

A SUMMARY EVALUATION OF IBP INTERACTIVE CONCURRENT AND WORKSHOP SESSIONS AT THE INTERNATIONAL CONFERENCE ON FAMILY PLANNING, NUSA DUA, BALI 25-28 JANUARY 2016

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Background

The Implementing Best Practices Initiative (IBP) consortium engages the global Sexual Reproductive Health (SRH) community to implement and scale up effective practices and global guidelines through its convening power and neutral platform for knowledge-sharing and collaboration. It is a unique international partnership dedicated to scaling up what works in family planning and other areas of reproductive health to improve health outcomes around the world.

Bill & Melinda Gates Institute for Population and Reproductive Health and other partners organized the first International Conference on Family Planning (ICFP) in Kampala, Uganda in 2009 followed by Dakar, Senegal in 2011, then in Addis Ababa, Ethiopia in 2013 and in 2016 in Nusa Dua, Indonesia.

IBP has played a unique role since the first ICFP in 2009 where it organizes and coordinates series of auxiliary interactive sessions designed to:

- Promote evidence-based tools and experiences
- Promote and expand partnerships among organizations
- Foster change through sharing successful approaches to scale up

In this fourth ICFP conference the IBP sessions focussed on topics related to accelerating progress towards the FP2020 goals and positioning FP/RH as critical to the achievement of multiple Sustainable Development Goals (SDGs) with a specific aspect on fostering change for scaling up and capacity building.

WHO/IBP secretariat led and convened several meetings during 2015 to jointly prepare and develop with the IBP partner's technical interactive skills-building IBP sessions that were presented in Nusa Dua Bali. A final list of 15 topics were defined and structured in 5 interactive concurrent sessions and 10 workshop sessions with the objective to build skills through interactive sessions and gain knowledge on lessons learned on capacity building and scaling up.

Templates previously developed were used to structure and harmonize the IBP sessions.

IBP Secretariat developed with input from the IBP partners 2 evaluation forms in English (see Annex 1) that were distributed to each participant who attended the IBP interactive concurrent and workshop sessions at ICFP. The evaluations comprised 6 rating scale questions and 4 open ended questions.

Topics of the IBP sessions at ICFP

List of 10 Workshop sessions:

1. Scaling up better health practices and making improvements last: The pathway to realizing FP2020 goals
2. Medical eligibility criteria for contraceptive use, 5th edition – optimizing the implementation of new recommendations
3. High Impact Practices (HIP) in Action: Explore Elements of Success through Sharing
4. Advocacy and Accountability Strategies: lessons, tools and models from the south for accelerated FP International Best Practices scale up advocacy targeting Asia and Africa

5. Design a family planning and reproductive health (FP/RH) Training: The Training Resource Package
6. Strategic Planning Tools for Adolescent and Youth Sexual and Reproductive Health
7. Strategic Decision-Making for more effective FP programming
8. Understanding FP within Larger Global Initiatives in the Post-2015
9. Implementing and Monitoring Human Rights Approaches in SRH Programming
10. Thinking Differently about Documentation: How to Document the Implementation of Effective Family Planning Practices

List of 5 Interactive concurrent sessions:

1. How can we scale up effective approaches for increasing FP access to underserved populations?
2. No Missed Opportunity: The Beauty of Integration and Successful Scale-up Experience
3. Within our Reach: The Private Sector's Role in reaching 120 million New Users by 2020
4. Overcoming Community members Low Demand for Contraception Caused by Myths, Misinformation and Cultural Barriers
5. Reaching Young People with Contraceptive Information and Services

Objective

The main objective with the questionnaire was to evaluate IBP sessions in terms of: attendance and continuity, useful/interesting facilitators/presenters, expectations, session ratings, weaknesses and suggestions for improvements.

Method

The data collected aimed at exploring trends to help to improve IBP sessions for future ICFP conferences.

The 6 rating scale questions were: - Is this your first time to an IBP interactive session at ICFP? - I found this session/workshop interesting/useful? - The session/workshop met my expectations - Overall how would you rate this session/workshop? - I would recommend this session/workshop to a colleague? - The facilitator(s) was (were) knowledgeable/helpful?

The four 4 open-ended questions were: -How would you improve this session/workshop? - What did you find most and least useful? -As a result of this session/workshop, what information will you share with colleagues in your country? -Other comments/suggestions?

Findings

A. Concurrent interactive sessions

Findings rating scale questions

An average of 50% of participants in the IBP interactive session responded to the survey.

