



PARTNERS IN POPULATION AND DEVELOPMENT

**BACKGROUND NOTE AND GUIDELINES FOR
DOCUMENTING NATIONAL INNOVATIVE PRACTICES
OR SUCCESSFUL APPROACHES IN POPULATION AND
REPRODUCTIVE HEALTH**

**PPD Secretariat
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A. BACKGROUND NOTE

I. Introduction

The Partners in Population and Development (PPD) is committed to promoting an exchange of information and experience among the developing countries in general and among its Member Countries in particular. It recognizes that organizations, countries and communities throughout the world have been implementing programs for many years in the field of Population and Development, Gender Equity and Empowerment, and Reproductive Health, including Family Planning and HIV/AIDS. The functional focus of efforts in those programs have spanned across a very a broad array of concerns, including among others, policy formulation, program planning and implementation, service delivery, poverty alleviation, social mobilization, advocacy, support communication, funding and resource mobilization, capacity building and institutional development and the like.

The PPD is also mindful that such efforts have, many times, been successful, and several innovative, promising, good or best practices have been part of those intervention efforts by countries or communities. Unfortunately, those interventions are often not documented or shared widely. Documented information may be available, but not easily accessible to program managers and others as they design and implement programs. Program managers need resources that they can access quickly and easily, and they should be able to have confidence in the credibility of the information available. This exercise by PPD is aimed at addressing that gap.

II. Basic concepts and definitions of good, innovative or best practices

While there is no universally acceptable definition of good or innovative or best practice, many agencies and organizations have used a variety of terms related to but not identical to best practices. In literature one comes across terms like good practice, best practice, innovative practice, promising practice, successful practice, useful practice, etc.

The terms "lessons learned," "successful approaches," "good practices," "innovative practices," and "promising practices," are all terms used to describe useful practices. These terms are often used to indicate practices or approaches that have not been evaluated as rigorously as "best practices", but that still offer ideas about what works best in a given situation. Similarly, some agencies, for instance Advance Africa¹, make a useful distinction between best practice and promising practice. The former one is meant as a practice that is replicable and transferable to other settings, while the latter one is defined as a practice not showing evidence of being transferable or replicable.

However, we will use here the concept of innovative or good practice or successful approaches. The concept of good practice is based on an idea that there is a technique, method, process, mode of delivery, activity, incentive or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications.

¹ Advance Africa, Best Practices Compendium

For the purpose of this analysis, the PPD will use a broad definition of good practice or successful approach² as "*planning or operational practices that have proven successful in particular circumstances and which are used to demonstrate what works and what does not and to accumulate and apply knowledge about how and why they work in different situations and contexts.*"

It is essential that, to qualify as a good or innovative practice, both experts and the people concerned assess the activities in question in terms of the criteria of innovation, success and sustainability. In other words, the three attributes that characterize a good practice are its innovative character, its demonstrated success and its proven sustainability. It is important to underscore in this context that, pilot schemes, even if they are successful, do not constitute good practices without they being sustained over a period of time with continued success.

The main reason why PPD is helping to identify and compile good practices is to document the kinds of lessons learned by countries in successfully addressing policy, programmatic or operational issues in the field of population, poverty, gender and reproductive health in PPD member countries. Further, the PPD believes that sharing those lessons learned with other countries would be beneficial in rapidly promoting the population and reproductive health agenda in general and the ICPD and MDG priorities in developing countries, in particular.

III. PPD's plan to document the innovative practices

In early 2009, PPD undertook, with the help of a simple instrument an informal inquiry, among its member countries (MCs), to elicit information on practices in the population and reproductive health area that the individual countries felt as innovative, good or successful in their national contexts. Based on a preliminary analysis of the submissions, PPD undertook a review of the topics proposed and with the assistance of an internal review group decided that PPD should limit itself to a set of case studies on ten topics, one each in ten selected member countries (MCs). Further, PPD advised the member countries to undertake an in-country validation exercise to ensure that the individual topic selected for the country enjoys a broad sense of agreement on the relevance and usefulness of the practice for wider sharing and consideration for replication by other countries. In other words, the selected innovative practice represents a consensus topic within the country, as reflected by views of the in-country experts and specialists. The following list of topic by country represents the final outcome of this multi stage process of identifying a national practice as an innovative or successful practice worthy of documenting that experience as a case study:

