

# Developing a replicable approach to measuring the scale, reach, quality, and cost of service delivery High Impact Practices for family planning.

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## BACKGROUND

- The Family Planning (FP) High Impact Practices (HIPs) Initiative is a multi-organization effort started in 2010 that aims to highlight a set of evidence-based practices that have demonstrated impact on contraceptive use. HIPs are scalable, sustainable, cost-effective, and applicable across a wide range of settings. These practices are organized into three categories: 1) service delivery; 2) enabling environment; and 3) social and behavior change.
- Stakeholders in most low- and middle-income countries have limited information that would help them determine whether HIP implementation is occurring per global guidance and how to optimize implementation for scale-up.
- The Research for Scalable Solutions (R4S) project created a replicable approach to measure HIPs, information which will help countries critically analyze and maximize their investments in comprehensive FP strategies while also informing vertical and horizontal scale-up of HIPs. The Bill and Melinda Gates Foundation has funded a follow-on study entitled "Supporting Measurement and Replication Techniques of HIPs" (SMART-HIPs) to further define a measurement framework that will be replicated by governments and implementing partners in diverse contexts, after building consensus.

## METHODS - A STANDARDIZED REPLICABLE APPROACH

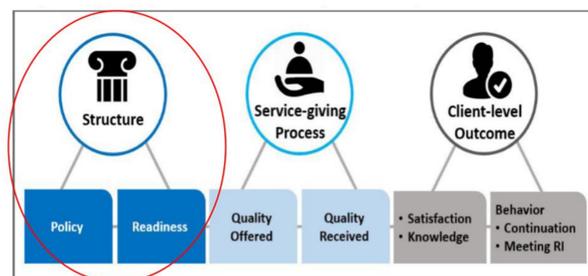
- This cross-sectional, observational assessment is being conducted in 3 countries under R4S and 3 countries under SMART-HIPs using a standard, replicable approach (Table 1).

**TABLE 1. Study scope by country and HIP**

COUNTRY	IPFP	CHWs	FP/IZ	PAFP	PDS	MM
<b>Research for Scalable Solutions (R4S)</b>						
Mozambique						
Nepal						
Uganda						
<b>SMART-HIPs</b>						
Burkina Faso						
India						
Nigeria						

- In each country, projects worked with local stakeholders to identify a short list of priority HIPs. Teams also worked to ensure selected HIPs were represented in at least two countries to allow for cross-country comparisons related to monitoring and implementation.
- To begin, conducted a partner mapping and indicator inventory in each country to identify all organizations directly implementing or supporting the implementation of one or more of the selected HIPs. Organizations included ministries of health (MOH) and local and international non-governmental organizations, regardless of funding source.
- Selected service delivery HIPs include immediate postpartum Family Planning (IPFP), Community Health workers (CHWs), post-abortion Family Planning (PAFP), and pharmacies and drug shops (PDS). SMART-HIPs also included Mass Media (MM), a social and behaviour change HIP.
- To assess vertical scale, conduct key informant interviews with ministries of health to understand the extent to which policies, guidance documents, and standard operating procedures exist for each practice at the national level.
- To assess horizontal scale and reach, collect routine service statistics to understand geographic spread of each practice as well as the extent to which HIPs are delivered to specific groups.
- To assess cost, conduct an activity-based costing exercise with implementers to understand the full list of activities supported for each practice, including the unit costs of resources from program records or publicly available reference documents.
- To assess policy-level intentions of quality, conduct key informant interviews with organizations to understand how partners meet and emphasize core components – or the essential components of a practice that must be implemented to meet the standard of a "high impact practice." R4S and the SMART-HIPs worked with technical expert groups and local stakeholders to identify a set of core components for each HIP.
- To assess readiness to provide high quality services, conduct readiness assessments with facility-based health providers as well as community health workers and drug shop operators. For mass media, review key strategy and planning documents.

**FIGURE 1. Operationalization of Quality**



Jain, A.K., J. Townsend, and S. RamaRao, Proposed metrics to measure quality: Overview, in Working Paper No. 3. 2018, Population Council: New York.

## PRIMARY OBJECTIVES

1. Measure the **horizontal** and **vertical scale** of implementation of 2-3 service delivery HIPs
2. Measure the **reach** of those selected HIPs to sub-populations by age, urban/rural location of service delivery points, and, if applicable, new FP users
3. Assess **quality** of services for selected HIPs, including **policy-level intention** and **readiness** of services to offer the HIP (see Figure 1)
4. Estimate the **costs** of implementing and sustaining service delivery, and identify the cost drivers and efficiencies for selected HIPs

## RESEARCH UTILIZATION/DISSEMINATION

- Results will be summarized in country-specific briefs to be shared with local decision-makers as well as in a peer-reviewed manuscript for a global audience.
- Results of this assessment will be shared with stakeholders at the country level, including Ministries of Health and implementing partners, to inform the implementation and measurement of priority HIPs.
- Country stakeholders will discuss possible standardized input, process, and outcome indicators for each practice. These indicators will be shared with stakeholders from other countries for comparison and consensus-building.
- In 2023, the R4S and SMART-HIPs projects and other relevant partners will host a global consensus-building workshop to convene decision-makers and provide a platform for defining standardized indicators for a unified HIPs measurement framework.

## KNOWLEDGE CONTRIBUTION

- The lack of a standardized approach and indicators for tracking the implementation of HIPs creates challenges for country stakeholders looking to take these practices to scale.
- This assessment will create a standardized toolkit for Ministries of Health and other stakeholders seeking to monitor HIP implementation.
- We will also make widely available a list of core components for each practice that will facilitate high quality implementation across a variety of partners.

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