



Scaling up what works in family planning/reproductive health

Implementing Best Practices **STRATEGIC PLAN**



2016–2020



Scaling up what works in family planning/reproductive health



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ABBREVIATIONS

ECSA	East, Central and Southern African Health Community
IBP	Implementing Best Practices Initiative
FP2020	Family Planning 2020
FP/RH	Family Planning and Reproductive Health
FPTRP	Family Planning Training Resource Package
HIPs	High Impact Practices
M&E	Monitoring and Evaluation
PMA2020	Performance Management Accountability 2020
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization

1. INTRODUCTION

1.1 Where have we been?

The Implementing Best Practices (IBP) initiative is a unique international partnership dedicated to scaling up what works in family planning and other areas of reproductive health. The partnership was initiated in 1999 by the World Health Organization (WHO), the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and nine cooperating agencies. Its membership has now grown to 45 member organizations that include donors, international technical assistance organizations, and regional and national partners. Its last five-year strategic plan was developed in 2011.

In order to develop a new strategy, an assessment of the 2011–2016 strategy was conducted between June and August 2015. Two external consultants reviewed documents, interviewed 27 global respondents, and attended the June members' meeting in Ethiopia to conduct individual and group interviews. Findings were presented to IBP members at a meeting in Washington, DC in September 2015 in order to obtain feedback to develop a strategic framework. Input on a draft strategy was provided by steering committee members via email and by IBP members through a webinar. The revised strategy was presented at the December 2015 IBP members' meeting, with over 85 participants. Members gave additional feedback to the IBP leadership and the consultants through small group work addressing core questions, and this was then incorporated into a final draft of the strategy.

Many people view IBP as a valuable platform, but there is a feeling that its potential is not fully realized and that its role needs to be more clearly defined and updated given recent changes in the family planning and reproductive health (FP/RH) environment and in technology. Under the next five-year strategy, stakeholders would like to see IBP capitalize on its unique strengths without overreaching its capabilities. It needs to do this by looking both inward and outward, considering the landscape of global FP/RH networks and initiatives to define IBP's niche and identify opportunities for strategic partnerships. Based on comments from respondents, and given the current funding environment, it will be important for IBP's next strategy to more fully and concretely adopt a results-oriented approach with a feasible monitoring and evaluation (M&E) plan and clear accountability mechanisms. The starting point needs to be clearly defining IBP's mission and vision. These must drive the workstreams and linkages it pursues to fulfil these aims.

1.2 Looking forward: new environment, new opportunities

The global FP/RH community has set a number of ambitious goals and targets related to reproductive health. Since 2012, Family Planning 2020 (FP2020) has set a target of reaching 120 million new users by 2020. More recently, the Sustainable Development Goals (SDGs) were adopted by the United Nations on 25 September 2015, setting the stage for renewed attention to the crucial role of reproductive health in development, new metrics and new needs. Of particular relevance to IBP, SDG3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.7 specifies: "By 2030, ensure universal access to sexual and reproductive health (SRH) services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes." In addition, target 5.6 under SDG5 states: "Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences."

Reaching these goals calls for collaborative action. These efforts require using evidence-based practices. Having a significant lasting impact requires a systematic approach to scaling up. IBP is well placed to address all of these needs. Although IBP is not the only entity working to share knowledge and promote collaboration, we note below what makes it unique in these efforts, including its emphasis on interactive knowledge-sharing among implementers, its convening power and the fact that its secretariat is housed at the WHO Department of Reproductive Health and Research.



2. STRATEGIC PLATFORM 2016–2020

2.1 Mission statement

The IBP consortium engages the global SRH community to implement and scale up effective practices and global guidelines through its convening power and neutral platform for knowledge-sharing and collaboration.

2.2 Vision statement: where do we expect to be by 2020?

Global SRH guidelines and effective practices are disseminated, implemented and scaled up to improve reproductive health outcomes around the world.

