Advance Africa Project: Best Practices Final Report

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Best Practices

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BPAG	Best Practices Advisory Group
CA	Cooperating Agency
FP/RH	Family Planning/Reproductive Health
HIV	Human Immunodeficiency Virus
IBP	Implementing Best Practices
MSH	Management Sciences for Health
NGO	Non-governmental Organization
PVO	Private Voluntary Organization
SEAM	Strategies for Enhancing Access to Medicines Program
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific, and Cultural Organization
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office

INTRODUCTION

The term "best practice" is used liberally by organizations implementing family planning and reproductive health (FP/RH) programs to signify what are often differing concepts. The US Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the World Bank, private organizations, and cooperating agencies (CAs) all have undertaken initiatives to compile best practices in a variety of formats. When looking at the various approaches, several questions emerge about the concept of best practices. What constitutes a best practice? Is it a life-saving medical procedure? An intervention that makes a program work more efficiently? An action carried out on a daily basis that improves the quality of life? The answer to these questions is that a best practice is all of these things and more, depending on the specific objectives of the person or organization trying to define it. Long-term efforts to disseminate and promote best practices require clarity in the definition of best practices and a consensus on how to best replicate and support them.

Advance Africa is a five-year FP/RH service delivery project funded by USAID. In order to provide countries throughout the world with needed assistance, Advance Africa initiated the identification, documentation, and promotion of best practices in FP/RH. Advance Africa's approach to best practices focuses on public health interventions or program models, as opposed to medical/clinical practices. The Best Practices Compendium (the Compendium) was created to make previously implemented programmatic practices easily accessible to program designers and managers of FP/RH programs. Advance Africa acts as an unbiased coordinator for gathering and managing information from various sources and involving other organizations in the process.

Advance Africa developed a concrete approach to best practices and a corresponding framework for searching and reviewing programmatic practices in FP/RH. The following report gives a description of how the best practices approach and Compendium were developed, and evidence of success and lessons learned from various groups and individuals who were involved in the process.

Why create a compendium of best practices?

Program managers and public health professionals throughout the world are constantly in need of information that will assist in improving reproductive health programs. They need a user-friendly tool that identifies appropriate best practices and the degree to which they can contribute to performance improvement. A compendium of best practices must be more than a reference document; it must help program managers see relationships between the needs, gaps, and opportunities in their own service delivery circumstances and the experiences of other FP/RH programs.

Part of the USAID mandate for Advance Africa was to develop a mechanism for sharing best practices with program managers and to encourage the exchange of information among various audiences. This in turn would require that projects become accountable for their work.

Creation of the Best Practices Approach

The first step in developing the approach to best practices was to understand how practices should be used. Many published case studies and models of FP/RH programs are presented without considering the context of the program, and specifically what they may be used for.

Consequently, program managers have to define key practices of their program without a clear understanding of the linkages between the program's practices, specific problems, gaps, and needs. The use of best practices should be part of an iterative process in which program managers regularly introduce and adapt best practices to improve program performance.

As part of Advance Africa's overall initiative to promote best practices, a Best Practices Advisory Group (BPAG) was established to develop standardized, unbiased criteria for the identification of best practices in FP/RH, and to assist in the creation of a database to house the practices for dissemination purposes. The BPAG convened three times in 2002 (23 July, 20 September, and 6 December).

The more a compendium can facilitate the selection and application of best practices, the more useful it will be. According to the USAID mandate, the target audience for the Compendium is FP/RH program managers. Taking the audience into account, a methodology was created to define and classify the different levels of practices. Best practices can include innovations or experimental approaches, state-of-the-art interventions, and principles. Knowing the amount of evidence backing up a practice can help FP/RH program managers determine the amount of risk they are taking when introducing a particular practice to their programs.

Projects and organizations working in FP/RH best practices can benefit from the Advance Africa approach by learning about successful interventions within FP/RH programs in the Compendium. Organizations can adapt and improve practices based upon specific objectives and expected outcomes. The use of the best practices approach, an evidence-based critical thinking framework, was a key factor in the validity of the Compendium. The approach established criteria that distinguish between best and promising practices and maintain quality control of best practices.

After the initial meetings, the BPAG remained active as needed. Several members of the BPAG also serve as members of the Best Practices Review Board. After the completion of an internal assessment, undertaken by the Best Practices Unit from January – August 2004, the BPAG was reconvened in October 2004 along with members of the Best Practices Review Board and other CAs.

