

Overview

This brief presents key implementation components for several family planning (FP) High Impact Practices (HIPs) and details the process of harmonizing these elements across three projects: the Data for Impact (D4I) project, the Research for Scalable Solutions (R4S) project, and The Challenge Initiative (TCI). The key implementation components are agreed upon standards to implement a practice and ensure it is high impact. The HIPs for which key implementation components were developed are: Community Health Workers (CHWs), Immediate Postpartum FP (IPFP), Post-abortion FP (PAFP), Pharmacies and Drug Shops (PDS), and Mobile Outreach.

Each project developed an original set of implementation components that, while diverse in purpose, shared a common foundation in the [HIP briefs](#). The projects came together to align on unified language and content to create key implementation components, signifying a joint commitment to improving the efficacy, adaptability, and evaluation of high-impact family planning practices.

Objectives Behind Key Implementation Components

D4I, R4S and TCI each created key implementation components for different purposes.

- D4I and R4S were focused on assessing the quality of HIP implementation—meaning the extent to which implementation standards were being followed—and advancing measurement methodologies. They created implementation components to help structure and define measures of quality. R4S developed implementation components for the following HIPs: CHWs, IPFP, PDS, PAFP and mass media. D4I developed implementation components for these HIPs: CHWs, IPFP and mobile outreach.
- TCI provides coaching support to local governments for scaling up HIPs to ensure adaptability and effective operationalization. They created implementation components to provide clear guidance across their hubs for scale-up of the practices. TCI developed implementation components for: CHWs, IPFP, PDS, mobile outreach, mass media, FP and immunization integration, and several other enabling environment HIPs.

Initial Development of Key Implementation Components by Each Project

The process of developing key implementation components differed across projects, although all projects utilized the HIP briefs as a basis to derive the components. D4I and R4S had similar processes, which included reviewing the “how to” section of the HIP briefs for relevant guidance that could be articulated as implementation components, and then consulting with members of HIP Technical Expert Groups—who are experts in specific HIPs—to revise and validate a final set of key implementation components.

TCI reviewed its six hub toolkits—each outlines the implementation guidance for each practice as implemented in each geographic location—for common implementation steps across the geographical locations, seeking to align the common steps with the “how to” section of the HIP briefs as much as possible. TCI's approach was bottom-up, informed by evidence from its Measurement, Learning, & Evaluation Project of the Urban Reproductive Health Initiative, and iteratively adapted based on the implementation experience and adaptations made by the public sector in scaling up prioritized HIPs across 186 cities in East Africa, Francophone West Africa, India, Nigeria, the Philippines, and Pakistan.

Harmonization Process

Representatives from these three projects and from two HIP co-sponsor organizations—USAID and the Bill & Melinda Gates Foundation (BMGF)—collaborated in the last quarter of 2023 to harmonize the key implementation components for four of the HIP that the projects had in common—CHWs, IPFP, PDS and Mobile Outreach. The key implementation components serve as a global good by providing high-level standards for what should be included to implement a HIP.

Key steps in the harmonization process included:

- **Comparative Analysis:** FHI 360 staff compared components from each project to discern differences in language and content. The analysis found that they were very similar in intent, but not identical in language. This analysis was shared with representatives from the three projects, USAID, and BMGF.
- **Consensus Building:** Representatives from each project, USAID, and BMGF joined virtual meetings to discuss the development process and purpose of existing

implementation components. All groups agreed on the need for harmonized components to support future implementation.

- **Component Synthesis:** Representatives worked through the language and content of existing components to consolidate them into unique, agreed-upon key implementation components.

The group agreed upon several guiding principles to consider as they harmonized the key implementation components. These included: reflecting the language used in the HIP briefs as much as possible; using succinct, action-oriented statements; and automatically accepting an implementation component if it was developed by two of the three projects, while debating/discussing an implementation component that was developed by only one project.

Finalized Key Implementation Components

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

Community Health Workers

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

Immediate Postpartum Family Planning (IPPPF)

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

Pharmacies and Drug Shops

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

Mobile Outreach Services

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