A Guide to
Identifying and Documenting Best Practices in Family Planning Programmes

World Health Organization
REGIONAL OFFICE FOR Africa

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Contents

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Acronyms

AFRO	WHO Regional Office for Africa
AIDS	acquired immunodeficiency syndrome
DOTS	directly observed treatment, short-course
ECSA HC	East, Central, and Southern African Health Community
FP	family planning
KM	knowledge management
MoH	Ministry of Health
HIV	human immunodeficiency virus
HIP	High Impact Practices
IBP	Implementing Best Practices Initiative
TB	tuberculosis
USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization

Background

One of the five core functions of the World Health Organization (WHO) is shaping the research agenda and stimulating the generation, dissemination and application of knowledge. This function underscores the importance of knowledge for formulating health strategies at both the national and global levels for the efficient performance of health systems. WHO recognizes the importance of knowledge management methods and tools in the performance of this core function to improve effectiveness and efficiency. The WHO Regional Committee for Africa at its Fifty-sixth Session in 2006 adopted strategic directions and a related resolution on knowledge management (KM).[1,2] The strategic directions seek to contribute to the improvement of health systems performance and health outcomes through effective KM in health. The resolution recognizes that KM is about providing the right knowledge for the right people (i.e. policy-makers, practitioners, health systems managers and the public) and in the right format to strengthen health systems and improve health outcomes.

One of the specific objectives of the strategic directions is to maximize the impact of explicit and tacit knowledge, including health research and experiential knowledge, through effective knowledge-sharing and application. Countries are expected to benefit tremendously from exchanging experiences and hard-won solutions with one another. However, one of the significant barriers to knowledge-sharing and reapplication of experience is the limited culture of information and knowledge documentation and sharing. Although relevant knowledge may exist in people's minds, it cannot always be tapped or it may exist in formats that limit people's ability to know about it or find it. This underscores the need for decision-makers, health professionals, communities and WHO staff to be able to find, use and share knowledge on experiences of what works and lessons learned.

There are two documents guiding the documentation of best practices, which are currently used in Africa: the WHO Regional Office for Africa *Guide for documenting and sharing "best practices" in health programmes,*[3] and the *Guide for documenting good practice*[4] developed by the West African Health Organization (WAHO), Implementing Best Practices (IBP) Initiative, United States Agency for International Development (USAID) and Kreditanstalt für Wiederaufbau (KfW).[5] The WHO Regional Office for Africa guide was developed to disseminate a series of country experiences on the planning, implementation, and monitoring of health programmes and services that can be considered as "best practices." At the same time, the IBP Initiative has been working with WAHO to prepare and disseminate a "Good practices in public health" document[4] through their Good Practice Forum. The IBP Initiative's secretariat is based in the WHO's Department of Reproductive Health and Research, and currently manages a consortium of 45 reproductive health organizations. Since 2005, they have worked with countries to implement "best practices" and scale up effective clinical practices and programmatic approaches.[6]

1 WHO Regional Committee for Africa resolution AFR/RC56/16. Knowledge management in the WHO African Region: strategic directions. In: Fifty-sixth WHO Regional Committee for Africa, Addis Ababa, Ethiopia, 28 August– 1 September 2006 (http://apps.who.int/iris/bitstream/10665/92662/1/AFR-RC56-16.pdf, accessed 15 February 2017).

2 Engaging for health: Eleventh General Programme of Work 2006–2015: a global health agenda. Geneva: World Health Organization; 2006 (http://apps.who.int/iris/bitstream/10665/69379/1/GPW_eng.pdf, accessed 15 February 2017).

3 Guide for documenting and sharing "best practices" in health programmes. Brazzaville: WHO Regional Office for Africa: 2008

4 WAHO, USAID, KFW, IBI Initiative. Guide for documenting good practices. West African Health Organization; 2015 (http://www.wahooas.org/IMG/pdf/2-0-Guideline_Documentation_of_GPH__2016_Eng.pdf, accessed 15 February 2017).

5 Second ECOWAS Forum on Best Practices in Health. In: Organisation Ouest Africaine de la Santé [website] (http://www.wahooas.org/spip.php?page=rubriqueS&id_rubrique=94&lang=en, accessed 16 February 2017).

6 Implementing Best Practices Initiative. IBP Initiative; January 2015 (http://www.who.int/reproductivehealth/projects/HRX22_IBP.pdf?ua=1, accessed 15 February 2017).

