally intended for evidence review, these also touched upon larger areas for improving including:
  - Organizing and viewing the HIPS more holistically
  - Giving more attention towards the use and implementation of HIPs
  - Considering trimming down the number of HIPs briefs for prioritization/ease of use
  - Ties to USAID, limiting HIPs use by other organizations
- Other suggestions involved improving transparency, bringing in more representative voices, and making the evidence review more efficient.
- Suggestions for improving the clarity of briefs (through data visualizations, etc.) as well as their utility were also raised.

Presentation of findings around the analysis of evidence vetting scales and processes (SHERP)

- An in-depth review was provided of five evidence vetting scales reviewed by the evidence review subcommittee with members: **Maria, Saad, Karen and Michelle.**
- The five evidence vetting scales were: the HIP Evidence Scale, the FCDO Assessing Strength of Evidence, GRADE, the EPC Grading System, and the WHO INTEGRATE-Framework. The EPC Grading System and WHO INTEGRATE-Framework were both developed from GRADE. Differences between each scale are provided in tables in the presentation linked above.

Discussion of SHERP Findings

- A subgroup will be formed to engage further with the findings from the key informant interviews, with **Maggwa, Maria, and Gamachis.**
- The recommendation from interviews to include more graphics was noted, but page count was emphasized as an important limit to keep briefs concise for printing.
- In preparation for the June TAG meeting, the evidence review subcommittee (including Michelle) will continue to engage with the promising versus proven criteria brought up within both the key informant interviews and the evidence vetting scales.
- Maria will work with Nandita to determine the feasibility of getting WHO stamp of approval for the HIPs. The suggestion was to explore if this is feasible as a light lift. Further updates to be brought to the June 2024 TAG meeting.

Presentation of HIP Evidence Scale and Criteria Tool White Paper

- Karen presented on the Criteria Tool White Paper which provides transparency on our process in developing the HIP Criteria Tool, modified after the Gray Scale (which has been used successfully to evaluate interventions for FGM). The criteria categorizes HIPs as promising or proven.
- For the HIP criteria tool, we have an excel tool to use with the evidence included in the impact section and any table providing impact evidence. **There will be a shared google folder for all with all the HIP criteria tool resources.**
- Next steps for the white paper:
  - The white paper will be presented in April at the Population Association of America.
  - We are aiming to get this published in a journal, a longer version will be posted on the HIPs website. Including the white paper as part of the orientation for new TAG members would also be
  - The TAG agreed to put resources into the shared google folder to later be put on our website.
  - The summary tables can be added to each brief to allow for transparency on the HIP website.

Presentation of HIP Co-sponsors 2024 Joint Work Plan

- Maria presented the 5 objectives and their associated sub-objectives making up the HIP Co-sponsors Joint Work Plan.
- **Objective 1:** Support HIPs implementation and scale up
- **Objective 2:** Strengthen the internal structures and processes of HIPs and increase inclusivity

- **Objective 3:** Create a better means of measuring success
- **Objective 4:** Develop/update and disseminate, particularly at country and regional levels, HIP knowledge products
- **Objective 5:** Meaningfully integrate HIPs into co-sponsor organizations' internal work

Harmonized key implementation components from three organizations

- The harmonization of key implementation components for Community Health Workers; Immediate Postpartum Family Planning; Pharmacies and Drug Shops; and Mobile Outreach from three organizations [Data for Impact (D4I) project, the Research for Scalable Solutions (R4S) project, and The Challenge Initiative (TCI)].
- *Discussion on the Harmonized Key Implementation Components*
  - It would be good to have a map for HIPs tools similar to some suggestions from Quicksand.
  - Sarah brought up that a roadmap for HIPs tools would also be helpful.
  - TAG determined that "harmonized" is not the best term, and should be dropped when posting the key implementation components on the website.
  - A critical question is how to identify the "key implementation components" of the practices not currently included in the "harmonization" exercise such as PAFP.
  - A subgroup could potentially be formed to address the above points.

Mapping HIPs and Country Commitments

- Saswati brought up that UNFPA in India has a tool that maps how HIPs link to country commitments. She will share once finalized.
- Laura also shared HIPs country analyses compiled by FP2030 that also still need to be finalized.

ACTION ITEMS - DAY 3

On-going activities and responsibilities:

There will be a shared google folder for all with all the HIP criteria tool resources.

New action items to report on at the July TAG meeting:

The evidence review subcommittee will engage with the proven vs. promising recommendations from Gillian's and Julie's work to determine any recommendations the group wants to bring forth to the TAG meeting in July 2024 - Karen, Michelle, Caroline, and Maria.

Maria to work with Nandita to determine the feasibility of getting WHO stamp of approval for the HIPs.

Subgroups
Engage further with the findings from the key informant interviews - Maggwa, Maria, and Gamachis

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Attending TAG Members

Sonja Caffe PAHO caffes@paho.org	Monica Kerrigan (non-voting) FP2030 mkerrigan@fp2030.org
Maria Carrasco (non-voting) USAID mcarrasco@usaid.gov	Baker Maggwa USAID bmaggwa@usaid.gov
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Observing Co-Sponsors

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Annex A Agenda

Virtual Technical Advisory Group Meeting

February 27-29,2024

Objectives

- Review member rotation plan, select co-chairs, provide input to co-sponsors re new TAG member selection
- Review prototype for the User Roadmap for the HIP website & Evidence scale paper for website
- Review and comment on draft Task Sharing brief
- Discuss briefs in pipeline to finalize and a draft TAG Work plan for the calendar year
- Discuss next steps on SHERP: 1) HIP evidence identification and review process; and 2) analysis of evidence vetting scales and processes
- Highlights of the co-sponsors draft work plan for the year
- Harmonized key implementation components for HIPs

Tuesday, February 27 Anand Sinha, Moderator
08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones here

Time EST	Agenda Item	Reference materials
7:45 am - 8:00	**Sign-in to meeting**	
08:00 – 08:15	**Opening of Meeting – Welcome Remarks** Anand Sinha and Monica Kerrigan	
08:15 – 08:30	**Look back and look forward** Nandita Thatte and Maria Carrasco	Presentation Document to review: FINAL_HIP Internal Procedures

		Manual OCTOBER 2023 (Updated)
8:30 – 11:00	**Roadmap moving forward** Anand and Monica Review member rotation plan. Get input from Groups 1 & 2. Select co-chairs to serve for up to two years. The co-chairs will have staggered terms. Input to co-sponsors re new TAG member selection.	Copy of Rotation Schedule
11:00 - 11:15	**Break**	
11:15 - 12:30 pm (continue to 1:00 pm?)	**Roadmap moving forward (continued)** Anand and Monica **Recap of the day and recommendations** **Reflections and closing** Maggwa	

Wednesday, February 28 Karen Hardee, Moderator

08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones here

Time	Agenda Item	Reference materials
07:45 - 08:00	**Sign-in to meeting**	
08:00 - 08:10	**Welcome and Reflections on Day 1**	
08:10 - 09:25	**Designing the prototype of a User Roadmap for the HIPs website** Anne Pfitzer, MCGL, Erin Mielke, USAID, Kevin Shane - Noodle Research Esha Kalra, Anish Uddaraju, and Jyoti Narayan - Quicksand Design Studio	HIPs Roadmap
9:25 - 10:55	**Briefs in the pipeline to finalize:** CHW, Mobile Outreach briefs, Rights SPG.	Self-Care Update

	Self-Care update Maria Discuss a draft TAG Work plan for the calendar year Slide on sub-groups & other action items from June	TAG 2024 activities
10:55 - 11:10	**Break**	
11:10 - 12:15	**Draft Task Sharing brief** Asma Quereshi, presenter Medha Sharma & Ginette Hounkanrin, Discussants	Document to review: Task Sharing in Family Planning: Increasing Health Workforce Efficiency to Expand Access To and Use Of Quality Family Planning Services References Presentation for TAG Review & Discussion
12:15 - 12:45	**Recap of the day and recommendations** **Reflections and closing** Erin Mielke	

Thursday, February 29 Sonja Caffe, Moderator

08:00 am Washington, DC | 14:00 Geneva/Abuja | 16:00 Nairobi | 18:30 New Delhi - Find time in other time zones here

Time (London)	Agenda Item	Reference materials
07:45 - 08:00	**Sign-in to meeting**	
08:00 - 08:10	**Welcome and Reflections from Day 2** TBD	
08:10 - 08:30	**Presentation of findings of key informant interviews on the HIP evidence identification and review process (SHERP) & Input on next steps - 20 min** Julie Solo	Evidence Review for Family Planning High Impact Practices (HIPs): Findings from Key Informant Interviews
08:30 - 08:55	**Presentation of findings around the analysis of evidence vetting scales and processes (SHERP)**	Evidence Vetting for Family Planning High Impact Practices

	Gillian Eva	(HIPs): Findings from a Desk Review of Selected Scales and Processes
8:55 - 9:30	**TAG discussion** Karen Hardee, discussant	
9:30 - 10:00	**HIP Evidence Scale paper** Karen	Presentation: HIP Evidence Scale and Criteria Tool White Paper Document to review: Finding balance with the importance of rigorous research and tacit learning in assessing "What works?": Experience of the HIP Partnership
10:00 - 10:30	**Presentation of highlights of the co-sponsors draft work plan for the year** Heidi Quinn, UNFPA	HIPs Partnership 2024 Workplan
10:30 - 10:45	**Break**	
10:45 - 11:15	**Presentation of harmonized key implementation components from three organizations** Maria	Draft document here
11:15 - 11:45	**Recap of the day and recommendations** Sarah Fox **Final reflections and closing** Monica	

Annex B PowerPoint Presentations

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Looking back and looking forward

Maria Carrasco and Nandita Thatte
2-27-24

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Looking back

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Looking Back… HIPs were originally created to:

- **Build Consensus** around Interventions in FP programming

- Support USAID Mission Staff **in decision making for FP Program Investments**

- Mobilize FP Community around a **small and selected set of evidence-based interventions to prioritize** for implementation and scale up

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

HIPs are Not New. They Provide Direction

- Provide *consensus* on evidence based *programmatic interventions*

- *Complement* existing WHO Guidelines and derivative tools

- Prioritization and implementation should be based on *country context*

- Need to move beyond dissemination and into use

What have we learned about Use?