The sessions that gathered the highest number of participants (ordered from highest to lowest number of participation) were:

- Reaching young people with contraceptive information and services (62)
 - Scale up effective approaches for increasing FP access to underserved populations (51)
 - Integrate successful scale-up experience (33)
- Followed by
- Low demand for contraception caused by myths, misinformation and cultural barriers (31)
 - Private sector reaching 120 M users by 2020 (27)

Findings showed that across the interactive concurrent sessions 84% of participants attended for the first time, 16% answered they had participated in an IBP interactive session at the ICFP previously.

100% rated the following sessions (excellent/very good/good):

- Scale up FP access to underserved populations
- Integrate successful scale up experience
- Reaching young people with COC info. & services

92%-94 % of participants rated the following sessions (excellent/very good/good):

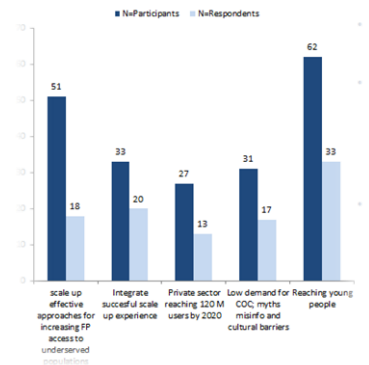
- Private sector reaching 12M users by 2020
- Low demand for COC myths, misinfo. cultural barriers

A marginal of 6-8% rated the following sessions as poor:

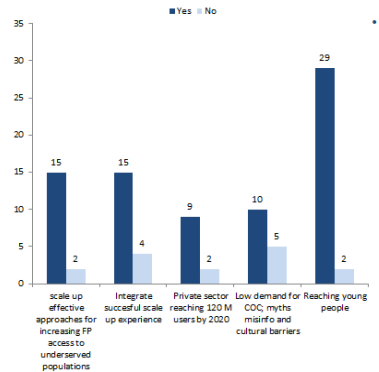
- Within our Reach: The Private Sector’s Role in reaching 120 million New Users by 2020
- Overcoming Community members Low Demand for Contraception Caused by Myths, Misinformation and Cultural Barriers

Across all sessions 98% of participants rated them very positively and 90% said they would recommend to a colleague.

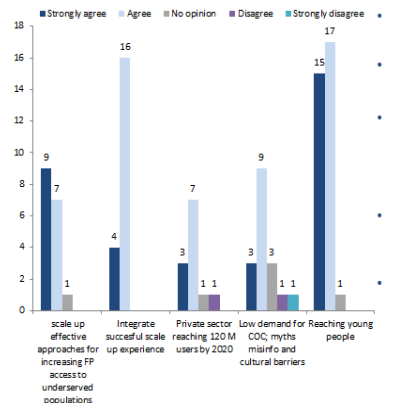
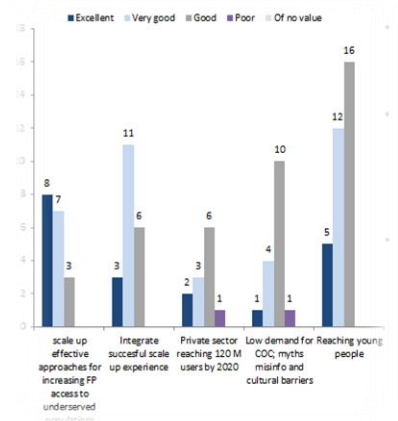
Number of participants/respondents



Response trends



Response trends



Summary of open ended questions interactive concurrent sessions

The majority of respondents suggested to improve the sessions by: more time for group discussions and interactions, distribute more fact sheets and handouts prior to the sessions.

Other suggestions for improvements included continuing online networking after the conference.

The majority found that sharing of field experiences, feedback and examples from different groups on integration, community based approaches, guidelines and tools were very helpful and useful and would share with colleagues in their country.

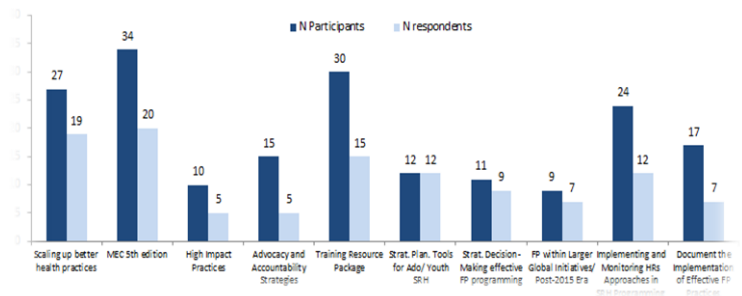
B. Workshop sessions:

An average of nearly 60% responded to the survey.