"Best practices" are exemplary public health practices that have achieved results, and which need to be scaled up so as to benefit more people. The expansion and institutionalization of successfully tested best practices requires strategic planning. There are several creative and constructive actions by people and organizations in the health sector to improve the health outcomes of people. Disseminating knowledge of such actions widely may prevent the repetition of mistakes and loss of valuable time. Thus, the main rationale for documenting and sharing "best practices" is to enable persons and organizations working in the health sector to avoid reinventing the wheel; to improve performance and avoid the mistakes of others.

Documenting and sharing best practices affords one the opportunity to acquire knowledge on lessons learned, how to improve and adapt strategies and activities through feedback, reflection and analysis, and implement large-scale, sustained and more effective interventions.

1. Introduction

1.1 "Best practices" defined

A best practice is commonly defined as a technique or method that, through experience and research, has proven reliably to lead to the desired result.[7] These practices need to be shared and adopted to benefit more people. In the context of health programmes and services, a practical definition of a best practice is knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results, and which can be used to develop and implement solutions adapted to similar health problems in other situations and contexts. The term best practice has been referred to as good practices in other literature.[8]

> ***Definition of a best practice***
> A technique or methodology that through experience and research has proven reliably to lead to the desired result.

The use of the word "best" should not be considered in the superlative sense. In other words, the term "best practice" is not about a state of perfection, being the gold standard or referring to the only elements that have been shown to contribute towards making interventions work or successful.[9] Results may be partial and may be related to only one or more components of the practice being considered. Indeed, documenting and applying lessons learned on what also does not work and why it does not work are integral parts of a best practice, so that the same types of mistakes can be avoided by other programmes and projects.

Documentation should also start early enough to ensure that all important ongoing activities are included, and retrospective or recalled reporting is avoided, as this may be incomplete or inaccurate.

1.2 Criteria for identifying best practices

Identifying best practices involves judgement, which requires prior analysis using the following set of criteria: effectiveness, efficiency, relevance, ethical soundness, sustainability and possibility of duplication, the involvement of partners and the community and political commitment (Table 1).[10] By definition, a best practice should meet at least the **effectiveness, efficiency, relevance and ethical soundness** criteria, in addition to one or more of the other criteria. A best practice need not meet all the above criteria, because it can be anything that works to produce results without using inordinate resources, in full or in part, and that can be useful in providing lessons learned.

7 Best practices. In: Bitpipe [website] (http://www.bitpipe.com/tlist/Best-Practices.html, accessed 15 February 2017).

8 Ng E, de Colombani P. Framework for selecting best practices in public health: a systematic literature review. J Public Health Res. 2015;4(3):577.

9 Best Practice Collection. In: UNAIDS [website] (http://www.unaids.org/en/site-search?keywords=Best+practice+collection, accessed 16 February 2017).

10 ExpandNet, World Health Organization. Worksheets for developing a scaling-up strategy. Geneva: World Health Organization; 2012 (http://www.expandnet.net/PDFs/ExpandNet-WHO%20Worksheets%20-%20July%202012.pdf, accessed 15 February 2017).

Table 1. Best practice criteria

Criterion	Description
Effectiveness	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable
Efficiency	The proposed practice must produce results with a reasonable level of resources and time
Relevance	The proposed practice must address the priority health problems in the WHO African Region
Ethical soundness	The practice must respect the current rules of ethics for dealing with human populations
Sustainability	The proposed practice, as carried out, must be implementable over a long period with the use of existing resources
Possibility of duplication	The proposed practice, as carried out, must be replicable elsewhere in the country or region
Involvement of partnerships	The proposed practice must involve satisfactory collaboration between several stakeholders
Community involvement	The proposed practice must involve the participation of the affected communities
Political commitment	The proposed practice must have support from the relevant national or local authorities

1.3 Examples of best practices

A best practice could be related to the implementation of a programme, a project, policy, legislation, a strategy, activity, a manual, etc. Practical examples of areas where best practices may be documented and shared include strategies such as the high impact practices (HIP),[11] the Health Extension Worker programme in Ethiopia[12] and directly observed treatment, short-course (DOTS), which have been implemented in several countries in the Region for some years. HIP are effective service delivery or systems interventions that, when scaled up and institutionalized, will maximize investments in a comprehensive family planning (FP) strategy. The HIP briefs are concise summaries of these evidence-based practices, which help to focus FP resources and efforts.[13] These practices have, in some countries, led to health improvements, including in child survival and tuberculosis (TB) cure rates. The several lessons learned need to be documented and shared.

