

HTSP Core Group Meeting Minutes: February 14, 2008

Time: 3:00 PM to 5:00 PM

Location: Extending Service Delivery (ESD) Project, 1201 Connecticut Ave, NW, Suite 700

1. Introduction to Meeting

Milka Dinev, Project Director, ESD welcomed participants to the meeting. She made a special request to all participants to share any materials that they have developed on HTSP with ESD. She explained that ESD is functioning as a clearinghouse by posting HTSP materials to the Community of Practice website to share with other projects and programs.

Maureen Norton, ESD CTO, then provided an overview of the purpose of the meeting. HTSP has been identified as one of the Office of Population's six technical priorities, and is a component of the other priority areas (e.g. FP/MNCH integration and FP/HIV integration). HTSP targets important groups and programs including post partum women, post-abortion care women, child survival programs, immunization programs, and non-health programs (e.g. religious leaders and education programs). Maureen and Rushna are now preparing a diagram of all important target groups to show the office where HTSP is/can be integrated. This information will be presented, along with a budget of all the HTSP activities from CA workplans at a meeting on February 20.

She reiterated that this was an informal meeting, primarily an opportunity to hear from the CAs on what they are doing now, what needs to be done in the next three to five years, and what might be the vision and strategic directions for HTSP.

2. Report Back by CAs

CA	Priority Country	Activities	Notes
BASICS	Globally Rwanda, Malawi, Swaziland, East Timor, Cambodia, Senegal, DRC Madagascar	<p>-Advocating for the inclusion of HTSP as part of its Maternal Child Health programs and interventions worldwide.</p> <p>-Integrating HTSP into child survival tools</p> <p>-Establishing partnerships to promote HTSP.</p> <p>-Integrating HTSP into child health policies and programs, including PMTCT and pediatric AIDS programs and malaria programs</p> <p>-Creating demand for HTSP by integrating HTSP into training tools, training health workers and developing guidelines on the use of HTSP messages.</p> <p>-Ensuring commodity supply</p>	<p>Integrating HTSP into malaria and child survival programs has been a challenge and we need to better document/articulate the impact of this link.</p> <p>Supply of contraceptives for integrated programs is critical</p>

CA	Priority Country	Activities	Notes
C-CHANGE	India	<ul style="list-style-type: none"> -Developing a tool kit to help programs develop and implement collaborative, integrated action plans on HTSP. -Will support the implementation of action plans. -Collaborating with FlexFund to develop appropriate messages for field. 	<p>Project's mandate is to change social norms around HTSP</p> <p>Project uses a systems approach (or a multi-sectoral approach)</p>
MSH	Malawi Afghanistan Haiti	<ul style="list-style-type: none"> -Integrating FP/HIV and birth spacing in Malawi. -Increasing understanding of HTSP -Documenting how HTSP counseling can encourage and sustain use of FP, especially as part of child health services. 	Older women who are dedicated users of FP can be engaged to educate younger women on FP and HTSP.
Intrahealth	Globally Senegal	<ul style="list-style-type: none"> -Developing and implementing training and service standards/protocols on HTSP, as part of pre-service and in-service training and continuing education in counseling. Integrating HTSP into Child Health and Malaria programs. 	Need to ensure that counseling protocols address needs of women who wish to limit.
Africa 2010	Africa	<ul style="list-style-type: none"> -Developed several briefs on health and HTSP as a way of promoting FP -Developing in-service training for midwives on FP and HTSP. -Developing advocacy tool for repositioning of FP 	
GU/IRH		<ul style="list-style-type: none"> -Using HTSP as a framework for presenting information on natural methods of FP. -Includes HTSP in all GU/IRH messages and training. 	It is a challenge to operationalize the messages for women to use FP for HTSP.
FlexFund		<ul style="list-style-type: none"> -Supporting 23 projects/grantees, and HTSP has been incorporated in all programs, training curricula, e-learning and technical assistance. -Planning to develop simple tools on HTSP that can be used by their grantees. 	Need job aids that are simple and easy to use, as Pocket Guide is not very user friendly.
IMMUNIZATION Basics		<ul style="list-style-type: none"> -Planning to use immunization contacts to maximize the delivery of HTSP/FP information and services, especially in countries where the immunization rate is very high. 	This is seen as an opportunity to create demand and make referrals for FP services. May be more effective than "health talks" while women are waiting.
FHI/CRTU	Globally Tanzania	<ul style="list-style-type: none"> -Disseminated information on HTSP as an evidence-based to country programs by the CRTU. -Planning to work with MoH to update their FP guidelines to include HTSP. 	