- HIP Products can be valuable resources
- Most used for Advocacy, Expanding Personal Knowledge, Program Design, Support to Implementation, Training
- Challenges exist related to Funding and Time to implement the HIP, application to local social and cultural contexts, and Language
- Linking WHO Guidelines and HIPs can help advocate for use and strengthen implementation
- HIPs are understood differently by individuals and organizations and have different applicability by Regions
- HIPs are not implemented in isolation but often as part of a larger program or package of interventions

"We program around interventions, not guidelines"

"We follow our MOH which looks to WHO Guidance to support programming"

At the start… 2010	Now…
Zero to little consensus on FP interventions	Significant consensus and mobilization around HIPs
USAID, UNFPA, WHO/IBP	USAID, UNFPA, WHO/IBP + IPPF, FP2030, Gates Foundation, CIFF
USAID Health Officers UNFPA Country Offices; WHO Partners	Limited familiarity by USAID Mission staff; Increased use by USAID funded implementing partners (INGOs) responding to USAID RFAs; Some use by UNFPA and WHO partners when in line with Country Priorities;
Limited funding for FP globally	Significant increase in funding and partners focused on FP (London Summit, Gates Foundation, CIFF, Others)
Focus on Product Development	+ Recognition for Implementation and Use
Evidence Briefs as Products	Evidence Briefs, Strategic Planning Guides, Enhancements, Tools to Support Use (Matrix, KM Packages, M&E Frameworks, etc…)

Looking forward

The 2023 Review

In 2023 the Co-sponsors commissioned the first comprehensive review of the HIPs Partnership since its inception in 2010.

Key changes implemented following the review include:
- introduction of terms for TAG members (2 x 3 year terms)
- ensuring the independence of the TAG
- ensuing greater diversity - reflecting the wider family planning community
- formalizing the Secretariat functions and its move from USAID to FP2030
- establishing the stakeholder engagement function
- greater emphasis on implementation and use of HIP products
- appointment of co-chairs for the co-sponsors group and for the TAG
- clarity in roles and responsibilities and development of internal procedures

8

The HIPs - Purpose

The overall purpose of the HIPs is to:

❏ *Build consensus around interventions that work*

❏ *Increase the reach and impact of family planning to more women, adolescent women, and men by*
  - *by making evidence more available and easier to use*
  - *helping countries prioritize their investments*
  - *facilitating collaboration and coordination*

The HIPs - Strategy

The 2024 Strategic Priorities of the HIPs are:

- Develop/update and disseminate, particularly at country and regional levels, HIP knowledge products
- Support HIPs implementation and scale up
- Strengthen the internal structures and processes of HIPs and increase inclusivity
- Create a better means of measuring success
- Meaningfully integrate HIPs into co-sponsor organizations' internal work

The HIPs Partnership Structure

The HIPs Partnership Structure is formed of the following groups.

```
                    Co-sponsors
                        |
        Secretariat ----+            IBP
                        |
      +-----------------+-----------------+
    TEGs              TAG           Stakeholder
                                    Engagement
```
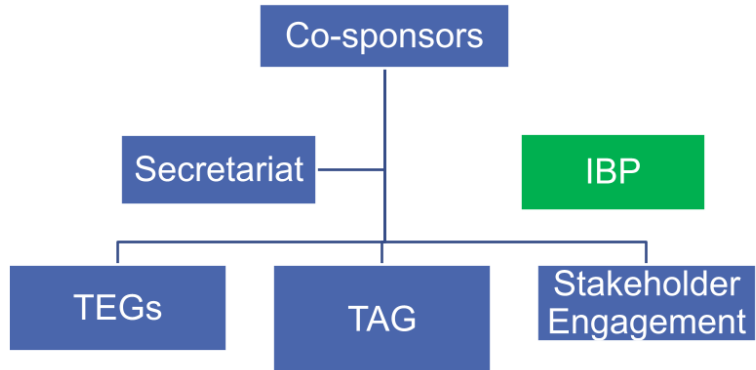
Looking forward

- Thank all those TAG members who have contributed for many years
  - Jay, Maggwa, Erin, Karen
  - Gael, Sara, Sarah, Michelle, Mario, Rodolfo
  - Anand, Chris, Ginette, Saswati, Barbara
  - Medha, Sonja, Salma, Caroline, Gamachis

- Welcome new co-sponsor representatives and also thank those who have rotated off
  - Nomi (BMGF), Saad (BMGF), Bethany (USAID)
  - Melkam (CIFF), Kassa (CIFF), Perri (BMGF), Elaine (USAID)

fphighimpactpractices.org

Family Planning High Impact Practices (HIPs): Research Findings & The Roadmap Prototype

noodle research, Quicksand Design Studio & MOMENTUM Country and Global Leadership Family Planning Team

February 28, 2024

Introduction & Challenge

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.

However, there is a perception that these resources are underutilized due to challenges intended users have accessing them.

The focus of this project was to utilize user-centered design activities to identify opportunities to develop a "Road Map" that helps guide users to the most appropriate resources.

Approach

Engage with key subject matter experts to better understand the HIPs ecosystem and develop design principles for a Road Map prototype in a three-phase approach:

1. Secondary research
2. Primary research via in-depth interviews (IDIs)
3. Facilitated design workshops

Participants

The MCGL team identified subject matter experts and other stakeholders for key informant interviews and workshop participation.

These included participants representative of one of the following categories:

1. USAID HIPs Team
2. HIPs Task Team
3. Other HIPs TAG Members
4. HIPs Users/Implementing Organization
5. Subject Matter Experts

4

Research Findings

What We Learned - Secondary Research & KIIs

Key takeaways from the initial phases of research and user engagement that helped inform further research activities included:

- HIPs are considered very useful resources, but users struggle to fully utilize them.
- Developing a tool to provide guidance on accessing the HIPs is ideal and developing it should be rooted in a deep understanding of user needs.

6

What We Learned - Facilitated Design Workshops

Key takeaways from the facilitated design workshops informed the development of a design brief for the HIPs Road Map, and included:

- Primary consideration should be given to users who have the most influence over family planning programs.
- The Road Map needs to be simple, user-friendly, instructional, and a gateway to availing additional resources.

7

HIPs Road Map Design Brief

Findings from the three phases of research activities were distilled into the following design brief to direct the development of the HIPs Road Map:

"Develop a Road Map that is an **easy-to-use digital tool** that helps users **quickly access relevant content**, an **interactive interface** that allows users to **self-select content**, and is **user-friendly and intuitive** enough to be a valuable resource even for less tech-savvy users."

8

HIPs Roadmap Prototype Ideation

HIP Briefs | **SPGs** | Webinars | Papers

29

User Experience objectives & supporting insights

The objectives for designing the user experience are based on the key insights gathered from the KIIs and workshops conducted with experts in the space. These objectives understand the :

Need for using the HIPs

Probable use cases

Navigation of the website

Intuitive interactions for the users

Frequency of usage

Areas of improvement on the website

#1

To help guide the users in identifying 'what' resource to find 'where' amongst the HIPs without spending too much time or mental effort

There is a perception that the HIPs are a very useful resource, but that navigating them is a challenge that impedes their utility.

The intended purpose of the HIPs has evolved, which drives confusion amongst stakeholders about their use and utility.

Developing a HIPs "Roadmap" should be rooted in a deep understanding of user needs, and designed such that users can quickly find relevant HIPs based on their unique needs.

Challenges related to the HIPs are perceived to be have both internal and external causes, with the former being more easily addressed than the latter.

#2

To enable users to pick and choose HIPs that are relevant to their specific contexts, needs or goals without having to go through each of them

There are distinct yet interconnected needs for primary HIPs users with respect to the functionality of a HIPs Road Map.

There is a standardized approach for HIPs development and an existing category segmentation, but both can be improved to increase their utility.

There is a need for layering in additional search or filtering methods to assist users in navigating to the appropriate resources, though no consensus on the best way of doing so.

Roadmap prototype explorations indicate that participants believe that it needs to be simple, user-friendly, instructional, and a gateway to availing additional resources.

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#3

To improve visibility to relevant case studies, resources and measurement tools within a given HIP so as to enable easier implementation and advocacy

In addition to navigational support, HIPs users also seek additional resources for advanced guidance on implementation.

HIPs' goals are bifurcated and focused on providing users with strategic guidance for implementing impactful family planning programs.

As there is a diversity of users, there is also a diversity of use cases for the HIPs, with those perceived to drive the greatest impact identified as priorities.

Determining the overall effectiveness of a HIPs Roadmap should be conducted via digital tools and user feedback on a rolling basis.

13

Revised design brief

"

Develop a Roadmap tool that is digitally accessible and easy-to-use, and helps users quickly find and access relevant content (HIPs) through an intuitive interface as per their needs.

"

14

General considerations while designing the tool

Prototype focused

Tool Format	Tool Content Structure	Navigation
Digital / Physical / Phygital	Organisation of the tool content	Using the tool to navigate the content

Production focused

Tool Content	Website content structure	Dissemination
All the information within the tool	Impact of tool on the website content	Sharing the tool with the larger audience

15

Design Directions

Basis the User Experience objectives, 5 design directions were explored that allowed us to expand on different philosophies of addressing the user's needs.

Each of the ideas are ranked on a scale to indicate the anticipated degree of direct changes to the HIP website platform.

Standalone   Integrated   Full Site Revamp

Note: The following design directions are not necessarily isolated from each other. When working on the actual prototype, multiple ideas or parts of ideas can be merged together/ played with as per relevance and feasibility.

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Design Direction 1:

Bird's eye view

An overview of the website's content at a glance with the intent to improve visibility of the resources as a whole and assist users to pick and choose the HIPs that are relevant to their needs.

This design direction is elaborated through two ideas; **elaborate table of contents** and **site map**

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Elaborate table of contents

An elaborate table of contents would include quick descriptions on each HIP, infographics with icons and markers to indicate different types of content inside each HIP.

Along with this, headlines of relevant evidence-based case studies for each of these HIPs could be made visible upfront within these summaries.

Britannica Children's Encyclopedia

TCI Urban health (filter by categories)
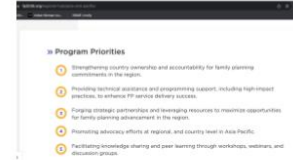
FP2030 CIP (setting precise expectations)

Shopping mall floor signages

Delhi Metro platforms - wayfinding

Standalone   Integrated   Full Site Revamp

18

Site Map

A site map is a bird's eye view of all the HIPs on the website. This would allow the user to jump to various sections of the site without getting lost.

This map-style format (pdf) can be placed as a thumbnail on the website/screen that can be clicked and opened to view a layout of all the HIPs or sections within an HIP along with links to jump to the respective parts of the site.

Video games with map thumbnails

London Metro Map

Macro-level floor maps

Standalone   Integrated   Full Site Revamp

19

34

Core competency focused

Assuming that each user comes to the HIP platform with a specific need in mind, this direction is based on identifying the user's needs in relevance to the potential use cases of HIPs. This will enable them to pick and choose those that are relevant to their specific contexts, needs or goals.

20

Core competency

A document as a set of expectations on the key benefits a user can aim for by implementing a given HIP and the various scenarios the user might use them for.