² UNFPA, Glossary of Monitoring and Evaluation Terms

Topics for documenting Innovative practices in Member Countries by Author(s)

SI	List of Topics	Countries	Consultant name and details
1.	Parliamentarians advocate for RH: A case of Uganda.	Uganda	Mr. Hannington Burunde dzomu@yahoo.com ; hannington.burunde@pops.ec.org ;
2.	Family Planning Service Delivery Approaches in Kenya	Kenya	Dr. Lawrence D. E. Ikamari Email: likamari@uonbi.ac.ke
3.	Leadership training in sustainable development: Southern Africa's <i>Population, Environment and Development (PED) Nexus</i> capacity building initiative	South Africa	Professor Cornie Groenewald Email: cornie@new.co.za ;
4.	Approche IEC mettant à contribution les femmes en matière de santé de la mère et de l'enfant	Senegal	Mr. Abdou Issa Dieng Email: abdouidieng@yahoo.fr ;
5.	The Population Integration Training Modules: Training Manual for the Integration of Population variables into Development Planning	Ghana	Dr. Nsiah Peprah E-mail ynsiahpeprah@yahoo.com
6.	Empowering Community to participate in Family Planning Program	Indonesia	Mr. Sukamdi Email: kamdi_cppts@yahoo.com ; sukamdi@ugm.ac.id
7.	Prevention of Mother to Child Transmission of HIV (PMTCT)	Thailand	Mrs. Nareeluck Kullurk E-mail: naree@health.moph.go.th ; nareeluck94@gmail.com
8.	Women's Rights and Reproductive Health in Tunisia	Tunisia	Dr Ridha Gataa Email: ridhagataa@gmail.com
9.	Innovative Approaches to Adolescent Sexual and Reproductive Health: The Case of Haryana in India	India	Dr. Poonam Khattar Email: poonamkhattar@gmail.com
10.	Quality of Care in Reproductive Health and Family Planning	China	Prof. Xie Zhenming Email: zhmxie@gmail.com
11.	Providing Domiciliary Service: Improving Reproductive Health and Family Planning Activities in Bangladesh	Bangladesh	Mohammad Abdul Qayum Email: dgfpinfo@gmail.com

The eleven countries and topics selected above reflects the fact that PPD, being a small organization with modest capacities, would help undertake the documentation of successful approaches in a limited number of countries. Furthermore, the list of topics represents a balance among the availability of funds, the presence of expertise in the countries on the chosen topics and the time frame for the completion of the project. The selected countries are the one known commonly in the field of population and reproductive health for some of the successful approaches that they have adopted and succeeded to a great extent in the past. Among the selected countries are found countries from each geographic region of the PPD membership: Anglophone Africa, Francophone Africa, Asia and the Arab region. In all, five countries are from Africa, four countries are from Asia and one country is from the Arab region.

The chosen topics taken together represent an array of important topics covering the areas of Family Planning, Adolescent Reproductive Health, HIV/AIDS, Maternal Health and Reproductive Health Commodity Production and Distribution, gender and reproductive health rights, empowering women, as well as nexus among Population, Environment and Development.

IV. Process for documenting the Cases Studies, including timelines

The major steps envisaged for the conduct and documenting of cases studies are:

- a) The PPD would help recruit national consultant(s) from the PIs or from among those familiar with national population and RH scene in each of the ten countries to undertake the case study. The PPD would provide the national consultant(s) with a **set of guidelines** and a suggested outline to prepare the case study.(The current document by **20 November 2009**
- b) A **Planning Meeting** of national authors of case studies, with the participation of PPD staff and/or consultants would be held sometime in January 2010 to discuss and agree on the time-frame for the completion of the case study, the outline of the case study report and the methodology to be followed in preparing the case study. The actual timing of the Meeting is such as to allow several weeks of time for the authors to come prepared for the Planning Meeting with an assessment of available information, identification of issues and concerns needing clarification and suggestions on the methodology that the author plans to use for the national case study (**By 31st December 2009**);
- c) PPD would put in place a **mechanism** (with the involvement of PPD Dhaka; PPD Africa Office; and consultant(s)) to help provide technical support and guidance to national authors as they undertake the analysis and write up of the case studies (**By 15 January 2010**);
- d) The national authors, or team of authors for the case studies as the case may be, will further undertake the collection and analysis of information of the innovative practice, synthesize the available information including any available evaluative findings on the practice and write up the **draft report** on the experience with the practice, using the suggested outline of the report as a technical guide. The national authors will make their own arrangements for an **in-country internal review** of the draft document before sending the draft to PPD. It is the final version that has been wetted through the national review process that should reach the PPD. (**By 15 April 2010**);