3. What Still Needs to be Done

Strengthen programmatic support for existing HTSP efforts

- **Bring data to decision makers, develop advocacy materials**
- Behavior Change Communication activities
- Simple, precise IEC materials and job aids for clients/providers
- Pre- and in-service training on HTSP and FP
- Supportive policy environment and social mobilization
- Integrate HTSP into non-health FP promotion
- Adequate supply of contraceptives/commodities

Develop and evaluate promising/new program approaches

- Integrate HTSP into MCH programs and school health/family life education programs
- Develop a multi-sectoral approach that includes a socio-economic component.
- Include messages that support discussion of family size, where appropriate, and limiting, including use of LAPM.
- Evaluate provider attitudes towards HTSP, types of services they provide and impact on client behavior.
- Assess effect of HTSP messages and other factors such as age and parity on client attitudes, behaviors and maternal/peri-natal health outcomes.
- Prepare educational materials that help families understand that long-acting methods are highly effective delay and spacing methods.
- Develop approaches to involve/educate men.

4. Developing a Strategic Vision for HTSP

The following draft vision for HTSP was shared:

“To establish **social norms** and **FP services** that support women’s abilities to time and space their pregnancies within the framework of informed choice, fertility intentions and personal RH/FP goals to achieve the **healthiest outcomes.**”

To develop an HTSP vision:

- The language should be brief, to the point, non-jargony.
- The vision should connote a positive vision of **healthy outcomes**. FP progress has stagnated because it is seen as a Western idea of population control.

The vision should be followed by an explanatory paragraph that addresses:

- Helping clients consider their fertility intentions and family size, which includes delaying, spacing and limiting, and smaller family size as a positive social, cultural and economic norm that improves health for all.
- Educating clients and communities, with an emphasis on men.
- Improving quality of care, especially appropriate counseling for and education of women on fertility intentions, desired family size and use of FP method.
- Clarifying the meaning of “informed choice:” vis-à-vis choice of a method or choice to use a method.
- Linking to other health, social and development programs.

5. Strategic Objectives

Two draft strategic objectives were shared with participants as a means of achieving the vision:

1. Increase awareness of HTSP as a means of ensuring healthy fertility
2. Increase use of FP to ensure HTSP for healthy fertility to successfully achieve delay, spacing and fertility intentions.

Overall, objectives should:

- Be simple and easily understood. For example, the word “fertility” is jargon-y.
- Promote the implementation of effective interventions that achieve the greatest impact.
- Clarify the meaning of “healthy fertility” in relation to HTSP so that it is distinguished from similar concerns such as safe motherhood, and emergency obstetric complications.
- Promote the use of FP to space, delay and limit pregnancy.
- Articulate links with other sectors within health and external to health.
- Target key audiences, e.g. clients (considering age, parity, marital status, etc), community members, policy makers, etc

Activities to achieve the objective should include:

- The development of clear, simple, targeted messages to build awareness of the benefits of HTSP.
- The implementation of multi-sectoral approaches and collaborations.
- The strengthening the ability of providers and others to educate and counsel on HTSP and provide FP services.
- Cultural sensitivity to the needs of different communities in the development of messages (e.g. conservative Muslim communities or post-conflict communities may be

- opposed to language that promotes limiting, but are supportive of the language of child spacing).
- Advocacy, policy development, and strategies to implement policies.

6. Priorities

Participants recommended that USAID should prioritize the following strategies and activities (in no particular order):

- Develop and implement targeted BCC
- Facilitate social mobilization of key gatekeepers to support FP and HTSP.
- Develop monitoring systems and indicators and document the effect of HTSP on knowledge, attitudes and behaviors.
- Demonstrate/measure change related to HTSP messages and services.
- Train health care and other social service providers.
- Implement focused interventions (e.g. on 15 – 29 year old women).
- Promote re-organization/integration of services to expand access to FP as part of other services (e.g. postpartum, immunization, child health, malaria).
- Strengthen collaboration with contraceptive security programs.
- Establish guidelines for implementation of HTSP, especially for integrated services
- Continue to disseminate information on HTSP.

Appendix A: Meeting Participants

USAID

Maureen Norton
Rushna Ravji
Patricia McDonald
Victoria Graham
Carolyn Curtis
Isabel Stout (Guatemala)

ESD

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Godfrey Sikipa
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