Users can identify relevant HIPs and mix and match them based on their real-time needs and objectives.

This journey can also be based on the profile of the users

Standalone   Integrated   Full Site Revamp

Nesta DIY Design toolkit

USAID's Knowledge Management Package Website

21

35

Decision tree

Aimed at trying to first *identify* a user's specific needs and then sharing HIPs in a suggestive manner. A decision tree is an intuitive way to lead users to funnel through a list of questions or categories and subcategories to suggest what they would benefit the most from.

22

Response-based suggestions

An interactive question tree / survey (no more than 3-5 levels/ questions) shown at the launch of the website or in the form of an always-available chatbot that will guide users to relevant HIPs and a secondary set of suggested HIPs and other resources.
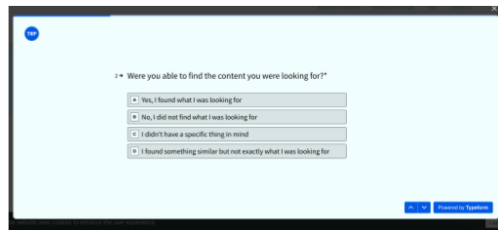
Integrated popup style survey
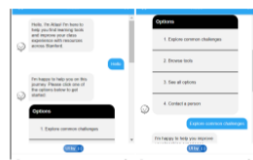
Chatbots with multiple choice questions and automated responses
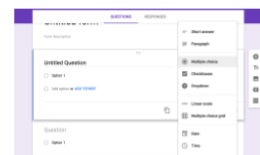
Google's digital questionnaires/ forms

Standalone   Integrated   Full Site Revamp

23

36

Locate your own content

An interactive way to find content on your own by moving back-and-forth between groups of HIPs in the form of categories and sub-categories and finding the most relevant categories, rather than trying to find the most relevant HIPs.

Notion's style of drilling down into multiple layers of groups

A decision tree made on the basis of expected user goals

MCGL Empowering Family Planning/ Reproductive Health (FP/RH) Innovations for Scale

Standalone   Integrated   Full Site Revamp

24


Design Direction 4:

Hand-holding

Providing users with a walkthrough guide by familiarising the users on how to navigate the website so as to reduce their effort and cognitive load of searching and discovering content.

This design direction has been elaborated through 3 ideas; **tutorial or walkthrough, webinar and guide tool.**
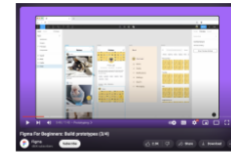
25

Tutorial or walkthrough

A video which tells you what HIPs are and what to expect from the website along with how to best navigate the website.
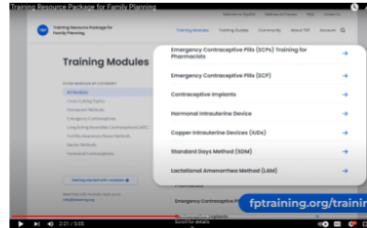
The video would work as a demo of the website, showing a user's interaction with the website along with a voice-over explaining the features and having call-to-actions.
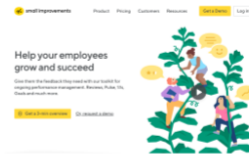
Small Improvements - tutorial of their service

Figma tutorials - how to use various tools and elements of the application


FP Training - TRP website walkthrough

Standalone   Integrated   Full Site Revamp

26

Webinar

A webinar providing an overview of the breadth of the HIPs along with their application in real-world settings in the form of anecdotal sessions by key subject matter experts and thought leaders (eg. the application of the HIPs during COVID-19).

These can be housed under the series of existing webinars on the website under the section "Overarching Topics" and can be broadcasted through the 'What's New/ Newsletter' on the HIP website.

Standalone   Integrated   Full Site Revamp
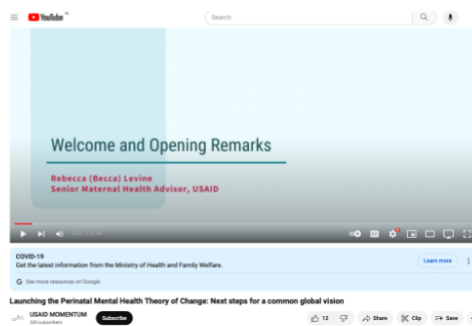
27

Guide tool

A ready-reckoner in the form of a instructional visual guide which tells you where to find what among the HIPs along with an index highlighting key factors/indicators a user needs to keep in mind while navigating the HIPs (colour coding, icons, categorisation etc.)

eg. SSNB tool guide

MCGL-PATH SSNB Training Toolkit

Scaling up WHO/UNICEF's Model of SSNB-Operational Guide

First aid instructional toolkits

Standalone   Integrated   Full Site Revamp

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Design Direction 5:

Structural revamp

Structural redesign of the platform to better match the user's expectations from the website, make content easier to find, improve visibility of relevant case studies, resources and measurement tools and ensure users needs are met.
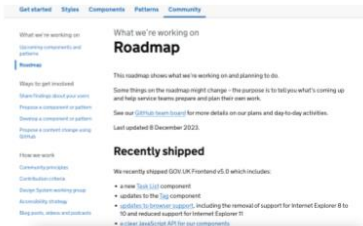
This direction is represented by the idea of an **information architecture update.**

Information architecture update

Revamping the information and organisation of content on the website to suit the needs and journey of the users by adding categories, tabs, tags, filters, hierarchies of content etc.
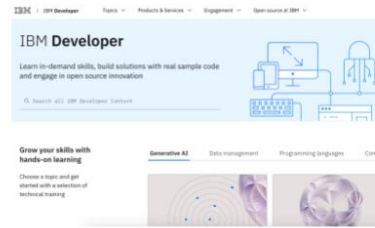
IBM Developer's website layout

UK Govt's design guidelines website

Standalone — Integrated — Full Site Revamp

Recap - HIPs Roadmap Design Directions

1	2	3	4	5
Bird's eye view	**Core competency**	**Decision tree**	**Hand-holding**	**Structural revamp**
Website overview at a glance to improve visibility of the resources as a whole and assist users to pick and choose the HIPs that are relevant to their needs.	Presenting each of the HIPs as a summary of their core competency and use-cases so as to aid users to directly pick and choose as per their own goals.	Aiding the user to filter through the list of HIPs by first identifying their needs and then showing/ suggesting the most relevant options.	Providing a walkthrough guide to familiarise users on how to navigate the website and reduce their effort in finding content.	Redesign the architecture of the platform to ease navigation and better match the user's expectations from the website and it's content.

Elaborate table of contents

Core Competency

Response based suggestions

Tutorial

Information architecture revamp

Site map

Locate your own content

Webinar

Guide tool (print)

Co-designing the Roadmap prototype

"

Objective:

Presenting HIPs as a summary of their core competency so as to aid users to directly pick and choose as per their own goals.
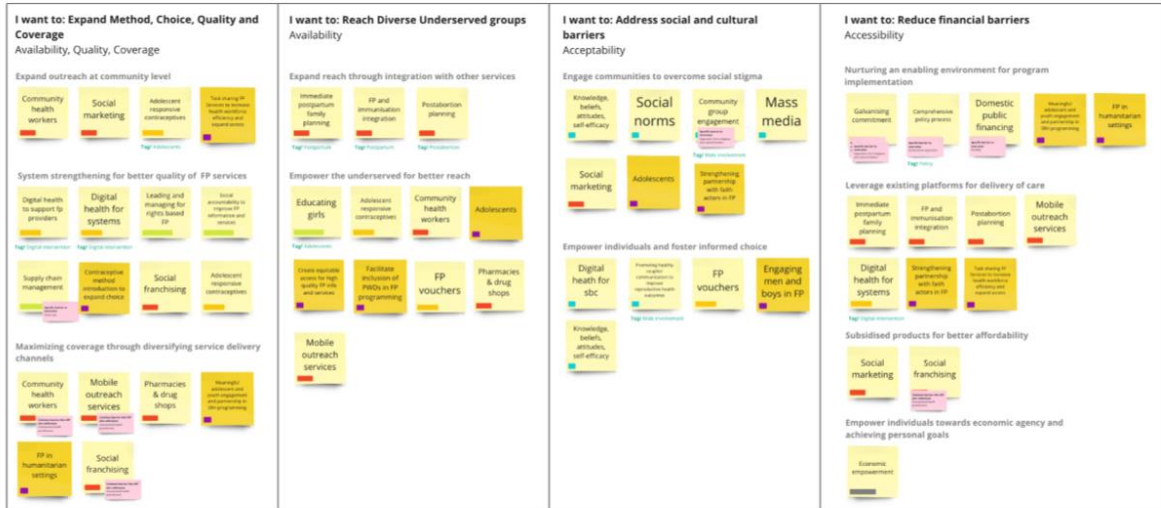
"

The process of making the prototype

Groups

what is your primary objective to use this tool? What would you like to solve for? What is your desired outcome?	also relevant for	Tag	secondary outcomes		Links to other hips	Tools/ instructions to measure/ monitor implementation	Implementation instructions
improve efficiency of services	improve access to services	community	promote use	Knowledge and awar	n/a	n/a	Y
improve access to services	Knowledge and awareness	Postpartum, Facility	promote use		FP immunzn, community	Y	Y
improve access to services		Community	promote use	Knowledge and awar	Digital health for systems,	n/a	Y
Knowledge and awareness	push for uptake	Postabortion			community heath workers	n/a	Y
Knowledge and awareness	push for uptake				community heath workers	Y	Y
Knowledge and awareness	push for uptake	Postpartum, Facility			n/a	Y	Y
improve access to services					social marketing, social fra	Y	Y
improve access to services	Organisational strategies				FP vouchers	n/a	Y
Organisational strategies					galvanising commitment	Y (in tools)	Y
Knowledge and awareness		Adolescents			n/a	n/a	n/a (only has guidelin
Organisational strategies	improve efficiency of services				n/a	n/a	Y
Organisational strategies		Policy			galvanising commitment,	y	Y
Organisational strategies					n/a	Y	Y
Organisational strategies	improve efficiency of services				n/a	Y (mentions indicators	Y
Organisational strategies	improve efficiency of services				supply chain mgmt, social	Y	Y

The process of making the prototype

The process of making the prototype

Iterations of the information design of the prototype

Defining which information is most important and which can be deprioritized for the sake of easing decision making for the user.
Finding the balance between necessary information, and visual/ information overload.

The prototypes

The Roadmap (Link to file)

The HIPs are represented by their objectives, and aims to put the user's narrative at the center.