Because of their central position in people's lives, the mass media have the unrivalled potential to inform and educate the public about health issues. There are examples of imaginative and highly successful mass media campaigns for immunization, HIV/AIDS, malaria and other programmes. The mass media have been used to stimulate and lead open discussions on health issues, encourage leaders to act, and keep policy-makers and service providers on their toes. These experiences need to be catalogued and shared.

11 High Impact Practices: supporting strategic decision making in family planning. In: HIP: family planning high impact practices [website]. Johns Hopkins University; 2017 (https://www.fphighimpactpractices.org/, accessed 15 February 2017).

12 WHO, Global Health Workforce Alliance. Ethiopia's human resources for health programme (http://www.who.int/workforcealliance/knowledge/case_studies/Ethiopia.pdf, accessed 15 February 2017).

13 HIP briefs. In: HIP: family planning high impact practices [website]. Johns Hopkins University, 2017 (https://www.fphighimpactpractices.org/resources, accessed 15 February 2017).

Community-based organizations have come forward to provide essential services for HIV-related prevention, care, and treatment. They have done so in response to the desperate needs of those affected by the epidemic and to fill gaps in the public sector's provision of these services. As antiretroviral medicines have become more affordable, community-based organizations have fought for and enabled greater access to treatment, including antiretroviral therapy.

In all the above experiences and others, what is important is to document and share knowledge on what elements work or do not work, how they work, and why they work.

2. Documentation of best practices

Best practices may come from a variety of sources, including WHO staff, the Ministry of Health (MoH), civil society organizations, community groups and individuals. Submissions from any of these sources would usually be in electronic form, with detailed supporting documents for evaluation by a specific body, e.g. WHO Regional Offices. Some best practices might be subjected to formal evaluations. However, this is not required in most cases because formal evaluations are slow, complicated, expensive and time-consuming, and can sometimes cost more than the actual evaluation process.

Two templates for documentation are provided separately: a detailed best practice submission form, which outlines all the information public health officials who are considering replicating a best practice would require to make an informed decision, and a summary template for writing up the justification in a readable format (Table 2). To ensure readability and a clear presentation of what makes a practice innovative, interesting and informative, one should use the format outlined in Table 3 to develop a 1500-word document. A template for writing up the best practice is included in Annex 1.

Table 2. Summary submission form

Originator of request: Name: Title: Postal address: Email address: Telephone number: Names and addresses of contributors:		
Focal person in the Regional Office (if any)		
Name	Title	Tel:
Title of best practice		
Summary of best practice		
What makes it a best practice?		
Place		Date

Table 3. Outline for documenting best practices

Title of the best practice	This should be concise and reflect the practice being documented.
Introduction	This should provide the context of and justification for the practice, and address the following issues: • What was the problem that needed to be addressed? • Which population was affected? • How did the problem impact on the population? • Which objectives were achieved?
Implementation of the practice	• What were the main activities carried out? • When and where were the activities carried out? • Who were the key implementers and collaborators? • What were the resource implications?
Results of the practice – outputs and outcomes	• What were the concrete results achieved with regard to outputs and outcomes? • Was an assessment of the practice carried out? If yes, what were the results?
Lessons learnt	• What worked really well – what facilitated this? • What did not work – why did it not work?
Conclusion	• How have the results benefited the population? • Why may that intervention be considered a "best practice"? • What recommendations can be made for those intending to adopt the documented "best practice" or how can it help people working on the same issue(s)?
Further reading	Provide a list of references and source documents that give additional information on the "best practice" for those who may be interested in knowing how the results benefited the population.

3. Scaling up

ExpandNet defines scaling up as the "deliberate efforts to increase the impact of successfully tested health innovations in pilot or experimental projects to benefit more people and to foster policy and programme development on a lasting basis".[14] This definition stresses the importance of recognizing the innovative solutions that are first successfully piloted and then become a mainstream policy. Table 5 breaks down the elements that make up this definition.

Best practices with the "CORRECT" attributes listed below are most likely to be successfully scaled up.[14]

Table 4. Correct attributes of best practices

Credibility	Documented, sound evidence/results that have been advocated by respected persons or institutions
Observability	Potential users can see the results in practice, e.g. pilot/experimental or demonstration sites
Relevance	Addresses a persistent/sharply felt problem or policy priority
Relative advantage	New practice offers a benefit/gain over existing practices so that potential users are convinced that the costs of implementation are warranted by the benefits
Easy to instal and understand	Process of scaling up the practice is simple rather than complex and complicated
Compatibility	The practice fits well with the practices of the national programme and with the potential users' established values, norms and facilities
Testability	The practice can be tried out incrementally on a small pilot scale before large-scale adoption

Three cross-cutting considerations are relevant when considering the scale up of a best practice: (a) sustainability, (b) equity, and (c) effects of scaling up the practice on the rest of the health system. Sustainability can be achieved by institutionalizing the practice in policies, programme guidelines, budgets and other dimensions of the health system, and including it in preservice training curricula for medical personnel, etc.

