

### 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 (IPPPF), 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, IPPPF, PDS, PAFP and mass media. D4I developed implementation components for these HIPs: CHWs, IPPPF 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, IPPPF, 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 HIPs that the projects had in common—CHWs, IPPPF, 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.

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#### Suggested Citation

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The HIP Partnership is a diverse and results-oriented partnership encompassing a wide range of stakeholders and experts. As such, the information in HIP materials does not necessarily reflect the views of each co-sponsor or partner organization.

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This brief is the result of a collaboration across the Research for Scalable Solutions (R4S) project, the Data for Impact (D4I) project, and The Challenge Initiative, along with the HIP co-sponsors. It was written and formatted by R4S.