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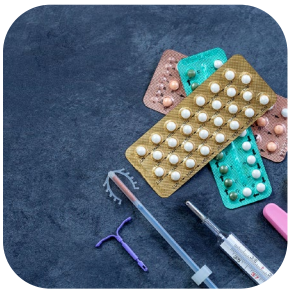
High Impact Practices (HIPs) in Family Planning
Summary Brief: Assessing HIP Core Components

This brief summarizes the methodology, results, and recommendations of 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*.



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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:

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 (IPPFP)	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility

- 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.

How many HIP core components were developed?

Overall, **20 core components** for the three service delivery HIPs were developed for the D4I assessment (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 (IPPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities[1]	
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 IPPFP 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

What methods and data were used?

To assess the HIPs, a checklist was created for each of the core components. The checklist was used to guide facilitated **small group discussions** (Table 3). Data were collected through the administration of **core component checklists** via small group discussions with mid- to senior-level management, monitoring, evaluation, research, and learning (MERL), and technical staff. Further, **43 key informant interviews** were conducted with project staff and district-level FP experts. Data collection was conducted from January to May 2022 in Bangladesh and April to July 2022 in Tanzania. The assessment also drew upon national health information systems data. The assessment ensured that the data collection tools incorporated questions around equity, representativeness, and gender.

Small group discussions were conducted virtually in Bangla (Bangladesh), Kiswahili (Tanzania), and English. Participants were asked to agree on a ranking for each core component. Following each session, the assessment team also assigned rankings for each core component. **Rankings were tallied and averaged**, followed by an analysis of themes, common responses, challenges, and successes.

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?

[1]After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for IPPFP 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.

What are some of the key takeaways?

Table 4 illustrates project and assessment core component rankings for the CHW HIP. For Bangladesh, core component 3—*Monitors, reports, and assesses data on CHW services and referrals provided*—has the highest average ranking across the project teams at 3.75 and the assessment team at 3.50. For Tanzania, core component 4—*Trains and assesses CHWs' abilities to provide services and behavior change messages*—has the highest average ranking across the project teams at 4.00 and the assessment team at 3.67. The lowest average ranking in Bangladesh is for core component 6 for the project teams at 2.25 and assessment team at 1.75. In Tanzania, the lowest average rankings across the project teams are for core components 1, 2, 3, and 7 (all at 3.00), compared to the assessment team's lowest ranking of core component 7 (1.67).

Table 4. Project and assessment teams' core component rankings for the CHW HIP

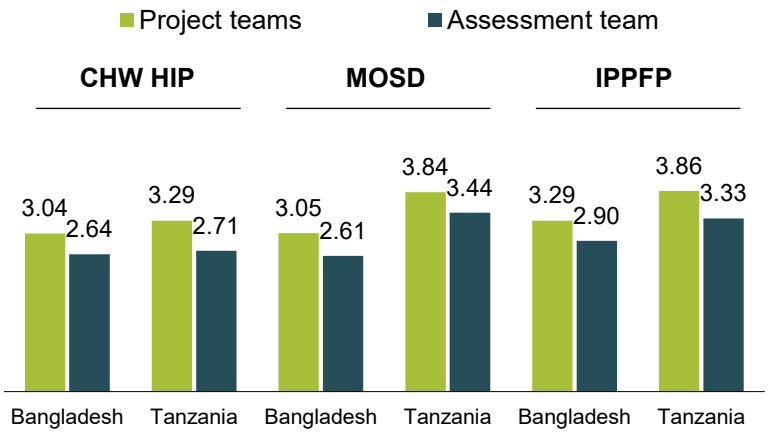
Core components		Bangladesh		Tanzania	
		4 Project Teams	Assessment Team	3 Project Teams	Assessment Team
1	Assures CHWs have necessary supplies and materials to fulfill their roles	3.50	2.75	3.00	2.33
2	Monitors, reports, and assesses data on CHW services and referrals provided	3.25	2.75	3.00	3.33
3	Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts	3.75	3.50	3.00	2.33
4	Trains and assesses CHWs' abilities to provide services and behavior change messages	2.75	2.75	4.00	3.67
5	Provides regular and as-needed supportive supervision from health system to CHWs	3.00	2.75	3.33	3.33
6	Engages communities in recruiting and supporting CHWs	2.25	1.75	3.67	2.33
7	Formalizes the role of CHWs as part of the health system to recognize their services	2.75	2.25	3.00	1.67
AVERAGE ACROSS ALL CORE COMPONENTS		**3.04**	**2.64**	**3.29**	**2.71**

The core component rankings for the MOSD and IPPFP HIPs are available in the full report.