Scaling up should be grounded on the values of human rights and guided by participatory and client-centred approaches. It should ensure attention to human dignity, the needs and rights of vulnerable groups and include the gender perspective, as well as promote equitable access for all to quality services. It is important that managers are also aware that scaling up an intervention is a complex issue. It involves working on several fronts at once and making a number of strategic choices, including selecting a scalable practice, designating the roles of various partners in the process, and securing adequate financing and human resources to implement the activities. For successful scaling up, it is important that the following is in place:

- partnerships with organizations to work on service delivery, financing and stewardship (coordination, government, etc.);
- highly committed groups of individuals to implement activities;
- monitoring implementation of the scale up so as to assess the level of progress relative to overall objectives, and to identify aspects of the scale up which are not working well. *(In practice, this is often a neglected aspect of scaling up.)*

14 ExpandNet, World Health Organization. Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. Geneva: WHO; 2011 (http://www.expandnet.net/PDFs/ExpandNet-WHO%20-%20Beginning%20with%20the%20end%20in%20mind%20-%202011.pdf, accessed 15 February 2017).

Table 5. Elements of the definition of scaling up

Element in the definition	Meaning in this context
Deliberate efforts	Scaling up is a guided process, in contrast to the spontaneous diffusion of innovations.
Successfully tested	Interventions to be scaled up are backed by locally generated evidence of programme effectiveness and feasibility obtained either through pilot, demonstration or experimental projects, or initial introduction in a limited number of local sites.
Innovation	Refers to service components, other practices or products that are new or perceived as new. Typically, the innovation consists of a "set of interventions" including not only a new technology, clinical practice, educational component or community initiative, but also the managerial processes necessary for successful implementation.
Policy and programme development on a lasting basis	Points to the importance of institutional capacity-building and sustainability.
Systems thinking	Interrelationships between the innovation, the user organization, the resource team, and the larger environment within which scaling up takes place. Change in one element affects the others; thus, an appropriate relationship/balance should be attained between these elements when designing and implementing a scale-up strategy.
Sustainability	Ensuring that the benefits of scaling up an intervention will persist on a lasting basis.
Scalability	Ease or difficulty of scaling up a practice, based on the attributes (or determinants) of success, which have previously been identified in research on the diffusion of innovation and through practical experience.
Respect for human rights, equity and the gender perspective	Scaling up should be grounded in the values of human rights and guided by participatory and client-centred approaches. It should ensure attention to human dignity, the needs and rights of vulnerable groups and gender perspectives, as well as promote equitable access for all to quality services.
Equity	Absence of disparities that are systematically associated with social advantage/ disadvantage in accessing an intervention.
Participatory approach	Involvement of communities, organizations and people in any organized activity to achieve a common goal.

4. Scope of the guideline

This guideline merges the identification of best practices with a deliberate focus on the elements of scaling up to try to expand the reach of these public health practices to more people. The content of the guideline is obtained from the WHO Best Practices document,[3] the WAHO Guide for documenting good practices,[4] and materials from WHO and ExpandNet (Beginning with the end in mind, and the Nine steps for developing a scaling-up strategy).[14,15]

The intent is to provide one document that can be used to identify best practices, document them in summary or detail, and highlight elements of scaling up so that other public health practitioners are able to replicate these practices with a view to scaling them up.

4.1 How to use this guideline

This guideline is intended for public health programme managers and other practitioners who have implemented programmes that may fit the definition of best practices. The document includes methods of identifying these practices, documenting them in a 1500-word summary for submission to senior-level public health officials, WHO, or in detail to aid in replication. We believe that publishing in the peer-reviewed public health literature may also be necessary to share knowledge with the broader scientific community and contribute to the knowledge base of implementation science. The document includes points that are necessary to consider when planning or implementing a programme that will be scaled up. The document applies to the governmental, nongovernmental, and private sectors.