- e) When once the final draft report of the case studies completed by the national authors reach the PPD, an **External Review Meeting** will be organized in May-June 2010 by the PPD with the participation of cases study authors, international topic experts, PPD staff and others, as appropriate, to review the cases studies and help suggest final revisions to the cases studies. (**By 15 June 2010**);
- f) The authors would **revise** the cases studies to address major comments and suggestions made by external experts and peers, and prepare their **final versions** of the case study for copy and substantive editing by PPD (**15 July 2010**);
- g) The final cases studies would be **edited and finalized** by PPD, for publication as a PPD Monograph on innovative practices and lessons learned (**By 15 August 2010**);
- h) The PPD will bring forth the Monograph as a printed publication (**By 15 October 2010**);
- i) The PPD would, in association with other partners, select an appropriate **international event** to launch and release the Monograph to help ensure international dissemination (**By November-December 2010**).

B. GENERAL GUIDELINES AND SUGGESTED FORMAT FOR THE REPORT OF THE CASE STUDY, INCLUDING EXPLANATORY NOTES

a. General Guidelines

As pointed out in the introductory section, there is a large variation in the operational definition that different agencies in various development sectors have adopted in describing innovative, successful or best practices. It is equally clear that innovative practices, essentially a generic term, could refer to useful practices that are successful in specific country situations in a wide spectrum of areas like policy formulation, program development, planning methodologies, service delivery, operational strategies, analytical methods, etc. While the focus of this PPD exercise is specific to the field of population, reproductive health and development, the list of topics selected for the case studies is quite broad, making any attempt at standardization of format of the report quite a difficult endeavor to undertake.

It is well recognized that documenting an innovative practice that could be useful to other countries or settings is not a simple task. As the UNDP Guidelines³ reminds us all, innovative practice means specific solutions to common development problems, and documenting that experience is a team effort involving the participation of stakeholders of the practice, peer review process of the write up to produce collective knowledge, involvement of different actors of the practice for generating a cooperative endorsement of the innovative practice, as well as for ensuring ownership of the practice and the authorship of the case study.

³ UNDP, Special Unit for South-South Cooperation, Guidelines for Documenting Southern Development Solutions (New York: October 2008)

The usefulness of the innovative practice for replication elsewhere depends especially on the degree of clarity and the contents of the write up of the case study. Since cases studies of different topics would be included in this PPD exercise, it is necessary for the format of the reports to be both flexible in contents and at the same time similar in structure. While the suggested format attempts to integrate those two perspectives, it is important to emphasize that the write up should provide a clear documentation of the innovative practice in terms of its long-term development objectives, true beneficiaries ownership, strong country leadership, inclusive partnership, innovation while capitalizing on local capacities and assets, equitable distribution of benefits, sustainability and replicability of the practice.

b. Suggested format of the report of the cases study:

**OUTLINE FOR REPORT OF CASE STUDIES OF INNOVATIVE PRACTICES
(Adapted from UNDP Guidelines⁴ on innovative practices)**

A. General Information Sheet on the Country and Project setting including:

1. Name of country;
2. Name of the State or Province in the Country;
3. Type of Community if appropriate;
4. Number of Beneficiaries;
5. Kind of Intervention;
6. Implementing Institution;
7. Details of Institution with e-mail address;
8. Head of the Institution;
9. Implementation Period; and
10. Budget

B. Format of the Main Report

1. Title
2. Overview
3. Implementing Institutions/development actors
4. Summary: brief overview of the practice and overview of objectives and results
5. Background and justification, including origin of the project
6. Goals and Principles
7. Description including Activities, Achievements, Outcomes and Impact
 - a. Main activities of the project
 - i. Achievements to date in respect to outcomes
 - ii. Summary of strengths and weaknesses
 - b. Achievements
 - c. Outcomes
 - d. Impact
8. Planning and Design: Experience

⁴ UNDP, Op. Cit.