Users can pick the most relevant FP objective, and select which of the sub-categories i.e different approaches for the objective best serve their needs.
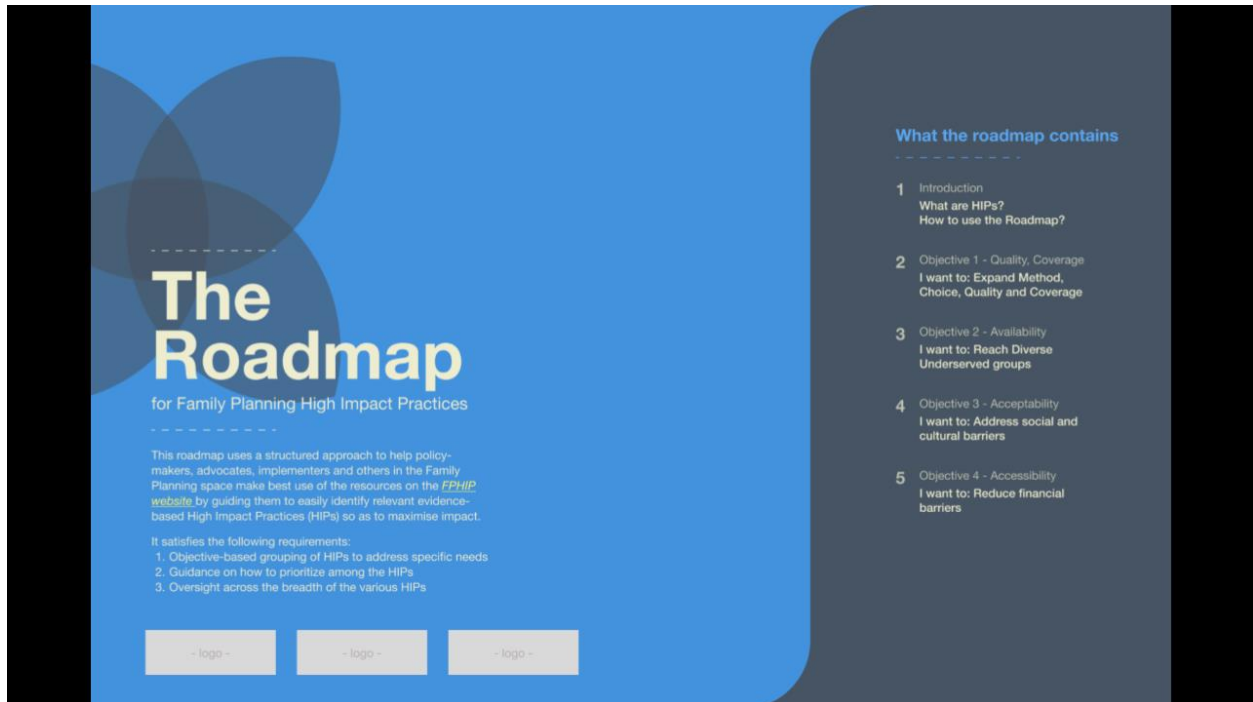
Introduction
to the HIPs and the Roadmap

What Are
HIPs

High Impact Practices (HIPs) are evidence based family planning practices vetted by experts against specific criteria that are documented in an easy-to-use format. HIPs help practitioners focus resources for greatest impact. There are 2 types - HIP briefs, and Strategic Planning Guides (SPGs).

What Are
Briefs

Each brief identifies a specific challenge, defines the process and demonstrates impact along with implementation tips. They are applicable across settings, are scalable, sustainable, and cost effective. They aid in advocacy, program management, exploration of research gaps and to inform policies and guidelines.

Briefs are classified as Service Delivery, Enabling Environment, Social and Behavior Change, and HIP Enhancements. Further, the Briefs under Service Delivery, and Social and Behaviour Change are sub categorised as "Proven" and "Promising" on the basis of the extent of measurable evidence of their effectiveness. For more info refer to *HIP Briefs*.

What Are
Strategic Planning Guides (SPGs)

Planning Guides are intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments to address the challenge or focus of their program. Guides are developed by technical experts and are intended to help planners identify which HIP or practice might work in your specific context.
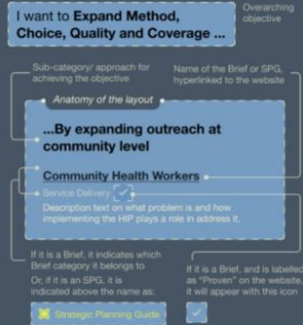
For more info refer to *Planning Guides.*

How To
Make The Most Of This Roadmap

Step 0

Arrive at a consensus on the primary goal of your program or team. Then, refer to the roadmap to sort, find and pick the most relevant HIPs that meet your needs.

Step 1

Pick the most relevant overarching objective, and select which of the sub-categories i.e different approaches for the objective best serve your needs.
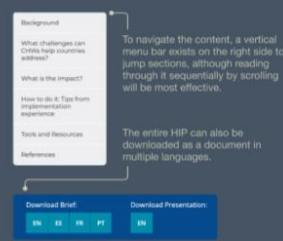
I want to **Expand Method, Choice, Quality and Coverage ...**   Overarching objective

Sub-category/ approach for achieving the objective   Name of the Brief or SPG, hyperlinked to the website

Anatomy of the layout

...By expanding outreach at community level

Community Health Workers
Service Delivery ✓
Description text on what problem is and how implementing the HIP plays a role in address it.

If it is a Brief, it indicates which Brief category it belongs to Or, if it is an SPG, it is indicated above the name as: If it is a Brief, and is labelled as "Proven" on the website, it will appear with this icon

✕ Strategic Planning Guide   ✓

Step 2

After identifying the sub-category/ies, you may click on the hyperlinks (the titles) of the listed HIPs to directly jump to that specific part of the website.

Step 3

Navigating the HIP content on the website:
Most HIPs have evidence from various countries along with implementation instructions and MnE guidelines within the content.

Background
What challenges can CHWs help countries address?
What is the impact?
How to do it: Tips from implementation experience
Tools and Resources
References

To navigate the content, a vertical menu bar exists on the right side to jump sections, although reading through it sequentially by scrolling will be most effective.

The entire HIP can also be downloaded as a document in multiple languages.

Download Brief: EN ES FR PT   Download Presentation: EN

The body content for some HIPs may also contain hyperlinks to other HIPs and external tools for additional advice or reference wherever relevant.

Objective 1
Quality | Coverage | Availability

I want to
Expand Method, Choice, Quality and Coverage ...

...By expanding outreach at community level

Community Health Workers
Service Delivery ✓
Community Health Workers aid in bringing FP services to where people live and work. This brief talks about the integration of trained, and well equipped CHWs into the health system so as to maximise efficiency.

Social Marketing
Service Delivery ✓
Social marketing uses principles and techniques to shape the provisioning of contraceptive services and products to improve access, choice and usage.

Adolescent Responsive Contraceptives
Enhancements
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt.

✕ Strategic Planning Guide
Task Sharing FP Services To Increase Health Workforce Efficiency And Expand Access
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

...Through system strengthening for better quality for FP services

Digital Health To Support FP Providers
Enhancement
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tem.

Digital Health For Systems
Enhancement
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur.

Leading And Managing For Rights Based FP
Enabling Environment
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt.

Social Accountability To Improve FP Information And Services
Enabling Environment
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, co.

Supply Chain Management
Enabling Environment
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt.

✕ Strategic Planning Guide
Contraceptive Method Introduction To Expand Choice
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod incididunt.

Social Franchising
Service Delivery
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

...By maximizing coverage through diversified service delivery channels

Community Health Workers
Service Delivery ✓
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consecte adipiscing elit, sed do eiusmod tempor incididunt ut.

Mobile Outreach Services
Service Delivery ✓
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, conse adipiscing elit, sed do eiusmod tempor incididunt ut.

Pharmacies And Drug Shops
Service Delivery
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consec adipiscing elit, sed do eiusmod tempor incididunt.

✕ Strategic Planning Guide
Meaningful Adolescent And Youth Engagement And Partnership In SRH Programming
Description text on what problem g or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

✕ Strategic Planning Guide
FP In Humanitarian Settings
Description text on what problem it is solving or regarding HIP lorem ipsusit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Social Franchising
Service Delivery
Description text on what problem it is solving or regarding HIP lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

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The prototypes

Assisted flow to compliment the Roadmap (Link to file)

Thinking about the future of the Roadmap and how it can evolve:
A website format that would complement the information structure
of the Roadmap, and would allow for more interaction and control
for the user to define more specific needs.

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THANK YOU

Self-Care for FP
HIP Enhancement Brief
Progress Update Feb 2024

To Be Covered

- What we Heard: Input from the TAG
- How we're adjusting the approach
- Ways in which we propose moving forward

Input from TAG | To be addressed in brief

1. Reinforce need for **connections to the health system** through referral, linkages, and accountability - *self-care does not give health systems a pass on accountability!*
2. Reinforce **self-care as an informed choice**, offered – but never mandated – within the context of client-centered care, regardless of age, marital status, education, income level, etc.
3. **Demonstrate linkages to other relevant HIPs**, illustrating its *enhancing* – but not duplicating – value (e.g. to HIPs around 'Educating Girls', 'Pharmacies and Drug Shops', 'Social Norms', 'Knowledge, Beliefs, Attitudes, and Self-Efficacy' and many others)

How we are Adjusting the Approach |

- Refined Definition
- Draft Theory of Change
- Proposed Revised Literature Review

Definitions of Self-Care

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

Contraceptive self-care is the ability of individuals to freely and effectively space, time and/or prevent pregnancies in alignment with their fertility preferences with or without the support of a healthcare provider

Self-Care for FP Theory of Change [Draft]

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

Breadth of the Self-Care FP Evidence Base

- We believe that the literature review upon which the decision to defer the HIP brief due to lack of evidence was limited by two factors:

  ○ The requirement for use of the term 'self-care', which is a relatively new term in the FP lexicon.

  ○ The requirement that a single study address more than one method, which would eliminate most studies from consideration, including some key studies that formed the evidence base for the WHO self-care guidelines.

Breadth of the Self-Care FP Evidence Base

We would like to revisit the literature review with a more expansive criteria that would:

○ Capture research conducted around specific self-care methods, (e.g., Over-the-counter (OTC) oral contraceptive pills, emergency contraception and pericoital contraception; condoms when used for pregnancy prevention; injectable contraception when self-injected; vaginal rings; fertility awareness methods), regardless of whether the term self-care was referenced or not.

○ Include studies focused on specific contraceptive methods regardless of the number of methods investigated in a single study.

○ Include studies that address fertility awareness and management (e.g., ovulation and pregnancy self-test kits), as well as digital self-care approaches to increase contraceptive knowledge when those applications respond to individualized information needs.

○ We are still developing the specific research question and the parameters (search terms, timing, etc.)