This document guides WHO, MoH and civil society organizations in identifying, documenting and sharing knowledge of these experiences that can contribute to the acceleration and expansion of health sector actions. This document has been developed so that countries can build on existing experience and not duplicate efforts every time they implement a new practice. The guideline is divided into three main sections: (a) identifying/defining best practices; (b) documenting and analysing best practices; and (c) considerations for replication of these practices.

4.2 Dissemination of the guideline

It is important to share this guideline with various stakeholders to scale up the use of best practices. Dissemination is the process of communicating research findings to stakeholders so that the evidence can be used to lead to change.[16] A timeline giving key activities for implementation is needed to guide when to roll out the guideline. This could include planned conferences and launch meetings with key stakeholders in attendance to get their buy-in.

There are numerous ways of disseminating the document. A few suggestions are given below.

a) The first method can involve issuing publications that will promote learning and sharing of experiences. It is expected that such publications will inspire Member States to replicate the good work of managers and frontline health workers, and to scale up health sector interventions. Furthermore, the publications will demonstrate to both policy-makers and donors the invaluable contributions of these workers to the integration of these practices in national and district health plans, and help mobilize resources in support of programmes.

15 WHO, ExpandNet. Nine steps for developing a scaling-up strategy. Geneva: World Health Organization; 2010 (http://apps.who.int/iris/bitstream/10665/44432/1/9789241500319_eng.pdf, accessed 15 February 2017)

16 Harmsworth S, Turpin S; TQEF National Co-ordination team. Creating and effective dissemination strategy: an expanded interactive workbook for educational development projects. July 2000 (http://www.innovations.ac.uk/btg/resources/publications/dissemination.pdf, accessed 15 February 2017).

b) The second can be a "dynamic method", which stimulates documentation and sharing of best practices through a regional forum. Currently, two regional institutions – WAHO and the East, Central, and Southern African Health Community (ECSA HC) – utilize this method to share a wide variety of themes and select good/best practices during annual forums.

c) The third method might involve the use of the Knowledge Gateway, which supports virtual knowledge networking in and among countries across the world.[17] Developed by the WHO Department of Reproductive Health and Research (RHR) and IBP partners in 2004, the Knowledge Gateway is an electronic communication platform that connects people working in health and development through virtual networks and online discussions to facilitate knowledge-sharing, exchange, and improved access to and use of information, resource materials and tools.

d) The fourth method can involve the distribution of USB keys containing best practices during WHO Regional Committee meetings and intercountry conferences, workshops and meetings. USB keys can be sent directly to WHO country offices for distribution to district health management teams that do not have ready access to the Internet.

e) The fifth method might be through peer-reviewed publications, which can be developed by the contributors of the best practices. Additional methods for dissemination can be used as appropriate.

17 Knowledge Gateway. In: IBP Initiative. Scaling up what works in family planning/reproductive health [website] (http://www.ibpinitiative.org/index.php/knowledge-gateway, accessed 15 February 2017).

Bibliography

The following publications contain more information on how to implement scalable public health practices

1. Chambers R. Going to scale with community-led total sanitation: reflections on experience, issues and ways forward. Brighton: Institute of Development Studies; 2009 (Practice paper, Volume 2009, Number 1) (http://www.communityledtotalsanitation.org/resource/going-scale-community-led-total-sanitation-reflections-experience-issues-and-ways-forward, accessed 16 February 2017).
2. ExpandNet (www.expandnet.net, accessed 16 February 2017).
3. ExpandNet, World Health Organization. Practical guidance for scaling up health service innovations. Geneva: World Health Organization; 2009 (http://apps.who.int/iris/bitstream/10665/44180/1/9789241598521_eng.pdf, accessed 16 February 2017).
4. Management Systems International, ExpandNet, World Health Organization. 20 questions for developing a scaling-up case study. Washington DC: Management Systems International (MSI); 2007 [draft] (http://www.expandnet.net/ PDFs/MSI-ExpandNet-IBP%20Case%20Study%2020%20case%20study%20questions. pdf, accessed 16 February 2017).
5. Rogers EM. Diffusion of innovations, fourth edition. New York: Free Press; 1995.
6. Simmons R, Fajans P, Ghiron L, editors. Scaling up health service delivery: from pilot innovations to policies and programmes. Geneva: World Health Organization; 2007 (http://www.who.int/immunization/hpv/deliver/scalingup_health_service_delivery_who_2007.pdf, accessed 16 February 2017).

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Annex 1. Detailed best practice template

Annex 2. Checklist for identifying practices for potential scale up

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Annex 1. Detailed best practice template

The following tool is a template for conducting a detailed documentation of an identified best practice. It focuses on the following scale-up criteria. You will notice the symbols throughout the questionnaire indicating essential information that needs to be collected to address that criterion.

