

# IMPLEMENTING BEST PRACTICES INITIATIVE



## Partnerships for Action

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Working with countries to  
close the knowledge to practice gap

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**DOCUMENTATION, SHARING AND SCALING UP OF “BEST PRACTICES”**



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# EXPERIENCE FROM ETHIOPIA

- ❖ IBP meeting in Uganda, 2004.
- ❖ Country team returned ready to focus on integration of VCT/PMTCT programs with FP
- ❖ Proposal/plan developed to coordinate efforts among partners
- ❖ Activities implemented, integration still major focus
- ❖ IBP country team integrated into the RH Task Force/FP TWG
- ❖ Identified a need to collect ETHIOPIAN best practices, began the process



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# The Process

Working with members of the IBP Ethiopia team, lead by the MOH, USAID offered support for the documentation of PRACTICES THAT MAKE PROGRAMS WORK in Ethiopia.

The programmes and practices were identified within the context of existing trends and priorities for the MOH/Ethiopia.

Consultative meeting further discussed these programmes and practices, identified additional practices, discussed how to work closer together. *Identified next steps to roll out to regional areas.*

Document approved by MOH. Regional meetings endorsed by MOH

Regional meetings for 8 regions- shared document, analyzed local data and introduced fostering change to scale up health services

Some regions have continued working

MOH interested in having Best Practices institutionalized as an on-going process



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# Challenges

- **Concept of “best practices” is not well understood**
  - “Best” is a loaded word and a barrier
  - Principles are commonly confused with practices
  - They exist at many levels and relate to many program elements
- **Documentation on Evidence of effectiveness is lacking**
- **Rigor of verifiable data may not be feasible** – program experience is evidence, too
- **Reluctance to respond**
  - fear of being evaluated
  - fear of giving away competitive edge
- **“Collabetition”**- tendency to promote one’s own approaches



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# Accomplishments

- Developed an operational definition of “best practices”, those “practices that make programs work”
- Opened people up to sharing their knowledge and practices
- Got people to examine their programs to identify the components that are working (even in the absence of research data)
- Increased awareness of the need for better evaluation and documentation of program interventions
- Introduced a process for documenting and sharing of experiences
- Formulated an interview guide for collecting essential information about practices that make programs work
- 17 programs with effective practices well documented
- Document and process approved by MOH



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# Many countries are looking to document "best practices" ...some things to consider...

- Group 1: Terminology
- Group 2: Sharing of Information, encouraging partnership, overcoming reluctance
- Group 3: Approaches- tools
- Group 4: Level of evidence needed/criteria for selection
- Group 5: Institutionalizing the process within countries



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***THANK YOU!!!***



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