Ways in Which we Propose Moving Forward

• Update literature review

  • Need to clarify scope: Request a TAG volunteer

• Map out connections between this enhancement and other HIPs

• Present an update at the June 2024 TAG meeting
  • The TAG votes on whether self-care is ready to move forward as an enhancement brief

Work plan TAG

Maria Carrasco - 2-28-24

Activities for 2024 calendar year

- Sub-group work
- Finalize ongoing updates
- Prioritize briefs for updates

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Sub-group work - June TAG meeting

- **Concept notes:** Determine how to best engage stakeholders at country level to better understand their needs. The sub-group members are **Maggwa, Rodolfo, Nandita, and Monica**.

- **Draft SPG guidance document:** A sub-group was formed to work on developing a draft SPG guidance document to be shared for TAG finalization at the next TAG meeting. The sub-group members are **Maria, Jay, Karen, Monica.**

- **How to better engage the field so that we can better understand what their needs are:** Group that would continue the discussion about how to better engage the field and brainstorm ways about how to do that (e.g., reports from FP2030, OPCU, etc.). And then see if the TAG can come up with things they think they could try to do. Question: How to better engage the field so that we can better understand what their needs are, so that when the TAG is creating the HIPs, the HIPs are responding to the needs proposed by TAG members: **Maggwa, Monica, Nandita, and Rodolfo.**

- **Retirement of briefs:** Propose sub-group to determine the criteria for the TAG to review existing HIPs with the goal of evaluating continued relevance to be able to retire them? TAG members: **Barbara, Sara, and Maria.**

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Potential new briefs/SPG in pipeline

Brief
- Self-care

SPG
- Gender transformative approaches

Prioritize briefs for updates

- Galvanizing commitment, 2015
- Educating girls, 2014
- Economic empowerment, 2017
- Digital health for social and behavior change, 2017
- Mass media, 2017
- Social Franchising, 2017

Page views, 2017-2024 HIPs website

Galvanizing commitment, 2015	2,747
Educating girls, 2014	7,959
Economic empowerment, 2017	30,480
Digital health for social and behavior change, 2017	8,681
Mass media, 2017	9,031
Social Franchising, 2017	7,514

HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

🌐 **fphighimpactpractices.org**

Task Sharing in Family Planning : Increasing Health Workforce Efficiency to Expand Access To and Use Of Quality Family Planning Services

Discussants:
Medha Sharma
Ginette Hounkanrin

General Comments

- **Overarching Feedback**
  - Shift from Strategic Planning Guide (2019) to Brief
  - Well organized, clear, flows well
  - Spotlight !

- **Overarching Suggestion**
  - Priority Research Questions should come before Tools and Resources
  - Latest evidence to be incorporated, especially in the "How can this practice enhance HIP?" section.
  - Theory of Change?

Comments by section

Background Section

- In addition to international commitments like FP2030, SDG, ICPD 30, can we also add how this is becoming a priority to donors like USAID and implementers like UN, governments and NGOs.

- Most of the information on the Background section comes from WHO guideline, can include information from other sources. Eg: the research paper that have been cited later in the brief.

- Sources to be added, eg:
  - Link between task sharing and economic empowerment of service provider: any data to support this?
  - Sharing emphasizes teamwork within a health team, any data?
  - Increase in provision of quality services particularly in rural, crisis affected, and humanitarian settings?

How can this practice enhance HIPs?

Can extract latest evidence from other sections

What is the Impact of Task Sharing in Family Planning?

- Does Task Sharing support Service Continuity in fragile settings (security challenged areas, hard to reach, etc..): do we have evidence to back up this? If not suggest this is raised under ''Priority Research Questions''
- Task sharing contributes to an increase in new contraceptive users, especially those in hard to reach areas and the underserved (e.g., adolescents and youth), data?

Tips from implementation practice

- Sensitization of health care workers for pull task sharing and not push based task sharing only
- Mentoring included, but can add word "coaching" as coaching and mentoring coming up as a good practice for task sharing.
- The tips on 'Ensuring commodities and supplies' can be omitted?

Priority Research Questions

Cost saving has been mentioned under **Table 2. How Task Sharing Enhances HIP Implementation** as one of the '' How'' (*Boosts cost savings and cost effectiveness; reduces out of pocket expense; expands cadre-inclusive policy and regulation*) with evidence cited under the illustration column. Why do we still need this ***''How is cost saving and technical efficiency for family planning enhanced or reduced through task sharing in low- and middle-income countries?'' as*** research question?

Comments by section

Indicators

Mostly process indicators are suggested in the brief. Can we go beyond? Outcome level indicator but still easily captured by national health information system?

If outcomes level indicators is agreed upon, then we suggest a mix of indicators that combine two dimensions

- **Service Uptake:** Number/percent of children immunized (xxx antigen) during catch vaccination by CHWs (disaggregated geographically).
- **Service quality**: Ex: % Live birth among all birth delivered by a Village Birth Attendant

Comments by section

References

Cohesion in the formatting can be improved
- Separate numbering system for footnote and endnote
- Chronology of cited numbers

Thanks!

fhi360

Evidence Review for Family Planning High Impact Practices (HIPs)

Findings from Key Informant Interviews

February 29, 2024

Design

Inform decisions by the HIP TAG and co-sponsors on how they might want to adjust the HIP evidence review process

FOCUS
Evidence review: process of identifying and summarizing evidence during the drafting or updating of a HIP brief

APPROACH
Key informant interviews

OUTPUT
Perspectives and recommendations from experts and users on strengthening the HIP evidence review process

Key informant interviews

- Independent consultant developed interview guides and list of key informants in consultation with FHI 360 and HIPs co-sponsors

- Initial list of 22 KIs, representing four categories, led to 18 interviews due to some KIs not being available:
    1. Experts engaged in the writing of HIP briefs/**development of HIP briefs** [n=6]
    2. **Evidence review experts** engaged in other evidence identification processes [n=3]
    3. HIP **TAG members** [n=5]
    4. HIP brief **users** [n=4]

Analysis and summary of findings

- Data analysis by organizing information by the categories in the interview guides and identifying main themes within them

- Quotes are not attributed to individuals, but category of KI is noted

- While the interviews focused on **evidence review,** the responses touched on **many related larger considerations** around the HIPs

Themes	KI groups
Overall **strengths and weaknesses** of the process	• HIP brief developers [1] • TAG members [3]
Describing the **HIP process of evidence identification and review**, including approach, roles, perceptions of potential bias and decisions on when and how to update briefs	• HIP brief developers [1] • TAG members [3]
Making **changes** in the process	• HIP brief developers [1] • TAG members [3]
Learning from **other evidence identification and review processes**	• Evidence review experts [2]
User perspectives on the HIP briefs, including HIP brief use, perceived clarity, quality and relevance, and updates	• Users [4]

Outline of findings

- Evidence identification and review process
  - General reflections
  - Evidence identification
  - Impartiality and fairness
  - Roles
  - Brief updates
  - Promising vs. proven
  - Changes in the evidence identification and review process

- Learning from other evidence identification and review processes

- User perspectives

- Presentation of evidence

- Bigger picture considerations about HIPs

General reflections

- ## What has worked well

— Supports evidence-based decision making: *"It's really helped us to begin to identify and to put forward evidence that supports certain practices. People can say yes there is this evidence here, you can use that to make decisions."* (3)

— TEG has brought in more perspectives

— More deliberate now in including gray literature

— Importance of flexibility: *"Each practice has its own unique challenges related to the evidence base and what the briefs need to pull together. HIPs need that flexibility to address the particular questions- if we tamp it down to this very boxy approach we lose the ability to be responsive to the real challenges faced in implementation."* (1)

"I think HIPs are really useful. It's a great advocacy tool that people can refer to and give legitimacy and open the door to things." (1)

General reflections (continued)

- **The process has gotten clearer, but there is still some confusion**

- **Some disagreement about the complexity of the process, but most feel like it should not be overly complicated**

— *"There has always been this tension with some people saying we should have a review like WHO, even some wanted to move under WHO which I think would kill the HIPs. They really benefit from experiential learning and a more nimble approach."* (1)

- **The process works better for service delivery compared with enabling environment:** evidence review is more complicated for the latter and classification criteria are different

— *"More challenging for enabling environment- don't have the same search methodologies and research is typically more limited. The kind of evidence there is really challenging. The practice doesn't lend itself to typical intervention research. It's a more challenging space."* (1)

— *"If you look at way we classify our HIPs, we are holding them to different standards. Enabling environment briefs don't have to meet this criteria. That is also confusing. When you call them all HIPs, but very different criteria, how do you message that? Do you need less rigorous evidence for enabling environment?"* (3)

Evidence identification

- **Would help to bring in TEG earlier in the process**, particularly if practice is not clearly defined, to make sure that search terms are agreed upon by the TEG

- **While most KIs support involvement of TEG, they also note it complicates the process and requires more time**

  — *"Important to limit the number of terms, some conflict about that- need to be as specific as possible to make sure the results are good. Complicated when you have a whole TEG."* (1)

- **KIs mentioned going through a number of the usual databases**

- **Look at internal organizational databases for implementation evidence**

- **Importance of being able to access lit review information for updates and transparency**

  — *"First thing is to try to identify the spreadsheet from when the HIP was last developed so that tells us which articles were included and what the search terms were… There wasn't really a HIPs repository, so sometimes hard to find. Now I think there is one."* (1)

  — *"There is also the issue of more transparency- if someone wanted to know how the TAG came to this decision, they could see."* (3)

Impartiality and fairness

- **Process has become more objective and standardized**

- **But evidence is "*not representative of all that is happening*",** e.g. primarily evidence in English.

  — *"I see it as a problem for overall design. You have access to translators, etc. It's a bit silly to exclude just based on language it was written in."* (1)

  — *"Are we getting all the evidence? I'm not sure that studies or findings from the global south will always make it into peer reviewed manuscripts- we're mostly looking at articles led by global north."* (3)

Intention of HIPs

"The HIP briefs provide an *unbiased* synthesis of the evidence and experience on implementing the practice to date."
(Guidance for Developing a HIP Brief, June 2022)

Impartiality and fairness (continued)

- **Include negative findings**: This is done in a Cochrane review, could highlight implementation challenges, but harder to find as less likely to be published

— KIs generally do not view the evidence review as including evidence with null effect

— *"Maybe we could be a little more engaged with the evidence to see what supports and what doesn't, have that transparency- exposed to all the evidence and clearer about the strength of the evidence."* (3)

- **Not all voices on the TAG are equal**

— *"They don't have space for those diverse voices to speak up. It's the same people who speak up at every meeting. There are ways to make spaces more comfortable for people to speak up."* (3)

Current guidance describes the impact section of the brief as including evidence with mixed or null effect.