Criteria for scale up

Effectiveness, Efficiency, Relevance, Replicability/Scale up, Sustainability,

Ethical soundness/Human rights and Participation of key stakeholders

N.B. Please provide evidence to support your answers in all sections.

Evidence includes original project document, evaluations and reports on implementing the practice.

Section 1: identifying information

Title of the practice* *Should be concise and reflect the practice being documented*	
Key informant's organization	**Location (Country/Province/District)**
Date of documentation	
Location	
Contact person 1	**Designation**
Email	
Mobile number	**Facility number**
Address	
Contact person 2	**Designation**
Email	

Section 2: detailed description of the practice

Provide the context and justification for the practice and address the following issues.

What is the problem being addressed?

Which population is being affected?

How is the problem impacting on the population?

What were the objectives being achieved?

A. Choose which of the proposed theme (s) apply (ies):

- ☐ Family Planning
- ☐ Youth and Adolescents
- ☐ Maternal, Newborn and Child Health
- ☐ Gender
- ☐ Other:

B. Please mark all best practice categories that apply, e.g.

- ☐ Service delivery
- ☐ Management
- ☐ Social/Cultural advocacy
- ☐ Leadership
- ☐ Governance
- ☐ Other:

Replicability/scalability

- ☐ Effectiveness
- ☐ Efficiency
- ☐ Relevance
- ☐ Replicability/Scale up
- ☐ Sustainability
- ☐ Other:

Please add more lines to your responses if needed.

1) The overall goals of implementing this practice

2) The specific objectives of implementing this practice

3) If this best practice is part of a project, briefly describe the larger project.

4) Explain the problem which the practice aims to address. (Provide figures, data or other evidence.)

5) How was the practice selected or designed? Describe the evidence that demonstrated that this practice would be appropriate and how it is preferable to other approaches (provide figures, data or other evidence, include the process for identifying this practice):

Criteria for identifying a practice for scaling up: credibility, observability, relevance, relative advantage, easy to instal and understand, compatibility, replicability

6) Have the opportunities and constraints of the health system, national policies, and other institutional factors been considered prior to designing how the practice will be implemented? ***i.e. project, partner organizations, the regional/local policy subsystems, other external organizations and policy subsystems***

◯ Yes ◯ No

If Yes, explain what you did (i.e. SWOT or other situational analyses) and how it guided your design.

If No, please provide reasons for your answer.

Implementation of the practice

What were the main activities carried out?

When and where were the activities carried out?

Who were the key implementers and collaborators?

What were the resource implications?

7) How have the norms, values, and culture been taken into account in the design for implementing this practice?

8) Describe the expected outcomes of implementing the practice. What is supposed to change? (Provide indicators, data.)

9) When and where is the practice implemented?

Level of service:

☐ Primary ☐ Secondary ☐ Tertiary

Urban	Names of facility (ies)
Periurban	Names of facility (ies)
Rural	Names of facility (ies)

Type of structure:

☐ Private ☐ Public ☐ NGO ☐ FBO ☐ CBO

☐ Other:

10) Describe the key activities involved in implementing this practice (including training, logistics, supervision, materials development, advocacy, etc.).

10a) Name no more than 3 of the activities above which you think are essential for successful implementation of the practice.

1.
2.
3.

11) Who are the key local/national implementers/collaborators specifically working on implementing this practice and their involvement? What are their roles? In which activities mentioned above are they specifically involved?

12) Are special target groups reached with this practice to ensure that equity is taken into account? (e.g. populations disadvantaged because of ability to pay or access health care, or other disparities for other reasons such as religion, language group, illiteracy, social status, other)

◯ Yes ◯ No

If Yes, how do you ensure that the best practice reaches them? (Provide figures, data or other evidence.)

If No, please provide reasons for your answer.

13) Is the best practice in line with national health policy, plans, and current priorities?

◯ Yes ◯ No

a) If Yes, explain if these policies, plans, etc. were in place before implementing the practice or whether you had to advocate and develop these as new health policies or plans. Also, describe what these plans are.

b) Was the project responsible for making new policies or plans? What was the process?

14) Does the health system have key local actors or stakeholders with the capacity to implement the project without technical support?

◯ Yes ◯ No

If Yes, explain how, where, and by whom. (Provide figures, data or other evidence.)

If No, explain.

15) Does the practice use a participatory approach to involve the community/clients?