2.3 Core principles and values

IBP was founded to address a number of challenges in the global reproductive health community, including duplication of effort, minimal collaboration, ineffective knowledge exchange and limited scale-up of practices that work. Responding to these issues, IBP operates by the following core principles:

- demonstrates a dynamic model of global cooperation among organizations that minimizes duplication of effort, maximizes the use of resources, and promotes the rapid adoption of proven effective strategies and practices;
- respects the diversity of circumstances in individual countries and works collaboratively with other members of the consortium and local colleagues to introduce and support the implementation of appropriate, IBP-identified effective practices and strategies;
- develops and fosters a style of interaction among IBP member organizations characterized by open communication and responsiveness to collaborative efforts at the centre of meeting global goals;
- fosters active participation of all members and encourages country-level engagement;
- maximizes the use of technology for the most efficient knowledge exchange;
- uses a robust monitoring and accountability mechanism to ensure objectives of the strategy are being achieved.

2.4 Strategic objectives and intermediate results

Objective 1: Increased access to global guidelines, information and resources related to effective practices and scale-up among country-level implementers through multiple knowledge-sharing channels

Results:

- More implementers have access to knowledge of prioritized effective practices and tools, including WHO and other global guidelines, High-Impact Practices (HIPs), the Family Planning Training Resource Package (FPTRP), scale-up and documentation approaches.
- Increased country-level engagement of IBP members in active knowledge-sharing and learning through virtual communities of practice, webinars and online discussions supported and tracked by an updated Knowledge Gateway platform.
- Face-to-face exchange increased through thematic membership meetings with clear objectives and follow-up. Frequency and location will be determined based on priorities.
- Implementers' (both programme managers and service providers) awareness and use of guidelines, effective practices and systematic scale-up increased through regional workshops, interactive sessions at the International Conference on Family Planning held in 2017 and 2019 (if these conferences continue) and other conferences.



IBP's comparative advantage

IBP's global membership of implementing partners provides the opportunity for knowledge-sharing that focuses on active and interactive approaches that allow implementers to share practical experiences and learn from each other.

Objective 2: Implementation and systematic scale-up of effective practices, guidelines and tools, supported and documented to advance learning on the implementation science of scale-up

Results:

- Increased support for use and scale-up of known effective practices and tools with a focus on:
 - WHO guidelines (“four cornerstones”: *Medical eligibility criteria for contraceptive use (MEC)*; *Family planning: a global handbook for providers*; *Selected practice recommendations for contraceptive use*; and *Decision-making tool for family planning clients and providers*);
 - HIPs in family planning;
 - FPTRP.
- Increased support for use of effective tools for scale-up, with a focus on:
 - *Guide to fostering change to scale up effective health services*;
 - ExpandNet's tools.
- Emerging practices identified, assessed and documented.
- Effective practices and tools for scale-up incorporated into requests for applications, project documents, workplans and national costed implementation plans for meeting FP2020 goals.
- High-priority effective practices supported by government policies and included in national service delivery guidelines and training programmes.
- Documentation of expanded use of effective practices at the country level, where applicable, and of the process of scale-up to contribute to global learning.

IBP's comparative advantage

Having the IBP secretariat housed at WHO makes IBP an essential link between the scientific community and its members' vast network of implementers, and gives it access to WHO's regional network and global name to influence the use of effective practices and guidelines.

Objective 3: Resources and impact enhanced by increased collaboration among internal and external partners through the consortium's convening power and coordination efforts

Results:

- Joint activities involving IBP members, including task teams, conference tracks, products, regional and country-level meetings, and other efforts (internal collaboration).
- Joint or coordinated activities with external global and regional groups and initiatives (e.g. HIPs, WHO, FP2020, Performance Management Accountability 2020 (PMA2020), Advance Family Planning, the East, Central and Southern African Health Community (ECSA), West African Health Organization (WAHO), the Ouagadougou Partnership) to advance implementation and scale-up of high-priority effective practices (external collaboration).