"This section does NOT include every possible existing article on the impact of the HIP but it offers a *well-balanced, unbiased* synthesis of the evidence. This entails including articles that had mixed or null effect, if any." (Guidance for Developing a HIP Brief, June 2022)

Roles

- **Mixed feelings about whether roles are clear or not**

— *"Need clearer roles and responsibility for how the evidence is reviewed, especially with that second part of taking that compiled evidence and figuring out what you are going to use for writing the brief."* (1)

- **Thoughts about the TAG: having representation and 'term limits'**

— *"Major part is to see the implementation, if briefs are being used or not. Having those voices from the ground is very important. Glad I was brought into the team, but less representation and that should be increased. Experiences we have on the ground are also part of technical capacities."* (3)

— *"It would be great to have some representation from practitioners in the global south- so you get that feedback about how HIPs are used and what is useful about them."* (3)

- **TEG idea is a good one, but engagement can be challenging**

— *"One of the big struggles we had was engagement of the technical experts- 2 or 3 did most of the work."* (1)

- **Need to be realistic about time commitments and expectations for TEG and TAG**

Brief updates

- **Updating is important, but not clear to everyone how the decision is made to update a brief**

— *"We decided once a year the TAG would take a look, put a chart up, these are the oldest ones. We had an informal scanning of the literature that was done. TAG would vote on which they thought were most important to update. Sometimes we prioritize oldest, sometimes based on the literature."* (1)

— *"Not clear. Should have a regular schedule, every 3-5 years. Maybe you scan the evidence regularly."* (1)

— *"Should just be a regular process that is agreed upon and stuck to. Maybe do these searches every year, pull it together every 5 years and involve the TEG."* (1)

- ***"Our world is dynamic"*** **and a brief can lose credibility if it's old, but shouldn't change too frequently**

— *"Whole push to develop new briefs, and I think maybe switching gears and making sure that the older briefs get an update would be good. Would give it more credibility."* (4)

— *"Age of the briefs doesn't matter- I've been using this formula and it still delivers. I think if they change too frequently, what does that mean? How can we rely on something that is changing so fast."* (4)

— *"With COVID the way we did things changes. Briefs that were used for implementation before COVID might not demonstrate current realities."* (4)

Promising vs. proven

- **Most people feel like the distinction is not clearly defined**

— *"I don't think it's clearly defined, no threshold articulated in a way that I've seen. I do think it's helpful, can help shape where more investment is made to build up the evidence."* (1)

— *"I don't think there is a clear distinction, it's more the gut feeling, it's very subjective. Not a scoring system. Not fully developed. I don't think clear criteria exists. That's an area that needs to be strengthened."* (3)

- **Mixed responses about usefulness, with more comments leaning towards view that distinction is not useful**

— *"Promising gives us space to discuss and come back to it more later. For emerging issues when we don't have much evidence yet, for these kinds of issues, it's very helpful."* (3)

— *"My current thinking that it [the distinction] is probably not useful."* (1)

— *"It almost feels like an internal knowledge thing rather than for external users."* (4)

Promising vs. proven (continued)

- **Confusing message to users**

— *"Not useful at an implementation level. How much we are investing in identifying what to do vs. just doing it. There was a reason at first because we didn't have much evidence in certain practices, but I don't think it serves much value."* (3)

— *"When I tell people about HIPs, I don't mention that. That level of detail is not needed. You just need to know that these work. We're not pitching info correctly to the audiences in the ways they need it."* (4)

— *"But if it's promising, then can we say high impact?"* (4)

- **Researchers as an audience**

— *"HIPs are not really targeted to researchers which is a huge limitation...they are a big and important audience because to move from promising to proven, that is important.... social norms, it's a proven practice, but as a researcher, so much work to be done on how we measure it."* (3)

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Changes in the process

- **Should not change process too quicky or too often**
— *"I see the process getting improved, slowly. But all processes like that have to be very robust and I like that, it's not a problem. That is a positive aspect that could not be modified easily otherwise every year we would be changing things. Some small changes could be done better. I don't like changes happening quickly- the scoring, the steps, the analysis. We have some excel files that we use to simplify- and I think that is good. If every year it changes, it's not a good process."* (3)

- **Barriers to change**
— *"Entrenched interests in HIP TAG. Put in fresh membership. Yes there is value in institutional knowledge, but term limits should be there."* (1)

- **Think through the details of any change**
— *"With any change, the question we ask is if it's adding a lot of effort and who is going to do it"* (3)

Outline of findings

- Evidence identification and review process
- Learning from other evidence identification and review processes
- User perspectives
- Presentation of evidence
- Bigger picture considerations about HIPs

Learning from other processes

- **Need a clear system and transparency**

— *"HIPs do a good job looking at the evidence, I don't think they have clear oversight… to say this is the process by how we decide whether this is a new HIP, those things are not codified so someone from outside can understand."* (2)

— *"WHO publishes the MEC, but if you wanted to see any of the evidence then it's available. When this was decided, what other things were available and why was this decided. All WHO guidelines have that, will even say if it was down to a vote and what the vote was… Not sure whether that is available for the HIPs ."* (2)

- **Ensuring no conflict of interest to increase acceptance of products**

— WHO has a very complicated process, but *"one can borrow the intentions rather that replicating the process- look at simpler way of making sure we don't have conflict of interest."* (2)

— *"Making sure you have a system for identifying what kinds of biases there are in your authorship team. Conflict of interest can be hard- have some direction for your group, who should step out for certain parts. And transparency on reporting that."* (2)

- **Process of continuous identification and review of evidence**

— *"Having a systemized approach to looking at and updating the literature and not losing sight on why you are doing the guidelines."* (2)

Outline of findings

- Evidence identification and review process

- Learning from other evidence identification and review processes

- User perspectives
  - Use of HIP briefs
  - Clarity of briefs

- Presentation of evidence

- Bigger picture considerations about HIPs

Use of HIP briefs

- **Increased numbers accessing website**, according to Knowledge SUCCESS
- **Popularity of non-English language briefs shows importance of multiple languages**

Top ten list of HIP webpages visited (May 2022-23)

1. French version of Postabortion FP
2. Spanish version of Drug Shops & Pharmacies
3. English version of Drug Shops & Pharmacies
4. English version of Economic Empowerment
5. Spanish version of Postabortion FP
6. Spanish version of Immediate PPFP
7. French version of Community Group Engagement
8. English version of Immediate PPFP
9. French version of Supply Chain Management
10. English version of Postabortion FP

Pivot from knowledge management approach to more knowledge exchange

— *"Looking to pivot from getting things up on the website to getting more knowledge exchange- groups that want to learn more about actual implementation."* (4)

— *"Trying to encourage south to south learning exchanges."* (4)

Clarity of briefs

- **Add more graphics and data visualization**

— *"They are pretty text heavy. We try to do some things to break up the text, but in an effort to stay within 8 pages there might be some other graphics that could help paint a picture but there isn't space."* (4)

— *"Make sure briefs are in a format that can be easily read on a phone… People don't print- paper and ink are expensive, so it would be good if we make visualization downloadable on people's phones, more than computers."* (4)

- **Suggestion from KIs that since people are not using hard copies as much, consider going beyond 8 pages to incorporate more visuals**

Outline of findings

- Evidence identification and review process

- Learning from other evidence identification and review processes

- User perspectives

- Presentation of evidence

- Bigger picture considerations about HIPs

Presentation of evidence

- **Include more about implementation**

— *"It doesn't seem to me to be well designed to meet the needs of people who are going to be implementing. If you tell them it's a proven practice, they don't need to see the latest articles, they need to see the latest challenges and solutions and innovations."* (1)

— *"What people expect of the brief is that these include a how to- just not immediate PPFP is important and can increase contraceptive use, but also this is how you actually implement the program. I don't know if that's what was intended, but that is kind of what people expect."* (1)

— *"Maybe there should be an implementation arm of the TAG."* (4)

— Consider including *"links to the projects or programs providing the practice. These are the specific programs that have done this and this is who you should contact."* (1)

- **Localize the information, with country-specific information and inclusion in MOH websites**

- **Share more with providers- the briefs can be persuasive with providers to show the practice is impactful, not just part of policy**

— *"I'm not doing it because the government told me but because I know it's important and impactful- that's different from saying we have this policy, do this."* (4)

Outline of findings

- Evidence identification and review process

- Learning from other evidence identification and review processes

- User perspectives

- Presentation of evidence

- Bigger picture considerations about HIPs

Bigger picture considerations about HIPs

- **Some rethinking is needed and maybe a different approach that groups the HIPs and gives a menu of options to address problems**

— *"We could start to look at the proven practices and some promising and see if there are some commonalities across these- community health workers, outreach, pharmacies… what do those things have in common- they bring contraception closer, make it convenient. Common denominator- that is what gives you impact."(1)*

— People implementing programs see things more holistically than viewing each practice separately- in discussing HIPs and improving impact, a KI talked about self-care, task-shifting, community health workers, youth-friendly services, and drug shops all as part of expanding access (4)

- **Not enough attention and resources on implementation and use**

— *"It almost feels like we're spending so much time identifying what to do so we're not investing in doing it."* (3)

— *"[The TAG] needs to do more to see how it's being used. It's a technical group, but we could also do a small survey, what are issues that are more useful, what are people searching in FP and use that information. Have a way that people can give feedback, a continuous feedback mechanism for us."* (3)

Bigger picture considerations (continued)

- **Are there too many HIP briefs?**

  — *"I think that we continue to expand and expand the number of HIPs and we are seeing some diminishing returns. Some are not practices and not defined very well."* (1)

  — *"What I hear is there are too many HIPs, so how do I know where to start."* (4)

  — *"Is there a way to maybe provide some prioritization- those that are best of the best… someone might come to the website and feel like I don't know where to start. We even have previous versions of the HIP brief- that introduces confusion. Needs to be a different display of the brief, giving more cues about what is the most useful. if there is maybe regional focus, different ways of looking at it."* (4)

- **Seen as a USAID product which impacts use**

  — *"It's been funded by USAID for a long time, it has tended to have a lot of representation from the US. We don't hear FCDO telling their programs to use the HIPs, or SIDA. USAID has to make a decision how much do they want to cede control of this in terms of who sits on TAG, etc. if you say from now HIPs will be developed by this independent secretariat, funding by USAID, USAID is an observer- it has to be a decision."* (2)

Summary of key suggestions from key informants

- **Improve <u>transparency</u> in processes**
  - Improve transparency by having clearer, documented processes for development of HIP briefs
  - Clarify process for updating briefs (decide if and when/timing)
  - Discuss how to address differences with enabling environment briefs
- **Ensure <u>representation</u> in voices and evidence**
  - Ensure diverse and meaningful representation in the TAG
  - Include range of research in multiple languages
  - Include searching organizational databases and repositories as part of search strategies to ensure more implementation information feeds into evidence included in briefs
- **Improve <u>efficiency</u> in evidence review**
  - Involve TEG earlier in evidence review process
  - Improve the institutional knowledge piece, e.g., have a repository so there is easy access for previous spreadsheets and search terms used for lit reviews

Summary (continued)

- **Improve <u>clarity</u> of briefs**
  - Discuss proven vs. promising distinction (whether to keep or how to clarify)
  - Consider adding more graphics and data visualization
- **Focus on <u>utility</u> of the HIP briefs**
  - Focus more on issues around use of the briefs for advocacy, policy changes and program implementation (through co-sponsors, through an arm of the TAG, and/or through including links to technical resources for implementation)
  - Think critically about a new approach to how HIPs are organized and presented to better link practices to improving programs

fhi360

Evidence Vetting for Family Planning High Impact Practices (HIPs)

Findings from a Desk Review of Selected Scales and Processes

February 29, 2024

Overview

- Background and approach

- Summary results of in-depth review of 5 evidence vetting scales and processes

Thanks to the TAG sub-committee who helped us develop the approach, and reviewed the tools and final product: Maria, Saad, Karen and Michelle.

