A Guide to

Identifying and Documenting   
Best Practices in Family Planning Programmes

**Annex 1. Detailed best practice template**

**Annex 2. Checklist for identifying practices for potential scale up**

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.

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| Criteria for scale up  D:\RHR FOrm\Symbol PNG\01.png Effectiveness, D:\RHR FOrm\Symbol PNG\02.png Efficiency, D:\RHR FOrm\Symbol PNG\03.png Relevance, **D:\RHR FOrm\Symbol PNG\04.png** Replicability/Scale up, D:\RHR FOrm\Symbol PNG\06.png Sustainability,  D:\RHR FOrm\Symbol PNG\07.png 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.

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| **Section 1: identifying information** | |
| **Title of the practice\***  *Should be concise and reflect the practice being documented*  Click here to enter text. | |
| **Key informant’s organization**  Click here to enter text. | **Location (Country/Province/District)**  Click here to enter text. |
| **Date of documentation**  Click here to enter text. | |
| **Location**  Click here to enter text. | |
| **Contact person 1**  Click here to enter text. | **Designation**  Click here to enter text. |
| **Email**  Click here to enter text. | |
| **Mobile number**  Click here to enter text. | **Facility number**  Click here to enter text. |
| **Address**  Click here to enter text. | |
| **Contact person 2**  Click here to enter text. | **Designation**  Click here to enter text. |
| **Email**  Click here to enter text. | |

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| **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?**  Click here to enter text. |
| **Which population is being affected?**  Click here to enter text. |
| **How is the problem impacting on the population?**  Click here to enter text. |
| **What were the objectives being achieved?**  Click here to enter text. |

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

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| --- | --- |
| Family Planning | Youth and Adolescents |
| Maternal, Newborn and Child Health | Gender |
| Other:Click here to enter text. | |

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

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| --- | --- | --- |
| Service delivery | Management | Social/Cultural advocacy |
| Leadership | Governance |  |
| Other: Click here to enter text. | | |

Replicability/scalability

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| --- | --- | --- | --- | --- |
| Effectiveness | Efficiency | Relevance | Replicability/Scale up | Sustainability |
| Other: Click here to enter text. | | | | |

Please add more lines to your responses if needed.

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| 1) The overall goals of implementing this practice |
| Click here to enter text. |
| 2) The specific objectives of implementing this practice |
| Click here to enter text. |
| 3) If this best practice is part of a project, briefly describe the larger project. |
| Click here to enter text. |
| 4)  Explain the problem which the practice aims to address. (Provide figures, data or other evidence.) |
| Click here to enter text. |
| 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*** |
| Click here to enter text. |
| 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. |
| Click here to enter text. |
| If No, please provide reasons for your answer. |
| Click here to enter text. |

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| **Implementation of the practice** |
| **What were the main activities carried out?**  Click here to enter text. |
| **When and where were the activities carried out?**  Click here to enter text. |
| **Who were the key implementers and collaborators?**  Click here to enter text. |
| **What were the resource implications?**  Click here to enter text. |

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| 7)  How have the norms, values, and culture been taken into account in the design for implementing this practice? | | | | | | | |
| Click here to enter text. | | | | | | | |
| 8) Describe the expected outcomes of implementing the practice. What is supposed to change? (Provide indicators, data.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| 9) When and where is the practice implemented? | | | | | | | |
| **Level of service:** | | | | | | | |
| Primary | | | Secondary | | | Tertiary | |
| Urban | | Names of facility (ies)Click here to enter text. | | | | | |
| Periurban | | Names of facility (ies)Click here to enter text. | | | | | |
| Rural | | Names of facility (ies)Click here to enter text. | | | | | |
| Type of structure: | | | | | | | |
| Private | Public | | | NGO | FBO | | CBO |
| Other: Click here to enter text. | | | | | | | |
|  | | | | | | | |
| 10) Describe the key activities involved in implementing this practice (including training, logistics, supervision, materials development, advocacy, etc.). | | | | | | | |
| Click here to enter text. | | | | | | | |
| 10a) Name no more than 3 of the activities above which you think are essential for successful implementation of the practice. | | | | | | | |
| 1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. | | | | | | | |
| 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? | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| If No, please provide reasons for your answer. | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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. | | | | | | | |
|  | | | | | | | |
| Click here to enter text. | | | | | | | |
| b) Was the project responsible for making new policies or plans? What was the process? | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| If No, explain. | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| If No, explain why this is not happening. | | | | | | | |
| Click here to enter text. | | | | | | | |
| Which methods are used for monitoring and evaluating results of implementing the practice, and list success indicators: explain. (Provide figures, data or other evidence.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| If No, please provide reasons for your answer. | | | | | | | |
| Click here to enter text. | | | | | | | |
| 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.) | | | | | | | |
| Click here to enter text. | | | | | | | |
| If No, explain the obstacles to gaining political commitment. | | | | | | | |
| Click here to enter text. | | | | | | | |

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| **Section 3: considerations for scaling up** |
| Criteria for scale up  Effectiveness,  Efficiency,  Relevance,  Replicability/Scale up,  Sustainability, |