Definition of a Best Practice

When Advance Africa began researching the term "best practices" it became apparent that there were no widely accepted criteria to exactly define a best practice. Various international organizations implementing FP/RH projects documented successes as "best practices" according to their own specific definitions.

Organization	Definition
UNFPA	Planned or operational practices that have been proven successful in particular circumstances and are used to demonstrate what works and what does not, with evidence on how and why they work in different situations and contexts
UNESCO	Practices having four common characteristics: innovative, different, and sustainable effects, and the potential to be replicated and serve as a model

	for generating initiatives elsewhere
UN Inter-Agency Committee on Women & Gender Equality	Practices on gender that meets at least two of the following criteria: leads to actual change, has an impact on the policy environment, demonstrates an innovative or replicable approach, and/or demonstrates sustainability
Global Health Council	Practices that are community-based, sustainable, replicable, and that have measurable outcomes to show the success of the program

After examining these and other definitions, it was clear that there cannot be one universally accepted definition of a best practice because the definition is specific to the organization. Advance Africa developed its definition and criteria for best practices as a collaborative effort with various USAID CAs. Advance Africa does not claim that its definition is superior to others or that it can be replicated or utilized by public health organizations worldwide without modification, but for purposes of identifying, documenting, and disseminating best practices in FP/RH, the definition has been proven effective and useful.

According to Advance Africa's approach, practices are categorized in one of two levels. A *best practice* is a specific action or set of actions exhibiting quantitative and qualitative evidence of success with the ability to be replicated and the potential to be adapted and

> *Advance Africa defines a practice as a specific action or set of actions within a program or activity that is consistently used in response to a problem or identified need.*

transferred. Best practices represent the "gold standard" of activities and tools that can be implemented to support program objectives. A *promising practice* is a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.

Type → Criteria ↓	Promising practice	Best Practice
Evidence of Success	Anecdotal or preliminary evidence	Quantitative/qualitative evidence (proven effectiveness)
Transferability	Shows promise for replication	Replicated or has potential for replication

Pyramid of Practices

To help program managers make the most judicious selections of best practices, a compendium of best practices should use a standard framework to present entries. Standardized information and criteria will simplify the process of evaluation and comparison of entries. The initial Advance Africa best practice pyramid was organized with five tiers of practices (see figure 1). The pyramid proposes a hierarchy of practices based on levels of evidence.

Figure 1
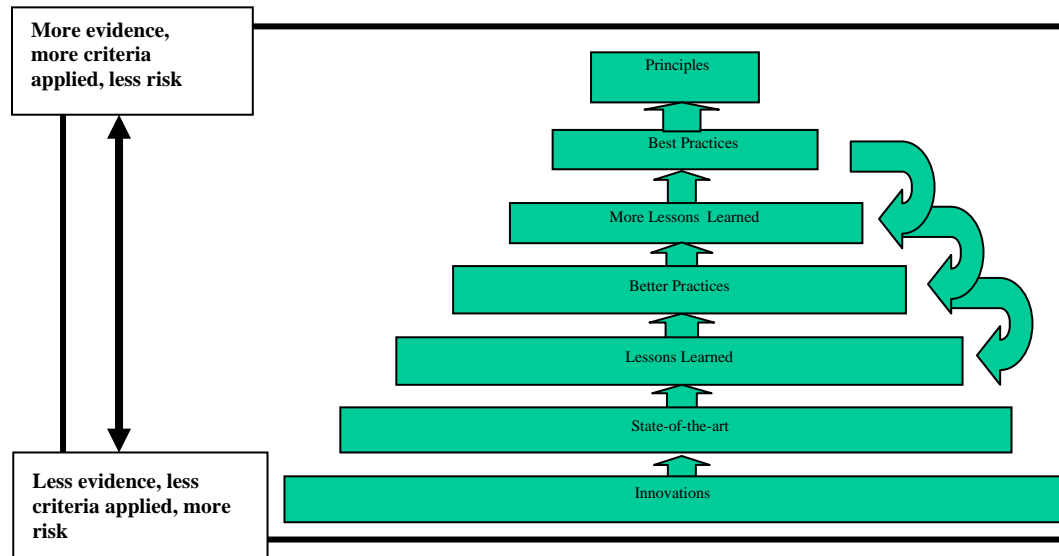
The constantly changing process of practice development has five stages. Starting as an innovation, lessons learned and evidences of success attained after implementation move the practice up the pyramid toward principles. *Innovations* are typically pilot programs with little or no evidence of desired impact. At the top of the pyramid are *principles*, or ideas and concepts that are essential to the success of a program. Principles are overriding conclusions that can apply across sectors, geographic boundaries, or technical areas and are usually policy-related.