Background and approach

Design

Inform decisions by the HIP TAG and co-sponsors on how they might want to adjust the HIP evidence vetting process

FOCUS

Evidence vetting: process of deciding merit and weight of evidence presented to determine if a practice can be considered a HIP

APPROACH

Desk review of select evidence vetting scales and processes, including the HIP Evidence Scale

OUTPUT

A **summary** of the **key features** of up to 5 evidence vetting scales and processes

Consultation with TAG sub-com mittee
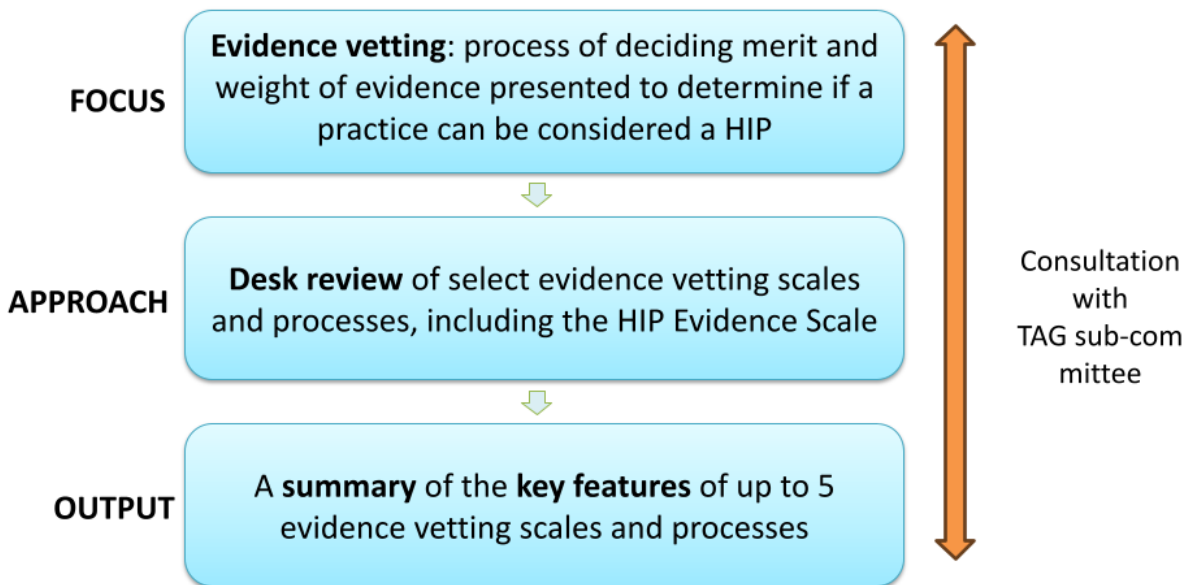
Inclusion criteria for online search
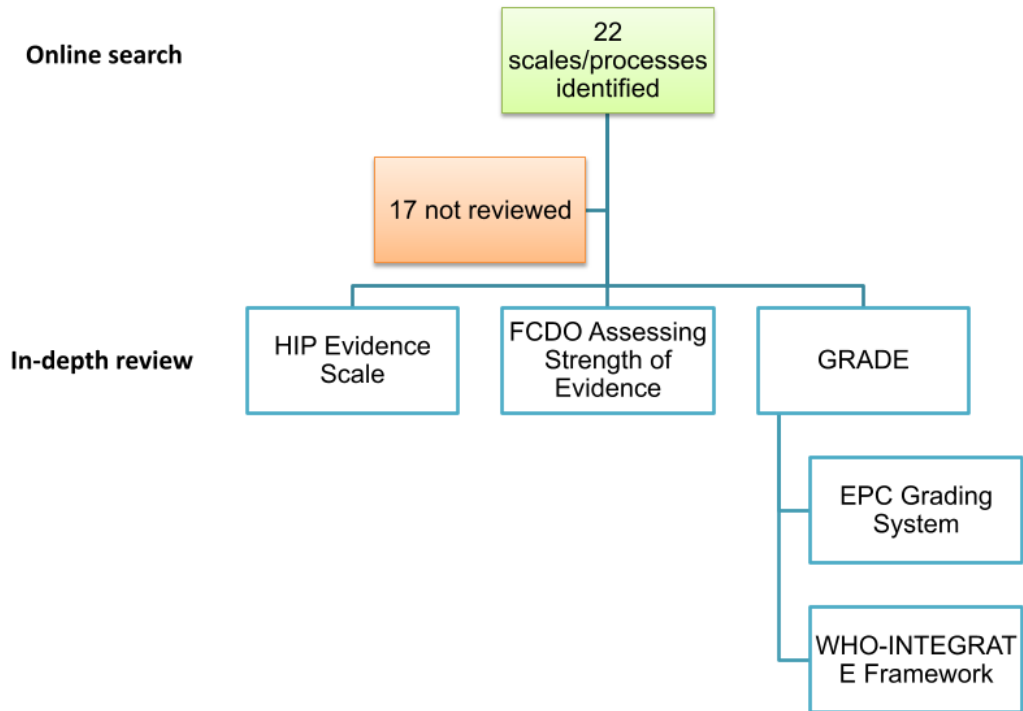
Scale/process developed prior to 2017 but not included in the HIP Evidence Scale development, or developed/significantly updated post 2017, *and*

Match one or more of the following criteria:

1. Capture evidence of impact, applicability, scalability, affordability, sustainability, cost-effectiveness, equity and/or quality
2. Can be completed in reasonable time (not a systematic evidence review)
3. Have flexibility to incorporate designs beyond RCTs, such as qualitative studies and routine program monitoring data
4. Incorporate expert dialogue, discussion, and/or opinion
5. Applicable to practices for which evidence may be nascent or limited
6. Have been applied to evidence coming from LMICs (breadth of evidence), and evidence in languages other than English

Selection of scales/processes for in-depth review

Online search

22 scales/processes identified

17 not reviewed

In-depth review

HIP Evidence Scale

FCDO Assessing Strength of Evidence

GRADE

EPC Grading System

WHO-INTEGRATE Framework

Review matrix

Background

- Origins - by whom/when developed
- Purpose
- Format (scale, checklist, guidance, process)
- Domain and examples of application
- Availability of guidance materials

Scope of evidence

- Whether and how evidence of impact captured; specific impact outcomes
- Whether and how evidence of implementation captured; specific outcomes related to implementation*

Evidence inclusion

- Ability to incorporate designs beyond Randomized Controlled Trials (qualitative, routine monitoring, expert opinion)
- Whether applied to low- and middle-income countries and evidence in languages other than English

Process and rating

- Steps involved; duration; people involved
- Whether evidence graded/rated; whether types of evidence or outcomes weighted
- How final decision made (scoring, expert opinion, dialogue)

*Examples of implementation outcomes include applicability, scalability, affordability, sustainability, cost-effectiveness, equity or quality.

In-depth Review Results: Summary Tables

Background

	HIP Evidence Scale	FCDO Assessing Strength of Evidence	GRADE	EPC Grading System	WHO-INTEGRATE framework
Who developed the scale?	HIP TAG sub-group on standards of evidence.	Foreign, Commonwealth & Development Office (FCDO).	GRADE Working Group.	The Agency for Healthcare Research and Quality (AHRQ).	Commissioned by the World Health Organization (WHO).
When?	2017; Latest September 2023.	2013.	2000; Updates and new tools.	2009; Latest updates in 2022.	2019.
Format	Evidence-grading scale and Excel-based tool.	Guidance note, including an evidence-grading framework.	Evidence-grading scale and Evidence to Decision framework.	Part of a full Methods Guide on conducting Systematic Reviews.	Evidence-to-Decision Framework.
Availability of guidance	Guidance document, and guidance within the tool.	'How to Note' but not detailed guidance.	Handbook, online and in-person workshops, training for each GRADE domain.	Training modules and a guidance document.	No specific guidance materials, but general guidance within the framework.
Application	To assess the evidence for family planning practices.	To assess quality of individual studies and strength of bodies of evidence when conducting evidence reviews.	Primarily clinical to grade certainty of evidence and determine strength of recommendations.	To grade the strength of evidence for comparing medical interventions.	To assess evidence, make recommendations, support decision-making for public health interventions.