- Global initiatives (e.g. FP2020) and projects (e.g. Advance Family Planning, PMA2020) advocating for and promoting specific effective practices in country programmes.
- Regional entities (e.g. WHO regional offices, UNFPA regional offices, International Planned Parenthood Federation regional offices, WAHO, ECSA, the Ouagadougou Partnership) promoting the adoption and scale-up of specific effective practices at the country level.

IBP's comparative advantage

IBP's proven convening power enables it to bring together a large and diverse group of partners, both virtually and in person, thereby facilitating collaboration.

2.5 Priorities for the next five years

IBP activities over the next five years will be guided by a results-oriented approach and accountability. This will require focused and targeted activities and a streamlined structure that improves monitoring and accountability. Below are listed objectives and high-priority activities. These will be elaborated further in the annual workplan to be developed by the secretariat in consultation with the steering committee and with input from members. Documentation of what works in programmes, of the scale-up process and of lessons learned will be emphasized. Although IBP has historically held two members' meetings each year, the frequency in future will be determined by needs, priorities, opportunities and resources.

The focus of this strategy is on increasing support for the use of WHO guidelines, HIPs, FPTRP and effective tools for scale-up, which include IBP's *Guide to fostering change to scale up effective health services* and ExpandNet's tools by 2020. To achieve this goal and the objectives and desired results that support it, the following activities will be prioritized for each objective:

Objective 1: Increased access to global guidelines, information and resources related to effective practices and scale-up among country-level implementers through multiple knowledge-sharing channels

- Knowledge-sharing – web platforms:
 - Support and strengthen the knowledge management task team to analyse existing SRH web platforms (including FP2020 and multifaceted hubs such as the Maternal Health Task Force); identify how IBP and the Knowledge Gateway can add maximum value; develop and execute a plan to update the Knowledge Gateway and make optimal use of the IBP website as a communication channel; and consider adding a simple digest of events, task team updates and emerging issues.
- Knowledge-sharing – communities of practice:
 - Initiate or revitalize communities of practice around HIPs, WHO guidelines and scale-up tools so members can share practical implementation experiences with each other.
 - Identify emerging and neglected SRH issues and provide a platform for strategic thinking on creative solutions to address these issues. This could be done through the Knowledge Gateway. IBP can consider whether this will then become a core activity of the consortium.
- Knowledge-sharing – meetings:
 - Hold a field-based regional members meeting each year organized around high-priority practices and guidelines (e.g. in year 1 focus on two high-impact practices and WHO's *selected practice recommendations for contraceptive use*). Draw up clear objectives and develop and execute a follow-up plan for each meeting.



- Support additional meetings as needed and feasible, with a focus on technical themes and knowledge exchange.

Objective 2: Implementation and systematic scale-up of effective practices, guidelines and tools, supported and documented to advance learning on the implementation science of scale-up

- Support existing task teams and form new task teams to develop and implement action plans for getting recognized effective tools, guidelines and practices (e.g. WHO's four cornerstones, HIPs, FPTRP implemented and scaled up. Focus on a few high-impact practices each year, prioritizing based on need and areas of greatest interest.
- Strengthen the capacity and leadership role of regional entities (e.g. WHO regional offices, WAHO, ECSA, the Ouagadougou Partnership, USAID regional missions) to promote effective practices by providing technical assistance in documentation (of implementation) and scale-up processes.
- Promote the use of the *Guide for documenting good practices* being finalized by WHO/IBP, the WHO Regional Office for Africa and WAHO.
- Collect and document country experiences in adopting and scaling up effective practices to add to the knowledge about implementation science.

Objective 3: Resources and impact enhanced by increased collaboration among internal and external partners through the consortium's convening power and coordination efforts

- Internally:
 - Engage representatives of multiple partner organizations on task teams to promote specific guidelines and effective practices.
 - Identify opportunities for joint activities (e.g. conference tracks, products, regional and country-level meetings, coordination at the national level) through the workplanning process, plus an online forum or simple repository of partner activities.
- Externally:
 - Identify complementarities and opportunities to coordinate or partner with other global efforts (e.g. FP2020, PMA2020, HIPs work, Advance Family Planning, SDGs, United Nations initiatives and processes) to promote the adoption, scale-up and monitoring of effective practices and learning, and forge links with defined roles.
 - Increase participation of representatives of IBP and other global and regional initiatives in each other's working groups, task teams and key events.
 - Share regular updates about other initiatives on IBP member meeting agendas.



