

High Impact Practices (HIPs) in Family Planning

Methodological Brief: Monitoring HIPs Implementation with Core Components

This brief summarizes a methodology used in a Data for Impact (D4I) assessment, [High Impact Practices \(HIPs\) in Family Planning \(FP\): A qualitative assessment of quality and scale of implementation for three service delivery HIPs in Bangladesh and Tanzania](#), and provides step-by-step guidance for FP projects monitoring HIP implementation.



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What are the HIPs?

The HIPs are a collection of evidence-based practices, identified by global experts, that have demonstrated impact on contraceptive uptake and other related outcomes in varied settings. The HIPs fall in four categories: (1) Service Delivery, (2) Enabling Environment, (3) Social and Behavior Change (SBC), and (4) HIP Enhancement. Six co-sponsors lead the initiative, including the US Agency for International Development (USAID), United Nations Population Fund (UNFPA), World Health Organization (WHO), International Planned Parenthood Federation (IPPF), Family Planning 2030 (FP 2030), and the Bill and Melinda Gates Foundation.

Why monitor the HIPs?

As FP programs increasingly integrate HIPs, questions have arisen about defining the essential elements that make up a HIP. D4I assessed **3 of 8 service delivery HIPs** (Table 1) across selected USAID-funded projects in **Bangladesh** and **Tanzania** to address these questions. The assessment sought to understand the extent that the three service delivery HIPs follow implementation standards or **core components**. The assessment's key questions were:

- Core components represent what makes a true high impact practice; are the core components being implemented and monitored?
- Does the implementation of the HIP follow what the evidence suggests should be the approach?

How were the HIPs core components developed?

Determination of the core components was informed by the [HIP briefs](#), literature review, and consultation with subject matter experts. Before this assessment, no global implementation standards for HIPs were established. D4I and [Results for Scalable Solutions \(R4S\)](#) worked collaboratively to develop core components for a number of HIPs.

A **4-point scale** was established for ranking the extent that each core component is implemented (Figure 1). Findings from the ranking averages and other related discussions indicate which core components are implemented and monitored the most and least, while also providing reasons for a ranking of 1 and barriers to a ranking of 4.

Figure 1. Core component 4-point scale to assess HIP implementation and monitoring

1 – LIMITED	2 – EMERGING	3 – ADVANCING	4 – FOUNDATIONAL
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.	The core component has always been and is being implemented fully, but there are no indicators to track.	The core component has always been and is being implemented fully, with indicators to track.

Table 1. Service delivery HIPs in D4I's assessment

HIPs	Definition
Community Health Workers (CHW)	Integrate trained, equipped, and supported community health workers into the health system
Mobile Outreach Services Delivery (MOSD)	Support mobile outreach service delivery to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods
Immediate Postpartum FP (IPFP)	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility



What HIPs core components were used?

Overall, **20 core components** for the three service delivery HIPs were developed for the D4I assessment. Seven core components were developed for the CHW HIP, six for the MOSD HIP, and seven for the IPPFP HIP. The core components are listed below in Table 2.

Table 2. Core components of the three service delivery HIPs D4I assessed in Bangladesh and Tanzania

Integrate trained, equipped, and supported community health workers (CHWs) into the health system	
1	Assures CHWs have necessary supplies and materials to fulfill their roles
2	Monitors, reports, and assesses data on CHW services and referrals provided
3	Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts
4	Trains and assesses CHWs' abilities to provide services and behavior change messages
5	Provides regular and as-needed supportive supervision from health system to CHWs
6	Engages communities in recruiting and supporting CHWs
7	Formalizes the role of CHWs as part of the health system to recognize their services
Support mobile outreach service delivery (MOSD) to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods	
1	Ensures consideration of cultural, economic, and social factors and needs in relation to client base
2	Coordinates with community leaders as part of aligning staff to needs, raising awareness for the service, and communicating relevant details to potential clients
3	Ensures equipment and supplies are in place and used appropriately
4	Trains service providers in providing respectful care including counseling services and recognizing instances when a referral for additional care is appropriate
5	Procedures in place for discussing follow-up care and helping clients understand how to access follow-up care
6	Follows a plan for collecting and recording data and inputting information in relevant repositories to ensure follow-up
Immediate postpartum family planning (IPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities¹	
1	Ensures consistent availability of essential supplies, equipment (i.e., medical instruments), and methods appropriate per local demand and preferences
2	Monitors, reports, and assesses on counseling, offering, and uptake of methods for postpartum clients
3	Trains providers for IPFP on counseling and service provision per local guidance
4	Engages health facility leadership and staff to promote the practice
5	Ensures staff availability for FP services and products prior to discharge
6	Assures that national service delivery guidelines are readily available and widely disseminated
7	Communicates the role of service providers as outlined in national service delivery guidelines

¹After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for IPFP HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this brief, the previous definition is presented because this is the definition that was used across all data collection activities.



How can projects monitor HIPs implementation?

Administering HIPs core components checklists is one method to monitor HIPs implementation. The following step-by-step guidance can be used to conduct a self-assessment of HIPs implementation.

1. Review the Core Components and Create a Core Components Checklist

Review the established core components against the project’s FP activities. Develop a project- and HIP-specific checklist about how each core component is implemented and monitored. Include questions noted in Table 3 or from the [20 core components checklists](#) used in the D4I assessment.

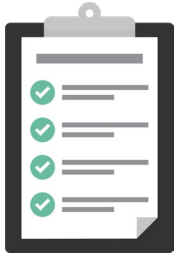


Table 3. Guiding questions for a HIPs core components checklist

- Does the project implement [*insert core component*]?
- Are there indicators for the core component?
- Probing questions around whether policies are in place to implement the core component.
- Probing questions around if there is readiness at the service delivery level to implement the core component.
- What challenges and successes have there been in relation to the core component?

2. Convene a Small Group Discussion for a Self-Assessment

Core component checklists can be administered through a **small group discussion**.



- Determine if an external facilitator and/or assessment team is needed and if USAID representatives will participate in the discussion.
- Convene a small discussion group consisting of 6–8 mid- to senior-level management; monitoring, evaluation, research, and learning (MERL); and technical staff from the project.
- Discuss each core component to establish consensus on whether or not the core component is implemented and monitored.
- Take notes during the small group discussion.
- End the discussion by ranking each core component (1–4 scale).

3. Tally the Core Component Rankings

Following the small group discussions, tally the rankings (Table 4).

- **Tallying and averaging** gives some indication of which core components are implemented the most and the least.
- The rankings contribute to a **qualitative assessment** of the extent that each core component is implemented and monitored.

Table 4. Rankings Tally Example

Rank	# of instances
1 – Limited	X
2 – Emerging	X
3 – Advancing	X
4 – Foundational	X

4. Analyze the Notes from the Small Group Discussion



The notes from the small group discussions are **another qualitative data source** to help projects understand how HIPs implementation and monitoring is going.

- The rankings are the culmination of what the small group discussed. The notes from that discussion represent a form of qualitative data.
- Analyzing the qualitative data provides insight into reasons, for example, for a ranking of 1, barriers to a ranking of 4, and what indicators are seen as relevant to the HIP.

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. FS- 23-632b D4I