◯ Yes ◯ No

If Yes, explain the approach and who the community/clients are. (Provide figures, data or other evidence.)

If No, explain why this is not happening.

Which methods are used for monitoring and evaluating results of implementing the practice, and list success indicators: explain. (Provide figures, data or other evidence.)

16) Does the project have mechanisms to review, share progress, and incorporate new learning into the implementation process?

◯ Yes ◯ No

If Yes, explain what mechanisms are in place to share progress and incorporate new learning. (Provide figures, data or other evidence.)

If No, please provide reasons for your answer.

17) Is there political commitment for implementing this practice?

◯ Yes ◯ No

If Yes, explain what the political commitment is and how you got it. (Provide figures, data or other evidence.)

If No, explain the obstacles to gaining political commitment.

Section 3: considerations for scaling up

Criteria for scale up

Effectiveness, Efficiency, Relevance, Replicability/Scale up, Sustainability

18) Do you plan to scale up the practice?

◯ Yes ◯ No

If Yes, then continue to the rest of these questions. **If NO, explain why and then stop here and go to section 4.**

19) Could the practice be replicated or scaled up in a different setting?

◯ Yes ◯ No

If Yes, explain how you know this.

If No, explain what more needs to be done.

20) Are there plans to advocate for changes needed in policies, regulations, and other health systems components to institutionalize the project?

◯ Yes ◯ No

If Yes, explain what are the reasons for advocating for these changes and what are the plans/strategies and how they will be implemented.

If No, please provide reasons for your answer.

21) Are you expecting others who are currently not applying the practice to eventually apply the practice?

◯ Yes ◯ No

If Yes, what mechanisms are you using for building ownership in future implementation?

If No, explain why you do not need any other group to be involved.

22) Has the project been tested at service delivery points and institutions similar to where it will be scaled up?

◯ Yes ◯ No

If Yes, explain how it was done and provide the results. (Provide figures, data or other evidence.)

If No, please provide reasons for your answer.

23) ☐ Is there an understanding among donors and key stakeholders about the relative advantage and outcomes of the practice to ensure continuous engagement of support, e.g. financial?

◯ Yes ◯ No

If Yes, explain how you have ensured they have an adequate understanding of the feasibility and outcomes of scaling up, including financial support. (Explain how you have done this.)

If No, explain why you have not done this to date and if you have plans to do this in future.

24) ☐ Has costing been done to plan for scale up and sustainability?

◯ Yes ◯ No

If Yes, explain how and what the plans are to ensure that the practice is sustainable.

If No, please provide reasons for your answer.

25) ☐ If training personnel are part of this practice, are you working with any training institution or are you considering how the training can be institutionalized?

◯ Yes ◯ No

If Yes, explain where the training is being provided and who is receiving training and what are the plans for institutionalizing within training programmes.

If No, explain why this is not necessary.

Section 4: results to date

What were the concrete results achieved regarding outputs and outcomes?

Was an assessment of the practice carried out? If yes, what were the results?

26) List the expected outcomes of the practice.

27) Have the expected outcomes of the practice been met?

Yes No

If Yes, explain how they were achieved and provide evidence. (Provide figures, data or other evidence.)

If No, explain the reasons.

28) ❑ What were the major results achieved by the practice regarding outputs and outcomes? (Explain the major results, provide figures, data or other evidence.)

29) ○ How effective has the practice been in general terms and specifically in terms of benefiting groups or communities where it was implemented? Explain (provide figures, data or other evidence).

If No, explain the reasons.

Section 5: lessons learnt

What worked really well?

What facilitated this?

What did not work?

Why did it not work?

30) ○ Describe what worked well and what facilitated success. Include intentional actions that were taken to make the practice a success as well as any unintentional or environmental/contextual factors that occurred. Explain (provide figures, data or other evidence).

31) What did not work well and how did you overcome the difficulties?

32) What are the challenges in implementing this practice? How can these challenges be addressed most efficiently?

Section 6: conclusions

How have the results benefited the population?

Why was that intervention considered as a "best practice"?

Recommendations for those intending to adopt the documented "best practice" or how it can help people working on the same issue(s).

33) Why and what makes this project a best practice? Summarize by addressing the criteria. (Provide figures, data or other evidence.)