3. IMPLEMENTING AND SUPPORTING THE STRATEGIC PLAN

3.1 Structure and governance

Below we discuss the roles and responsibilities of the different parts of the governance structure of IBP (secretariat, chair, steering committee) and clarify the expectations of member organizations. Given the reality of its limited resources, IBP's annual workplans should not overreach its capacity or what it can be accountable for, and attention must be given to realistic and feasible ways to revise responsibilities to strengthen M&E and the culture of accountability. An important step is for the secretariat to be integrated more fully into the WHO structure. In year 1 of this strategy, the steering committee and WHO should confer and articulate a plan for what this will entail. In addition, the steering committee should explore the possibility of adding a staff member to the secretariat; if this is not feasible, alternatives must be considered (e.g. seconding staff) to align capacity with commitments.

Overall, it will be important for IBP to clarify and streamline its operations. Just as it aims to reduce duplication of effort among partners, it must do the same with its internal operations. The assessment identified a desire among informants to strengthen the role of the secretariat and have the steering committee function more explicitly as a board, with the chair potentially serving as the chair of the board. In year 1, IBP's leadership will consider whether this option is feasible and would enhance the effectiveness of IBP work. In addition, the processes and responsibilities for forming, operating and dissolving task teams will be spelled out, and each task team will have a clear mandate aligned with strategic priorities. Establishing a simple mechanism to ensure regular updates by task team chairs to the steering committee is advisable to strengthen the link between governance and implementation.

Currently, IBP functions under operating guidelines updated in 2012 that outline the roles and responsibilities for the different parts of IBP's governance structure. As part of the 2016 workplan, these will be revisited to determine how to revise them to align with the new strategy in order to ensure complementarity, eliminate overlap and ensure effectiveness.

Secretariat

The secretariat will take the lead in operationalizing this strategic plan. It is also responsible for the following tasks:

- Notify members of opportunities for engagement and send out reminders of what IBP is working on.
- Send out a yearly high-level summary of activities and deliverables that member organizations can use to continue to advocate for their participation.
- Plan members' meetings and other events as deemed necessary in consultation with the chair and steering committee.
- Lead marketing and communications activities as decided by the steering committee.
- Work with the steering committee, mobilize funds and explore ways to expand the secretariat.
- Lead the development of the annual workplan and M&E plan in collaboration with the steering committee and members.

Chair

The role of the chair may be modified as the secretariat is strengthened. The new chair as of September 2015 is the Public Health Institute. Given its expertise in organizational development, the Public Health Institute could assist in a possible transition and modification of roles.

Steering committee

The steering committee has always been envisaged as a group to provide strategic direction and counsel to the IBP chair and secretariat. Under the new strategy, however, it is planned that the steering committee



will act more explicitly as a board for IBP, with quarterly meetings that focus on monitoring implementation of the strategic plan and advising on course corrections. The steering committee will hold the secretariat and task teams accountable to its strategic plan and annual workplans. The chair will serve as chair of the steering committee but will have a more limited role than described previously. In addition to quarterly meetings, the steering committee will be responsible for planning and overseeing a mid-term evaluation. In this next strategy, the steering committee will also assist in resource mobilization.

Members

In a large and growing membership consortium, it is understandable that the level of organizational commitment and engagement will vary due to differences in size, mandate and history of involvement in IBP. In this strategy, however, there is an intention to create a culture of accountability for participation that starts with more clearly articulated benefits of IBP membership and expectations of all members. The following points provide a foundation for this section of updated operating guidelines, to be completed during year 1 of this strategy.