The arrow on the left shows that a practice moves up the pyramid when more compelling evidence exists that proves it has met specific objectives and is thus considered less risky. *Risk* is the degree of certainty that the practice will lead to the program manager's desired outcome. Arrows move in both directions as some practices may fall down or off the pyramid as new evidence emerges showing that the practice is not successful or not replicable in other settings. Since any practice can eventually become outdated or proven not to work, the true *best practices* category will only have a small number of entries, changing over time.

With input from the BPAG and in an effort to ensure buy-in from CAs and the partner community, Advance Africa worked on simplifying the pyramid. The Pyramid of Practices was refined to reflect two levels, promising practices and best practices, which are connected by lessons learned and based upon principles (see figure 2). These levels are determined by the evidence of success and transferability in multiple contexts. Lessons learned remain key in developing increasingly successful practices.

Figure 2

The success of any practice is somewhat dependant upon the unique context in which it is applied. Contextual factors include, but are not limited to, the socioeconomic status or demographic features of the community and the political environment where the practice is being applied. Context determines the acceptability of a practice's application, and is represented by the circle surrounding the revised pyramid. A practice is more likely to become a best practice as it is adapted and proven successful in different contexts. These factors are considered by the Best Practices Review Board when assessing practices.

Instead of using *risk*, the *confidence level* is used to describe the program manager's perception when applying practices. The confidence level is determined by the practice's evidence of success in meeting the program's objectives and the extent to which the practice has been transferred or replicated in other settings.

CREATION OF A SEARCHABLE DATABASE

Structure and Content

Program managers need to be able to easily and rapidly identify practices that address the specific performance needs of their programs. Therefore, a user-friendly compendium should offer maximum flexibility by reflecting a number of the potential areas related to improving service delivery.

A compendium can be broad or narrow depending on the specific interests and objectives of the organization. FP/RH compendia are likely to include many areas because program performance is affected by many different factors. However broad or narrow, accessibility and utilization will be influenced by the way in which the best practices are organized and identified.

After collecting best practices compendia, anthologies, and publications from several organizations, Advance Africa developed a framework for an online compendium database and a format for publication. The framework organizes FP/RH practices on two levels to indicate program performance problems or gaps: (1) practices that influence the achievement of program objectives, and (2) practices that influence the environment in which programs are implemented.[1] In July 2002, a pilot version of a web-based searchable database of best practices was launched. Several search fields were used to identify practices within the Compendium, including primary technical area, secondary technical area, region, country, and target population.

The Best Practices Compendium was tested with numerous audiences online and at conferences and workshops, and usability surveys were conducted to determine improvements that could be made for the design. Between surveys, field-testing, and BPAG meetings, it became apparent that the online format could become even more user-friendly and technically sound.

In June 2003, the updated Best Practice Compendium went live at www.advanceafrica.org/compendium. The search criteria were refined so that users could search by keyword, best or promising practice, and a comprehensive list of technical areas. The technical areas included in the Compendium are:

- Adolescent and Youth Programs
- Education and Training Programs
- FP/Contraceptive Methods
- FP/RH Service Delivery
- Gender
- HIV/AIDS
- Information and Communication
- Integration of Family Planning with Non-Health Sectors
- Integration of Family Planning with other Health Services
- Management and Leadership
- Maternal and Child Health
- Monitoring and Evaluation

Fields such as contextual factors were added so that submissions could share success factors and barriers in implementation. Furthermore, key contact information and further documentation became more accessible to users.

Having the database online enables immediate access to the most updated version of the Best Practices Compendium. Compendium users register as members to access additional electronic components. By registering, users are able to submit their own practices for review and inclusion in the Compendium. Also, members may comment and write reviews on practices. This is an excellent way for users to share their experiences with specific interventions with other managers and decision makers in the field.

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[1] Developing a Compendium of FP/RH/HIV/AIDS Best Practices as a Tool for Program Managers –
Step # 4: Organize the Best Practices Entries into a User-Friendly Searchable Database.