- a. Process of planning
 - b. Representativeness
 - c. Community engagement
 - d. Local institution building (including through informal net works)
 - e. Sustainability plans (including through links to other projects)
 - f. Description of evaluation activities taken to date
9. Partnerships
 - a. Overview of implementing institutions
 - b. Role of government
 - c. Civil society partnerships
 - d. Role of multilateral agencies
 10. Monitoring and Evaluation
 11. Successes and Lessons Learned
 12. Future Plans: extensions that are currently being implemented.
 13. Replicability and Scalability
 - a. Pre-requisites for replication
 - b. Experiences in replicating the experience to other areas or contexts
 - c. Suggested steps for replication
 - d. Potential partnerships (what would be provided, willingly, upon request)
 14. Contacts
 - a. Details of implementing institutions
 - i. Head, Address, E-mail, website
 - ii. Project team and individuals in leading roles
 - b. Practice documentation team
 15. Publications and References

C. Explanatory notes on the outline

Part A is just an information sheet highlighting certain important information regarding the country context of the innovative practice.

Part B is the suggested format for the report. It contains 15 sections, many with sub-sections. While the suggested Outline is relatively comprehensive to permit flexibility in capturing the various experiences contained in the different practices, the write up of a particular national case study could emphasize certain sections of the Outline more than others, consistent with nature and amount of information available, the central focus of the practice, and strength and validity of the results achieved. **In any event, all case studies should provide a clear description of the practice at the minimum in terms of background, implementation, results and achievements, lessons learned and replicability of the innovative practice.**

A brief explanation of the potential contents of the various sections, by section, is given below:

1. Provide a clear but brief title of the innovative practice
2. Provide a brief overview of the report of the case study: location, number of beneficiaries, implementation period and budget
3. Provide here a clear description of the implementing institutions, as well as of other development actors involved in the design and conduct of the practice
4. Provide here a descriptive overview of the practice by particularly highlighting the intended objectives of the practice and the results obtained
5. Under this section of background and justification, include information on the country and community context for the practice, how the practice was initiated, nature of the problem being addressed by the practice and the environment within which the practice was designed and implemented. Also, include comments on why the project/practice is important. Briefly also describe challenges and constraints faced by the project/practice. Finally, include in specific terms what the intended outcomes were.
6. Provide information, if any, on the goals of the practice and the principles adopted for the conduct of the practice.
7. This is an important section of the report. Provide here detailed information on the main activities undertaken by the project, achievements to date made in the project, outcomes generated by the project and the impact of the practice/project on direct beneficiaries. The value of this section can be much enhanced with some analytical underpinnings by including trends analysis, use of indicators and results, and incorporating any evaluative findings.
8. This section is also a critical section of the report. Provide information on the process of planning and designing the practice. Experience documented in this section would be critical for other countries and contexts in their attempts at replication of the practice. Include information on all the self-explanatory six sub-sections of this section.
9. This section deals with the whole issue of partnerships attained in the conduct of the practice. It should include information on partnerships at all levels, i.e., at community, within the country and with outside agencies. Provide information on partnerships achieved in the project/practice among implementing institutions, government, civil society organizations and the multilateral agencies.
10. This section on monitoring and evaluation is very important. Many development practitioners believe that, without robust built-in monitoring and evaluation mechanisms fully demonstrating the success of the practice, any innovative practice would not qualify as a best or good practice. While that may be so, it is important however to include here all available information on this M&E aspect of the practice.

11. This section on success and lessons learned should provide information on demonstrated success of the practice, as well as on lessons learned, including both positive and negative experiences.
12. Provide information here on plans in the project/practice with current extensions, as well as plans for future extensions planned.
13. This section on replicability and scalability is extremely important. Provide as clear information as possible on the critical issue of replicability of the practice to other contexts or other development areas. Four subsections have been included here eliciting information on what the pre-requisites for replication are, on experiences with current replication efforts, on suggested steps for replication and finally, on potential partnerships for replication, pointing to kind of assistance and support that would/could be provided by the team involved with the innovative practice to others seeking advice for replication of that practice.
14. This is a self-explanatory section with basic information on contacts associated with the project or innovative practice. Provide information on both the practice team and on the case study drafting team.
15. This section seeks information on publications and references related to the innovative practice. Include as many citations as are easily accessible and specify the language in which it is available.
16. It is suggested that the report of the case study be concise and relatively brief, and should normally not exceed 25 pages in length, including text, graphs, charts and pictures.