Overall summary slide 1

	HIP Evidence Scale	FCDO Assessing Strength of Evidence	GRADE	EPC Grading System	WHO-INTEGRATE Framework
Impact outcomes	mCPR/use but can incorporate other outcomes	To be selected based on relevance	To be selected, should cover benefits and harms	To be selected based on relevance	Pre-specified list covering benefits and harms to select from
Inclusion of implementation outcomes	Pre-specified list	To be selected based on relevance	To be selected; suggested list	To be selected based on relevance	Pre-specified list to select from
Inclusion of a range of designs	All designs, with greater reliance on experience and expert opinion for sustainability and affordability	All designs and notes different methods are better suited for different questions	Core focus on RCTs (ideally systematic reviews). Recently expanded to include qualitative data through CERQual.	Core focus on RCTs and observational studies	All designs and notes different methods are better suited for different questions

Overall summary slide 2

	HIP Evidence Scale	FCDO Assessing Strength of Evidence	GRADE	EPC Grading System	WHO-INTEGRATE Framework
Grading of studies	Graded for type of design	Graded for 7 principles of quality	Graded for type of design and adjusted based on 5 domains	Graded for type of design and adjusted for study conduct	Primarily based on GRADE and CERQual
Ability to balance outcomes	Single strength-of-evidence score plus qualitative opinion	Single strength-of-evidence grade for the overall body of evidence	Overall quality rating to the body of evidence	Single strength-of-evidence grade for each major outcome	Overall assessment of the strength-of-evidence (no single score)
Output	Procedural guidance for each outcome and for overall promising vs. proven determination	Procedural guidance based on quality, size, consistency and context of overall body of evidence	Overall rating based on critical outcome with lowest quality of evidence	No procedural guidance; at least two reviewers required to incorporate multiple domains in overall grade	No procedural guidance; based on dialogue among decision-makers, guideline panel, and stakeholders

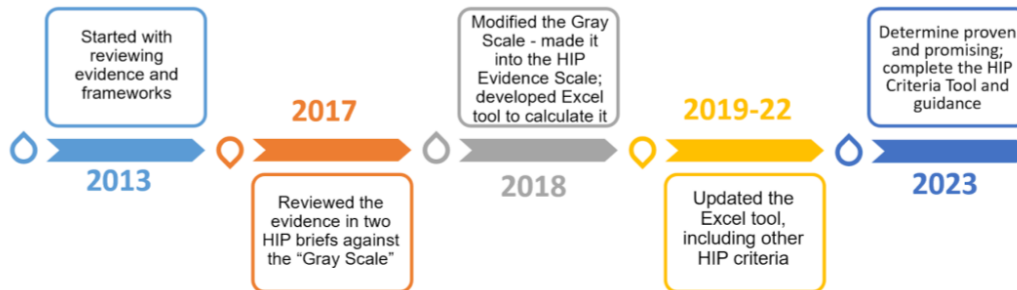# HIP Evidence Scale and Criteria Tool White Paper

Karen Hardee

HIP TAG

February 29, 2024

Paper Authors:
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Purpose

Describe the process of developing the HIP Evidence Scale, which unfolded over a decade, and to explain its use in the HIP Criteria Tool to contribute to establishing whether a service delivery or social behavior change HIP is labeled as "proven" or "promising."

HIP Evidence Scale and HIP Criteria Tool Timeline

Finding balance with the importance of rigorous research and tacit learning in assessing "What works?": Experience of the HIP Partnership

The 'Gray Scale' - Five strengths of evidence

Table 2. The Five Strengths of Evidence, AKA the 'Gray Scale'

Type	Strength of evidence
I	Strong evidence from at least one systematic review of multiple well designed, randomized controlled trials
II	Strong evidence from at least one properly designed, randomized controlled trial of appropriate size
III	Evidence from well-designed trials/studies without randomization, single group pre-post, cohort, time series or matched case control studies
IV	Evidence from well-designed, non-experimental studies from more than one center or research group
V	Opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees

The absence of excellent evidence does not make evidence-based decision making impossible; in this situation, what is required is the *best evidence available,* not the best evidence possible" (Gray, 1997: 61).

Table 3. Nature and Role of the Evidence Base in Clinical Practice and Public Health Practice

	Clinical practice	Public health practice and health promotion
Nature of the intervention	Mainly single or simple	Mainly complex or multiple interventions
Nature of evidence to show effectiveness	• Systematic review	• Systematic review
	• RCT	• RCT
		• Cohort study
		• Controlled before and after study
		• Interrupted time series
Sources of evidence	• Published literature	• Published literature
		• Grey literature
Need for other types of knowledge	Tacit knowledge from clinicians' experience	Tacit knowledge from practitioners and end-users
Contextual factors	Emotional context of the decision	• Socio-political context of intervention
		• Local context

Source: Gray, 2009: 322.

The HIP Evidence Scale – to assess evidence in the impact section of HIP briefs

Table 5. HIP Evidence Scale

Level	Type of Study
Evidence with a control group	
I	Systematic review of randomized control trials (RCT)
II	Randomized control trials
IIIa	Control with pre/post design (non-randomized/quasi-experimental)
IIIa	Control with post-only design (non-randomized)
IIIa	Other rigorous design (e.g., propensity score matching)
IIIa	Systematic review of non-RCTs (quantitative)
Evidence without a control group	
IIIb	Pre/post design, no control
IV	Routine/program data (e.g., service statistics or other M&E data)
V	Qualitative
V	Systematic review of non-RCTs (qualitative)

The HIP Evidence Scale and HIP Criteria Tool are formulated based on the philosophy that evidence-based public health interventions should be based on the best available systematic evidence together with practitioner expertise (Sackett et al., 1996).

Figure 4. Tips for determining proven/promising designation for HIPs using the 5 HIP Criteria

HIP Criteria	Proven	Promising
Impact	At least 4 studies with positive evidence at level I, II, or IIIa on the HIP Evidence Scale (with at least 3 studies with statistically significant results), with explanation for exceptions	At least one study at levels I, II, and IIIa and/or at least 4 studies at levels IIIb, IV, or V, with explanation for exceptions
Applicability, reliability, generalizability	At least 4 countries across more than one region	Fewer than 4 countries or evidence from only one region
Scalability	Broad evidence of implementation at reasonable scale (for the HIP, e.g., at least 50% of studies implemented at a reasonable scale)	Evidence largely from pilots and/or small scale implementation (greater than 50% of the studies show implementation from pilots and/or small scale implementation)
Affordability	Not included in determining proven/promising designation given paucity of evidence on costs. Authors of HIP Briefs encouraged to include existing evidence of affordability.	
Sustainability	Not included in determining proven/promising designation. Authors of HIP Briefs encouraged to review the sustainability checklist in the White Paper and to include evidence of sustainability.	

Figure 6. Illustrative Example of the Summary of HIP Criteria Tab of the HIP Criteria Tool

Summary of HIP Criteria for: Add Name of Practice

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	Documentation of exceptions to criteria
Impact	Sufficient evidence of impact as per the HIP Evidence Scale	Based on the HIP Evidence Scale (see tab 2)	Proven	HIP criteria met; most evidence shows positive results.
Applicability, Reliability, Generalizability	Range of contexts or settings showing impact. Broad evidence of impact from multiple contexts or settings	Based on a summary of evidence included in HIP Evidence Scale (see tab 2)	Proven	Most studies from the general population, studies from a large number of countries and more than one region.
Scalability	Evidence of scale of the practice from impact being implemented at scale (not only from pilots)	Based on a summary of evidence included in HIP Evidence Scale (see tab 2)	Proven	More than half of the interventions were implemented at reasonable scale.
Affordability	Qualitative rating based on what we know about cost and affordability. This is not the same as cost effectiveness	Experience/expert opinion		Not included in determining proven/promising designation given paucity of evidence on costs. Authors of HIP Briefs encouraged to include existing evidence of affordability
Sustainability	Based on HIP Sustainability paper (https://www.fphighimpactpractices.org/hip-sustainability-paper/)	Experience/expert opinion (see tab 3)		Not included in determining proven/promising designation. Authors of HIP Briefs encouraged to review the sustainability checklist in the White Paper and to include evidence of sustainability.

Final TAG Determination for the practice

For a HIP to be classified as proven, a practices should show proven impact and proven for at least one of the other 2 criteria. Any exceptions should be documented below.

Based on the summary above and TAG discussion, the TAG has agreed to rate this practice as: **Proven**

Summary of TAG discussion on rating

Question for TAG

- Is it ok to consider this as a HIP White Paper and be posted on the website as an externally-available resource?
- Should this paper be included in HIP TAG orientation for new members?
- Next steps
  - Presentation at PAA
  - Shorter version for publication?
  - Longer version put on HIP website?

HIP
FAMILY PLANNING
HIGH IMPACT PRACTICES

HIPs Partnership 2024 Work Plan

Key objectives in HIPS cosponsors workplan

Objective 1: Support HIPs implementation and scale up

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

Objective 3: Create a better means of measuring success

Objective 4: Develop/update and disseminate, particularly at country and regional levels, HIP knowledge products

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

Objective 1: Support HIPs implementation and scale up

1.1 Establish multi-stakeholder coordination platform for HIP implementation and scale up is established in Nigeria and Ethiopia by December 2024.

1.2 Coordinate on following up on key actions from the FP2030 & USAID PPFP/ PAFP meeting in Nepal.

1.3 HIPs Key Implementation Components for service delivery practices finalized and disseminated (formerly named core components of the HIPs).

1.4 HIPs roadmap

Objective 2: Secretariat and strategic plan

- 2.1: Secretariat at FP2030 is stood up and functioning.
- 2.2: Develop/Update internal procedures documents as needed.
- 2.3: Develop Strategic Plan 2024-2027.
- 2.4: TAG transition to be within the new roles and responsibilities

Objective 3: Develop set of agreed upon indicators

3.1: HIPs measurement framework (including key implementation components) is finalized, disseminated, and used to support HIP implementation and scale up efforts.

-Development of a HIP measurement framework – FHI360

-Update PPFP measurement – WHO/FP2030

-Disseminate the HIP measurement framework

-Finalizing measuring HIP implementation in 5 countries (providing a baseline)

-Updates from WHO/UNFPA on PPFP BNA analysis

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Objective 4: Enhance country level dissemination

- Prioritize dissemination in focus countries
- Co-sponsors to disseminate/integrate HIPs dissemination at activities/conferences/fora they attend, as possible.
- Pick 5 themes and shortlist activities at relevant events, e.g., PPFP/PAFP, CHW, etc. (forming key messages)

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Objective 5: Integrating HIPs into cosponsors organizational work plans

- USAID - Support implementation in Tanzania, Kenya, Uganda, & Haiti.

- IPPF- Add links where relevant and aligned to IPPF strategy between the HIPs briefs and the material in the IPPF Client-Centred Clinical Guidelines to enhance it's accessibility by IPPF MAs and providers.

- FP2030 - Work with regional hubs to share HIPs information and link commitment-making countries with relevant TA to scale-up HIPs.

- UNFPA - HIPS are part of UNFPA FP acceleration plan and programming, HIPS will be part of UNFPA East and West Africa technical meetings in May 2024.

- WHO- Gender responsive strategies for scaling up Post-pregnancy Family Planning

HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

Stakeholder Engagement Group (SEG)

- **Develop Membership Package for HIPs Partners**
  - Newsletter sign-up
  - Share stories on implementation (short format)
  - Annual prize/recognition for engagement
  - Listserv on IBP Network

- **Conduct HIPs Share Fair in Nigeria or Ethiopia**

- **ICFP Engagement**
  - HIPs Session in collaboration with Focus Country Partners

HIP | FAMILY PLANNING HIGH IMPACT PRACTICES

Stakeholder Engagement Group (SEG) (con't)

- **SEG Composition**
  - Explore membership of FP20230 hubs and IPPF MAs in SEG

- **Social Media and resources**
  - Implement new LinkedIn social media packages
  - Develop postcards with QR codes to facilitate downloads

- **Webinars**
  - Focus on producing webinars in other languages as translations become available