Effectiveness

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Efficiency

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Relevance

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Replicability

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Scale up

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Sustainability

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree

Ethical soundness

◯ Strongly disagree ◯ Disagree ◯ Neither agree nor disagree ◯ Agree ◯ Strongly agree

Consideration of human rights

◯ Strongly disagree ◯ Disagree ◯ Neither agree nor disagree ◯ Agree ◯ Strongly agree

Participation of key stakeholders

◯ Strongly disagree ◯ Disagree ◯ Neither agree nor disagree ◯ Agree ◯ Strongly agree

35) What are three key recommendations/conclusions you would make for others who intend to adopt the best practice?

1.

2.

3.

FURTHER READING

Provide a list of references and links on this "best practice" that you have described.

Thank you

DON'T FORGET TO PROVIDE EVIDENCE TO SUPPORT YOUR ANSWERS.
(Evidence includes original project document, evaluations, and reports on implementing this practice.)

Annex 2. Checklist for identifying practices for potential scale up

The following checklist provides a series of questions that can help public health practitioners who are planning to implement a programme that will be scaled up. It is envisioned that this checklist will assist in scaling up best practices that have been identified and documented. At the end of the checklist are instructions on how to use and interpret the findings.

Questions related to potential scalability	Yes (+)	No (–)	More information/action needed
1. Is input about the project being sought from a range of stakeholders? (e.g. policy-makers, programme managers, providers, NGOs, beneficiaries)			
• Are individuals from the future implementing agency involved in the design and implementation of the pilot?			
• Does the project have mechanisms for building ownership in the future implementing organization?			
2. Does the innovation address a persistent health or service delivery problem?			
• Is the innovation based on sound evidence and preferable to alternative approaches?			
• Given the financial and human resource requirements, is the innovation feasible in the local settings where it is to be implemented?			
• Is the innovation consistent with existing national health policies, plans, and priorities?			
3. Is the project being designed in light of agreed-upon stakeholder expectations for where and to what extent interventions are to be scaled up?			
4. Has the project identified and taken into consideration community, cultural and gender factors that might constrain or support the implementation of the innovation?			
• Have the norms, values and operational culture of the implementing agency been taken into account in the design of the project?			

Questions related to potential scalability	Yes (+)	No (–)	More information/action needed
• Have the opportunities and constraints of the political, policy, health sector and other institutional factors been considered in designing the project?			
5. Has the package of interventions been kept as simple as possible without jeopardizing outcomes?			
6. Is the innovation being tested in a variety of sociocultural and geographical settings where it will be scaled up?			
• Is the innovation being tested in the type of service delivery points and institutional settings in which it will be scaled up?			
7. Does the innovation being tested require human and financial resources that can reasonably be expected to be available during scale up?			
• Will the financing of the innovation be sustainable?			
• Does the health system currently have the capacity to implement the innovation? If not, are there plans to test ways to increase health systems capacity?			
8. Are appropriate steps being taken to assess and document health outcomes as well as the process of implementation?			
9. Is there provision for early and continuous engagement with donors and technical partners to build a broad base of financial support for scaling up?			
10. Are there plans to advocate for changes in policies, regulations and other health systems components needed to institutionalize the innovation?			
11. Does the project design include mechanisms to review progress and incorporate new learning into the implementation process?			
• Is there a plan to share findings and insights from the pilot project during implementation?			
12. Is there a shared understanding among key stakeholders about the importance of having adequate evidence related to the feasibility and outcomes of the innovation before scaling up?			

How the checklist works

A plus (+) refers to a positive factor for scaling up, a minus (–) to a negative one. Answer each question, putting a check in the plus or minus column, depending on whether the issues have been addressed as they apply to the project. The fewer the checks in the plus column, the more effort is likely to be required to scale up the innovation. When there are a large number of checks in the plus column, the scalability potential of the project is likely to be good. A check in the minus column indicates that plans for the project need to be adjusted to enhance scalability. The project-planning team or others using the checklist should decide whether more information should be obtained, and how this aspect can be improved. In such situations, it will be helpful to refer to the detailed recommendations.

The checklist should not be used mechanically. A large number of checks in the plus column does not necessarily mean that a proposed intervention will be scalable. Some of the items will carry greater weight than others regarding influencing the scale up potential and may even act as “deal-breakers” in a particular context. An example is relevance: if the proposed intervention is not relevant, the value of further pursuing the project is questionable, and abandoning it may be the appropriate response. Other aspects of the project design might be correctable, and once corrective action has been taken the check in the minus column could be moved over to the plus side. Thus, while a project proposal may initially not look promising, using the checklist provides an opportunity to revise it to enhance its scalability potential early on. Each case should be judged within its context and in light of the recommendations in this document.

Notes

Notes

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