- Make it easier for partners to be able to engage and spend time on IBP activities by articulating what the value is for the organization, project, donor or individual – for example, it provides a platform and network for effectively disseminating the member organization's work.
- At a minimum, member organizations are expected to designate a point person who can make a consistent commitment to IBP (attend meetings and inform colleagues of content shared and opportunities to engage in task teams and other joint efforts).
- Members are expected to acknowledge and document how any IBP-promoted practice or tool incorporated into any project or plan, or adopted in any programme, and anything learned, was a result of IBP efforts.
- Members are expected to contribute to regular IBP monitoring efforts (e.g. respond to surveys) and progress reports.

In addition, it is strongly recommended that the consortium considers:

- re-emphasizing the expectation that member organizations incorporate IBP activities into their annual workplans and budgets;
- promoting orientation of new employees who will be working on FP/RH to IBP;
- defining ways to achieve member organization commitment to promoting effective practices and using tools promoted by IBP;
- identifying opportunities to engage members' senior leadership with authority to internalize IBP-promoted practices and tools.

Explicit donor support for IBP would enhance partner engagement. If donors, notably WHO, USAID and UNFPA, were to orient staff from their regional and country offices to IBP, it would increase understanding of the consortium and support for its efforts among member organizations and implementing partners. Explicitly encouraging grantees' engagement with IBP in funding agreements could increase member participation.

3.2 Monitoring and accountability

A key aspect of improved monitoring and accountability will be developing an annual IBP workplan with clear and concrete results and responsibilities, and making sure implementation of this workplan is monitored regularly by the secretariat, the steering committee and the partners. The rigor of the M&E process will be aligned with available resources. At a minimum, simple low-cost methodologies (e.g. a simple online survey completed by all members) will be used. More ambitious data collection and analysis, and possibly a dedicated M&E resource person within the secretariat, could be added if additional resources become available. This monitoring will allow the steering committee and secretariat to make regular and informed course corrections to enhance the functioning and usefulness of IBP.



The secretariat will lead the annual workplan development process in consultation with the steering committee and membership. Significant deviations from agreed plans, delays in implementation and new opportunities should be brought to the attention of the steering committee for it to decide on remedial action or adjustment to the workplan, as appropriate.

In addition, we propose considering ways to align IBP's annual workplan development process with key donors' budget and workplan cycles so activities can be put into member organizations' budgets. This should start by reviewing different donors' planning cycles and seeing what coordination might be possible.

An M&E framework will be developed based on the results identified in the strategy. A proposed framework can be found in the annex. The framework outlines some possible indicators and data sources for the objectives and results. One data source could be an annual member survey consisting of a short electronic questionnaire designed to be completed easily and quickly. Much of the collection of data for the indicators will depend on support from members, and IBP's reporting will ensure attribution of each member's contribution to implementation and scale-up efforts. Information from this short survey can be compiled each year into a short report shared at the members' meeting to improve knowledge within and outside IBP about achievements.

The M&E task team will review the proposed framework. Based on resource decisions made by the IBP secretariat and core members, the M&E task team will make recommendations for finalizing the framework.

3.3 Marketing and communications

This will have at least three dimensions:

- Improve external communications, meaning both messages and vehicles to reach intended audiences (including donors and implementers at the country level). Clarify what IBP is and does generally to resolve any image confusion; this should include articulation of the role IBP plays in helping to meet the goals of global initiatives such as the SDGs and FP2020. Consider the use of social media as appropriate.
- Improve communications between meetings to keep members updated on progress, developments and emerging issues. Given the limited staffing of the secretariat, IBP should explore feasible ways to do this.
- Increase communication among steering committee members, the chair and the secretariat on issues of governance and progress on the workplan.

3.4 Resource requirements

To date, IBP has been supported almost entirely by the USAID Office of Population and Reproductive Health and the WHO Department of Reproductive Health and Research. Moving forward, it will be important to mobilize resources from other donors, including other parts of USAID, additional resources from WHO, European donors and United States-based private foundations. These efforts should build on the message that IBP is meant to be a true global partnership and that it meets the needs of many donors to improve health outcomes through scaled up effective and efficient practices and services. In addition, IBP's highly prized neutral platform will be better maintained by broadening its base of financial support.