The final modification of the database included a reclassification of programmatic practices by both technical and practice areas. This was done to ensure that specific practices were effectively highlighted. A core group of 20 practice areas, obtained from FP/RH literature, focused on increasing demand, access, quality, and sustainability of FP/RH services. Practices are divided into the following areas:

- Accreditation
- Advocacy and Social Marketing
- Capacity Building
- Collaboration and Sharing Lessons Learned
- Communication and Education
- Community Involvement
- Contraceptive Logistics
- Family Planning Counseling and Voluntary Counseling and Testing (VCT)
- Health Reform and Decentralization
- Integration and/or Multisectoral Approaches

- Life Skills and Livelihoods
- Management Systems
- Participatory Approaches
- Policy Planning and Development
- Private Sector Involvement
- Quality Assurance and Performance Improvement
- Replication and Scaling Up
- Resource Mobilization and Sustainability
- Social Support and Networks
- Youth-focused Interventions

During the final revision of the Compendium, each submission was classified under one primary technical area and up to four practice areas. Users retained the ability to search by various indicators, such as geographic area, technical area, or by keywords. Overall user feedback was positive regarding Compendium structure changes.

Submission and Review Process

The Best Practices Compendium streamlined its submission process by providing two options for the submission of best practices. The first was a downloadable two-page Microsoft Word document that required the user to enter relevant information for assessment and review by the Best Practices Unit. The second option allowed users to submit their best practices through an online submission form available through the Compendium website. Once either of these forms was submitted, the practice then entered the review process. Both methods had the same level of quality control for assessment and review. Prior reliance on the hardcopy submission form delayed the process of best practices submission, but the convenience of online submission considerably streamlined this process.

To ensure the Compendium's credibility and reliability, each practice was required to go through a thorough review process. A member of the Best Practices Unit first reviewed each submitted practice for classification, technical consistency, and assessment. Once a practice was accepted by Advance Africa and uploaded to the Compendium, it was then sent to a member of the Advance Africa technical staff for review. After the necessary revisions were made, the submission was then sent to a member of the Best Practices Review Board for classification as best or promising.

The Review Board consisted of technical experts in various fields of FP/RH, all of whom were nominated by the BPAG or a member of Advance Africa technical staff. The Compendium had reviewers from organizations such as:

- Family Health International
- Mexican Institute for Research on Family and Population
- JHPIEGO
- Management Sciences for Health
- Muhimbili University College
- Pathfinder International

- Population Leadership Program
- CATALYST Consortium
- United Nations Agencies
- USAID
- World Bank

Reviewers rated practices according to evidence of success and transferability. They also provided brief explanations on why a practice was categorized as best or promising and suggestions on who could benefit most from the practice. Reviewers were able to post his or her feedback directly to the online Compendium. To ensure that all comments were addressed, each comment was manually accepted or rejected by the Compendium's system administrator. Registered users also had the option to post his/her comments about practices in a similar fashion.

Collaborations and Technical Leadership

Collaboration and consensus-building were the hallmark of Advance Africa's best practices approach. Advance Africa played a leadership role in defining best practices, and shared its experience and technical expertise with CAs and other organizations. In the final year of the project, Advance Africa promoted greater collaboration on and sharing of the best practices approach with field partners, CAs, international organizations, and communities of practice.

The project was proactive in sharing the best practices approach and the Compendium's criteria, methodology, and review process with CAs and African reproductive health institutions in a number of domestic and international forums, including: Implementing Best Practices (IBP), Strategies for Enhancing Access to Medicines (SEAM), Global Health Council, Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH), AWARE-HIV/AIDS, WHO/AFRO, and at national and regional repositioning meetings.

These communities of practice find the Compendium and best practices approach practical, valuable, and easy-to-use. When the methodology was presented to other organizations interested in best practices (AWARE projects, IBP, Joint United Nations Programme on HIV/AIDS [UNAIDS]), most add their specific objectives and subject areas, but also indicate that the criteria developed to define a best practice is of high quality.

Dissemination

Compendium dissemination efforts focused on systematically and proactively expanding the reach of the Compendium and use of best practices. The goals of dissemination were to increase the number of users, increase outreach to user subgroups, increase the number of submissions, and encourage successful replication of the Best Practices Approach.