The sessions that had the highest number of participants (ordered from highest to lowest number of participation) were:

- Medical Eligibility Criteria for contraceptive use (34)
- Training Resource Package (30) and
- Scaling up better health practices (27)

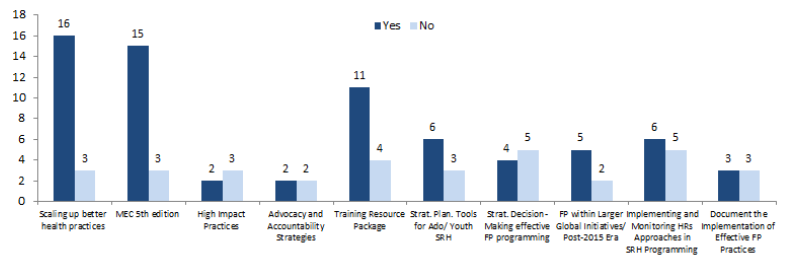
Participation in all workshop sessions



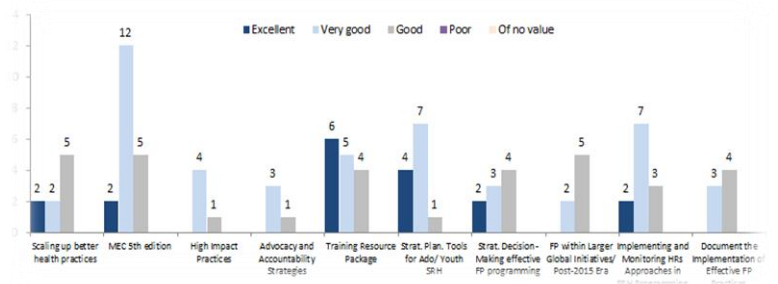
The sessions that gathered the lowest number of participants were:

- Strategic Decision making effective FP programmes (11)
- High Impact Practices (10)
- FP within larger Global initiatives post 2015-era (9)

Findings showed that across the interactive concurrent sessions 68% of participants attended for the first time, 32% answered they had participated in an IBP interactive session at the ICFP previously.



Across all sessions 100% respondents rated the sessions positively (excellent/very good/good): 19% rated the sessions (excellent), 48% (very good) and 33% (good) 100% rated the sessions (excellent/very good/good)



The four sessions that rated the highest positive answers were:

- MEC 5th edition (19)
- Training resource package (15)
- Strategic planning tools for Adolescents/youth SRH (12)
- Implementing and monitoring HRs approaches in SRH programming (12)

97% found the facilitator knowledgeable and helpful across all sessions and 95% would recommend the session to a colleague.

The sessions on “Scaling up better health practices” and “Medical Eligibility Criteria for Contraceptive Use 5th edition” gathered the highest number participants and found the sessions interesting and useful.

Summary of open ended questions workshop sessions

Suggestions to improve the sessions comprise: more time for interactions, group work and discussions including sharing of experiences. Other suggested more handouts prior to the sessions including case studies and data.

The most useful sessions were the once that included: interactive demonstrations, group works and country experiences.

Most responded that they would share tools, links, recommendations and experiences with their colleagues in their countries.

Recommendations

Based on the findings suggestions for the next ICFP are:

- Reduce number of sessions to focus on selected topics throughout longer sessions
- Improve opportunities for participants to interact during sessions
- Offer longer and more interactive and skills-building sessions as many participants are attending IBP sessions for the first time
- Continue evaluating and monitoring the IBP sessions, to ensure documentation of participant satisfaction and participation rate over time.

Conclusions

IBP has played a unique role at ICFP since the first conference in 2009 by promoting evidence-based interactive tools, guidelines and experiences. ICFP have received more visibility and grown considerably with over 3000 participants and additional sessions in the last conference. This is an important opportunity for IBP to bring out family planning further at global and national levels through its interactive sessions and workshops.

Findings from the evaluation showed that 16% participated in the IBP interactive concurrent session for the first time and 32% in the workshop sessions that should be taken into account when planning

for the next IBP sessions and as the majority of respondents wanted to see more interactive longer sessions focused on skills-building.

On the overall, participants were highly satisfied with the content and found sessions interesting, valuable and with good speakers.

The interactive concurrent sessions on “Scale up FP access to underserved populations”, “Integrate successful scale up experience” and “Reaching Young People with Contraceptive Information and Services” were the most attended sessions and with most positive answers.

The workshop sessions that attracted most participants were: “Medical Eligibility Criteria for contraceptive use”; “Training Resource Package” and “Scaling up better health practices”.

As a result, it is also necessary to carry out frequent evaluations on the IBP sessions at ICFP not only to document improvements and participation satisfaction but also to follow up with participants on the adaptation and use of tools and guides over time.

To conclude, to address some of the main comments would also conceivably help to increase access and use of FP guidelines, tools, training and material and ultimately contribute to accelerate progress towards FP2020 goals.

Annex 1:

Evaluation forms

Annex 2:

Summary of 5 IBP interactive concurrent and workshop sessions @ICFP