In Figure 2, the average rankings across all core components for each of the three service delivery HIPs are illustrated.

For the three service delivery HIPs, the project teams' average rankings across all core components are higher than the assessment team's averages. The average rankings across all core components for the three service delivery HIPs in Bangladesh and Tanzania show that the projects do not fully implement and monitor all core components.

Figure 2. Average rankings across all core components for three HIPs in Bangladesh and Tanzania



What are the conclusions and recommendations?

The assessment's conclusions and recommendations for the three HIPs, detailed below in Table 5, include suggestions for both USAID and projects implementing service delivery projects with HIP-related activities.

Table 5. Conclusions and recommendations from the D4I assessment of three service delivery HIPs

Conclusions	Recommendations
Continued Advocacy for and the scale-up of HIPs implementation	
▪ The findings suggest the need for caution in asserting that the CHW, MOSD, and IPPFP HIPs are implemented and monitored by the projects. CHW, MOSD, and IPPFP work is implemented and monitored, but that work, and the related indicators, generally are not sufficiently specific to the HIP definition and core components. ▪ The core components aim to establish standards for the HIPs; however, potentially they are not well aligned to projects that do not solely focus on FP. This disconnect may raise questions about the applicability of the core components for more broadly focused health service delivery projects.	▪ Awareness raising, advocacy, and scale-up efforts should continue to acknowledge that FP programming evidence and best practices exist outside of the work of the HIPs initiative. ▪ Continue to pursue coordination and collaboration around the HIPs between and among USAID Washington and Missions. ▪ Establish Mission-sponsored HIPs committees made up of representatives from the projects. ▪ Hold discussions within USAID and consider if the core component checklist used in this assessment could be further developed and promoted as a tool for USAID projects to build into the workplan.
Implementation of the CHW HIP	
▪ Understanding and measuring the extent CHWs are integrated into the health system is complicated. ▪ Recruitment and retention of CHWs require a delicate balance of honoring longevity, the views of community leaders, and promoting integration into the health system. ▪ The training, equipment, and support CHWs receive align with the comprehensive service delivery approach, which generally does not align with the specificity of the MOSD and IPPFP HIPs.	▪ Project teams should work to establish a definition of "integrated into the health system," including a means to measure whether integration is present. ▪ Conduct research to examine the curriculum for CHW training and delineate what is different in providing HIP-specific training.
Implementation of the MOSD HIP	
▪ Overlap across MOSD and a broader focus on community engagement creates challenges in distinguishing if contraceptives are provided through MOSD. ▪ In site selection, cultural and socioeconomic factors are variably prioritized, with projects not always the decisionmaker. ▪ Successful MOSD does not necessarily need to include the provision of contraceptives; however, without the provision of contraceptives, it would be considered that the HIP is not being implemented.	▪ Project teams should work to improve the availability of service providers to provide permanent methods via MOSD and in turn, track MOSD service by service, including referrals and counseling. ▪ Establish a definition of mobile, including recognizing that often mobile outreach is not solely focused on providing contraceptives.
Implementation of IPPFP HIP	
▪ Several projects include the indicator needed to monitor this HIP in their annual report; however, standardization of the wording is weak. ▪ Views are varied about providing FP counseling immediately. ▪ Challenges around the provision of IPPFP revolve around limitations in service providers with the needed skills and shortages of commodities, equipment, and space and privacy.	▪ Project teams should work to improve their understanding that, for the IPPFP HIP, the definition of immediate must be fixed at 48 hours. ▪ Consider if the potential preferred focus on PPFP in Bangladesh and Tanzania is common in other countries. If so, clarify that the IPPFP HIP outlines approaches for implementing IPPFP specifically.

This brief summarizes *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*, by Pietrzyk, S., Pantazis, A., Roy, J., and Kahabuka, C. (2023).

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