Promotion and dissemination strategies focused on international, regional, and country levels, at which the Compendium served as a reference, programming tool, information source, teaching tool, and index for targeted users. Dissemination efforts coincided with the solicitation of best practices from the FP/RH field.

The primary goals of the dissemination and promotion strategy were to:

1. Increase awareness and use of the Compendium

2. Promote greater collaboration and sharing of best practices with partners, CAs, international organizations, and communities of practice

3. Solicit submissions to increase the number and variety of best practices included in the Compendium
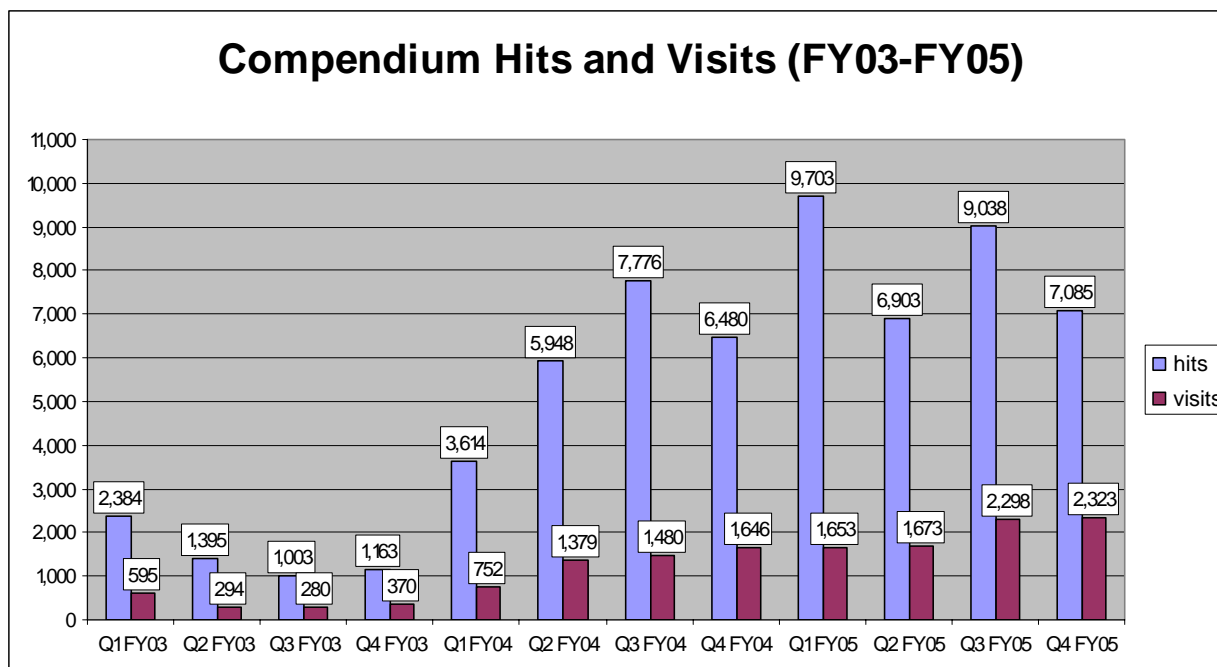
The practice of demonstrating effectiveness and scale was a best practice in itself that engenders greater accountability among technical assistance organizations. Technical assistance organizations, international private voluntary organizations (PVOs), non-governmental organizations (NGOs), and CAs, had their practices reviewed and disseminated through the Compendium. Advance Africa's own practices were added to the Compendium and set an example for future project accountability.

RESULTS

Advance Africa's approach to best practices was developed over a period of two years with the assistance of various technical experts. The Compendium was made available online and was routinely updated with new practices. The Compendium was disseminated to field projects in CD-ROM and print format and was well received by public health professionals worldwide.

Best Practices Compendium Website

Web statistics show increased use of the Compendium over time that coincides with periods of greater outreach and dissemination at conferences and meetings. The periods of marked increase are those in which Advance Africa was most actively disseminating the best practices approach and methodology. The majority of users were typically U.S.-based, however international users increased with time and dissemination activities. Over the past two years, the average proportion of users from the United States was 70%. International users and users of unknown origin (which are assumed to be other international users) have averaged 30% with a peak of 37% between July – September 2004, a period of elevated dissemination.