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| 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.** |
| Click here to enter text. |
| 19)  Could the practice be replicated or scaled up in a different setting? |
| Yes  No |
| If Yes, explain how you know this. |
| Click here to enter text. |
| If No, explain what more needs to be done. |
| Click here to enter text. |
| 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. |
| Click here to enter text. |
| If No, please provide reasons for your answer. |
| Click here to enter text. |
| 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? |
| Click here to enter text. |
| If No, explain why you do not need any other group to be involved. |
| Click here to enter text. |
| 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.) |
| Click here to enter text. |
| If No, please provide reasons for your answer. |
| Click here to enter text. |
| 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.) |
| Click here to enter text. |
| If No, explain why you have not done this to date and if you have plans to do this in future. |
| Click here to enter text. |
| 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. |
| Click here to enter text. |
| If No, please provide reasons for your answer. |
| Click here to enter text. |
| 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. |
| Click here to enter text. |
| If No, explain why this is not necessary. |
| Click here to enter text. |

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| **Section 4: results to date** |
| **What were the concrete results achieved regarding outputs and outcomes?**  Click here to enter text. |
| **Was an assessment of the practice carried out? If yes, what were the results?**  Click here to enter text. |

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| 26)  List the expected outcomes of the practice. |
| Click here to enter text. |
| 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.) |
| Click here to enter text. |
| If No, explain the reasons. |
| Click here to enter text. |
| 28)  What were the major results achieved by the practice regarding outputs and outcomes? (Explain the major results, provide figures, data or other evidence.) |
| Click here to enter text. |
| 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). |
| Click here to enter text. |
| If No, explain the reasons. |
| Click here to enter text. |

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| **Section 5: lessons learnt** |
| **What worked really well?**  Click here to enter text. |
| **What facilitated this?**  Click here to enter text. |
| **What did not work?**  Click here to enter text. |
| **Why did it not work?**  Click here to enter text. |

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| 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). |
| Click here to enter text. |
| 31)  What did not work well and how did you overcome the difficulties? |
| Click here to enter text. |
| 32)  What are the challenges in implementing this practice? How can these challenges be addressed most efficiently? |
| Click here to enter text. |

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| **Section 6: conclusions** |
| **How have the results benefited the population?**  Click here to enter text. |
| **Why was that intervention considered as a “best practice”?**  Click here to enter text. |
| **Recommendations for those intending to adopt the documented “best practice” or how it can help people working on the same issue(s).**  Click here to enter text. |

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

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| --- | --- | --- | --- | --- |
| **Effectiveness** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Efficiency** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Relevance** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Replicability** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **D:\RHR FOrm\Symbol PNG\05.png Scale up** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Sustainability** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Ethical soundness** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **Consideration of human rights** | | | | |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

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| --- | --- | --- | --- | --- |
| **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?

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| 1.Click here to enter text.  2.Click here to enter text.  3.Click here to enter text. |

**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 |  |  | Click here to enter text. |
| * Are individuals from the future implementing agency involved in the design |  |  | Click here to enter text. |
| * Does the project have mechanisms for building ownership in the future implementing organization? |  |  | Click here to enter text. |
| 2. Does the innovation address a persistent health or service delivery problem? |  |  | Click here to enter text. |
| * Is the innovation based on sound evidence and preferable to alternative approaches? |  |  | Click here to enter text. |
| * Given the financial and human resource requirements, is the innovation feasible in the local settings where it is to be implemented? |  |  | Click here to enter text. |
| * Is the innovation consistent with existing national health policies, plans, and priorities? |  |  | Click here to enter text. |
| 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? |  |  | Click here to enter text. |
| 4. Has the project identified and taken into consideration community, cultural and gender factors that might constrain or support the implementation of the innovation? |  |  | Click here to enter text. |
| * Have the norms, values and operational culture of the implementing agency been taken into account in the design of the project? |  |  | Click here to enter text. |
| * Have the opportunities and constraints of the political, policy, health sector and other institutional factors been considered in designing the project? |  |  | Click here to enter text. |
| 5. Has the package of interventions been kept as simple as possible without jeopardizing outcomes? |  |  | Click here to enter text. |
| 6. Is the innovation being tested in a variety of sociocultural and geographical settings where it will be scaled up? |  |  | Click here to enter text. |
| * Is the innovation being tested in the type of service delivery points and institutional settings in which it will be scaled up? |  |  | Click here to enter text. |
| 7. Does the innovation being tested require human and financial resources that can reasonably be expected to be available during scale up? |  |  | Click here to enter text. |
| * Will the financing of the innovation be sustainable? |  |  | Click here to enter text. |
| * 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? |  |  | Click here to enter text. |
| 8. Are appropriate steps being taken to assess and document health outcomes as well as the process of implementation? |  |  | Click here to enter text. |
| 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? |  |  | Click here to enter text. |
| 10. Are there plans to advocate for changes in policies, regulations and other health systems components needed to institutionalize the innovation? |  |  | Click here to enter text. |
| 11. Does the project design include mechanisms to review progress and incorporate new learning into the implementation process? |  |  | Click here to enter text. |
| * Is there a plan to share findings and insights from the pilot project during implementation? |  |  | Click here to enter text. |
| 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? |  |  | Click here to enter text. |

**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.