This strategy, with its clear objectives and expected results, creates a framework for formulating annual workplans with concrete deliverables for the next five years. This, combined with elements of the marketing and communication strategy (to be developed in parallel), should position IBP well to market the consortium and specific activities to potential donors. The workplan for year 1 should include generating new ideas and a strategy for resource mobilization, with specific activities that include targeted documentation and communication to donors and meetings. At the December 2015 members meeting, members had a number of other suggestions, including to include other donors as members; to identify donors who support specific effective practices, tools or approaches (e.g. HIPs, FPTRP, WHO guidelines, systematic scale-up), and explain the added value of supporting IBP; and to pursue support for specific activities that would interest specific donors, such as regional meetings.



ANNEX: ILLUSTRATIVE M&E FRAMEWORK¹

Proposed M&E framework

Objective 1: Increased access to global guidelines, information and resources related to effective practices and scale-up among country-level implementers through multiple knowledge-sharing channels		
Result	Illustrative indicators	Data source
Increased access to practical information on effective practices, guidelines and scale-up tools	Proportion of members with knowledge of specific effective practices, guidelines, etc.	Annual member survey
Increased country-level engagement in active knowledge-sharing and learning through communities of practice, webinars and online discussions supported and tracked by an updated knowledge gateway	Proportion of participants in communities of practice and webinars from developing countries	Online surveys
Face-to-face exchange increased through thematic membership meetings with clear objectives and follow-up	Number of participants in meetings; specific actions taken due to meetings	Meeting notes; follow-up with meeting participants
Implementers' knowledge and skills related to guidelines and effective practices increased through regional workshops and interactive sessions at International Conference on Family Planning in 2017 and 2019	Number of participants in workshops and interactive sessions; specific actions taken due to meetings	Workshop reports; follow-up with workshop participants
Objective 2: Effective practices, guidelines and tools implemented and systematically scaled up in more programmes, with process and lessons documented to advance learning on implementation science of scale-up		
Result	Illustrative indicators	Data source
Increased use and scale-up of known effective practices and tools	Number of organizations and countries implementing or scaling up effective practices and guidelines	Annual member survey
Increased use of effective tools for scale-up	Number of organizations and countries using systematic approaches for scale-up	Annual member survey
Emerging practices identified, assessed and documented		Annual member survey; review of documents
Effective practices and tools for scale-up incorporated into requests for applications, project documents, workplans and national costed implementation plans	Number of requests for applications, projects and costed implementation plans, including specific effective practices	Requests for applications; project workplans; costed implementation plans

¹ The IBP steering committee and secretariat will convene ad hoc group to develop and finalize a workplan and M&E framework. This draft is illustrative.



High-priority effective practices are supported by government policies and included in national service delivery guidelines and training programmes	Number of countries with supportive policies for effective practices; number of countries with guidelines updated with latest WHO guidelines	Review of country policies and guidelines
Documentation of effective practices at country level and evidence of their expanded use, where applicable, and of scale-up process to contribute to global learning	Number of country-level practices and scale-up experiences documented	Annual member survey
Objective 3: Resources and impact enhanced by increased collaboration among internal and external partners through consortium's convening power and coordination efforts		
Result	Illustrative indicators	Data source
Joint activities involving IBP members (internal collaboration)	Number of task team meetings and actions; number of members involved in International Conference on Family Planning tracks; number of products produced jointly; number of meetings held jointly	Annual workplans and report; annual member survey
Joint activities with external global and regional groups (external collaboration)	Number of meetings held jointly; number of documents produced jointly	Annual workplans and reports
Global initiatives advocating for and promoting specific effective practices	Number of specific effective practices promoted by global initiatives	Annual reports
Regional entities promoting adoption and scale-up of specific effective practices	Number of specific effective practices promoted by regional entities; number of countries where effective practices are implemented	Annual reports; meeting reports



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