Compendium Hits and Visits (FY03-FY05)

Quarter	hits	visits
Q1 FY03	2,384	595
Q2 FY03	1,395	294
Q3 FY03	1,003	280
Q4 FY03	1,163	370
Q1 FY04	3,614	752
Q2 FY04	5,948	1,379
Q3 FY04	7,776	1,480
Q4 FY04	6,480	1,646
Q1 FY05	9,703	1,653
Q2 FY05	6,903	1,673
Q3 FY05	9,038	2,298
Q4 FY05	7,085	2,323

The recent survey of Compendium users found visitors from various countries such as the Philippines, India, Tanzania, and Uganda. Users are primarily program managers, researchers, and FP/RH/HIV/AIDS technical advisors. These results demonstrate that Advance Africa successfully reached its target audience and additional confirm that the Compendium was used for performance improvement and the scaling up of FP/RH programs.

Materials

Advance Africa endeavored to create materials that would reach program managers with a variety of accessibility. Many program managers in developing countries do not have or have limited access to the internet. The Compendium and its contents were made available to this target audience through:

- CD-Roms = 6,200 distributed over life of project
- Best Practices Mini-compendia: Adolescent Reproductive Health, HIV/AIDS, Postabortion Care, Private Sector Interventions
- Best Practices Updates
- Best Practices Technical Brief

Each of these materials was disseminated electronically as well as in hard copy at various meetings and conferences. Advance Africa took advantage of as many opportunities as possible to have a dissemination table at conferences and tools fairs or to include Compendium CD-ROMs and information briefs in packets of materials for participants at workshops and courses.

Presentations

Much dissemination was conducted via presentations of the Best Practices Compendium in various venues, large and small, averaging one to two presentations per month through the life of

the Compendium. In fact, website activity increased during times of heightened dissemination with presentations and CD-ROMs. Venues for presentation included:

- Conferences
- Brown Bags
- Workshops

- Mini Universities
- Courses
- Tools Fairs

Links from other websites
Partners often included links from their websites to the Best Practices Compendium website as a valuable resource. The following partners continue to maintain links to the Compendium:

- Academy for Educational Development
- American Public Health Association
- Child Survival Technical Support +
- Family Health International
- Global Health Council
- IBP Electronic Communications System

- JHUCCP
- Management Sciences for Health (MSH) Electronic Resource Center
- Maximizing Access and Quality (MAQ Web)
- Population and Health Infoshare
- SMART Initiative
- The Communication Initiative

September 2004 Internal Assessment

At the request of USAID, Advance Africa completed an internal assessment of the Best Practices Compendium in September 2004. The findings were based on research conducted from January to September 2004. The assessment included information on the progress made in best practices, information on the use of the Compendium, a dissemination and promotion plan, and recommendations for the immediate future of the Compendium. Many of the findings from this assessment were used for this report.

A targeted survey of online registered users was conducted in July 2004 and results were presented in the internal assessment, based on the 20 responses. The survey focused on five areas:

1. Who is using the Compendium?
2. Is the Compendium reaching its target audience?
3. How is the current audience being reached?
4. In what context(s) is the Compendium being used?
5. How are the best practices within the Compendium being implemented?

Key findings from the July 2004 survey were:

- 70% of respondents learned about the Compendium through direct contact with Advance Africa staff, colleagues, or consortium partners
- 30% of respondents learned about the Compendium through online research/searches for specific FP/RH and HIV/AIDS programs, or for best practices
- 90% of respondents prefer to access the Compendium online

- 10% of respondents prefer the hardcopy version of the Compendium for the convenience of carrying it to the field, where there is little access to computers and the Internet
- 90% of respondents rated the Compendium as very useful and an accurate resource
- Additional responses noted that the Compendium was being used as a training tool by professors and students at public health institutions. Another respondent uses the Compendium in field training and capacity-building for technical staff and program developers.

The next steps set forth by the assessment were:

1. Promote active collaboration between Advance Africa and Consortium Management Group members and other CAs. Solicit practices from these groups in accordance with the promotion and dissemination plan.

2. Attend local and international conferences to generate awareness of the Compendium and best practices approach.

3. According to the Advance Africa external evaluators:

   - If warranted by the findings of the upcoming Compendium evaluation, USAID should plan to find a host for the Compendium with another CA, or to include continued responsibility for Compendium development and dissemination in the scope of work of any follow-on project to the Advance Africa and CATALYST projects.
   - USAID should promote broader use of the Compendium—and broader reference to best practices in general—by requiring that all project proposals, responses to request for applications and request for proposals, and task orders demonstrate the submitters' due diligence in researching best practices that are relevant to the proposal. Proposals for USAID funding should identify specific best practices considered by the submitter, describe how these practices are reflected in the proposal, and/or explain why the best practices were considered but rejected.

4. During the Advance Africa Management Review in June 2004, it was recommended that the project tap into the experiences of bilaterals and encourage them to infuse their projects with up-to-date, evidence-based practices. To encourage bilaterals to utilize the Compendium, outreach activities must specifically target bilaterals. The Compendium, mini-compendia, and CD-ROMs should also be shared with bilaterals. Pending USAID funding and time management, this can be done at headquarters and country levels. Advance Africa continues to gather additional best practices while also focusing heavily on disseminating its evidence-based approach and the Compendium.

5. Conduct Best Practices Advisory Meeting in Fall 2004. This will be the first meeting to convene both the Best Practices Advisory Group and the Best Practices Review Board, and the final meeting of the entire advisory panel. The result of this meeting will impact the amount of promotion and dissemination the Best Practices Unit can achieve in the immediate future.

The internal assessment found that in addition to the technical and cost requirements needed to maintain the Compendium, there are organizational criteria needed to maintain the Compendium as a valid, useful resource. These criteria include:

1. Ability to work with and maintain access to international communities of best practices and the international FP/RH community
2. Ability to solicit and add additional practices
3. Technical capacity to undertake an internal review of best practices and uphold an external review process
4. Access to necessary server requirements and human resources to effectively maintain and adequately promote the Compendium
5. Ability to disseminate and promote via electronic and other international, regional, and country-level networks and channels

The Compendium requires technical expertise for any troubleshooting or corrections that need to be made to the database. The Compendium was supported by two experts who spent an average of four hours per month working on the database. Any organization that hosts a similar compendium must have a staff member with at least two years of professional experience in the following platforms:

- MS IIS Administration
- ASP programming
- SQL server database administration
- SQL programming and database concepts

The Best Practices Compendium was based on an MS SQL server database installed on a server, which was housed in the MSH office. The database was used to store all data on the Compendium website.[2]

BPAG Meeting – October 2004

After the completion of the Internal Assessment, the BPAG reconvened in October 2004 along with members of the Best Practices Review Board and other representatives from CAs. The results of the internal assessment, along with the newly-developed promotion and dissemination plan, were presented to participants. The intent was to use the BPAG and review board to generate ideas on how to strengthen and implement the most far-reaching promotion and dissemination plan possible in a limited amount of time. Advance Africa requested feedback, input, and the assistance of the BPAG to ensure the plan was carried out to its full extent.

A review of the development of the Compendium was given in order to lay the foundation for the duration of the meeting. The four main points covered were:

- Structure, content, and use of the Compendium

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[2] See Annex 1.0 for technical specifications.

- Review process
- Demonstration of final Compendium
- Lessons learned

Meeting participants were pleased with the final structure of the Compendium and stressed the importance of keeping it available online. It was suggested that the process of building the Compendium should be documented for other organizations to learn from, either in a scholarly journal or for submission to the USAID Development Exchange Clearinghouse. Since many organizations included knowledge management as a part of their workplans, Advance Africa can take advantage of this fact to advocate for the use of the Compendium.

Ideas for gaining more Compendium feedback from users were discussed at the meeting and one suggestion was the use of an online survey mechanism to reach users in an inexpensive and effective manner. As the Compendium was being actively promoted and disseminated, it was imperative to keep track of who had been using it, why they were using it, and how they were using it. Using an online survey mechanism would facilitate this process and provide Advance Africa with additional statistics, which may then be presented to USAID and other interested CAs. One participant also noted the importance of conducting market research to determine the specific needs of users as a way of shifting the focus from the Compendium to its users.

Advance Africa has been commended on the work that they have done on the Compendium. Many organizations have looked to Advance Africa for guidance in best practices. This again stresses the importance of documenting the best practices approach and the process of building the Compendium for distribution.

January 2005 Internal Assessment

A detailed survey was conducted in January 2005 to gather information on the use of the Best Practices Compendium. This survey was emailed to 571 users whose email addresses were attained from conference participant lists where the Compendium was disseminated and/or presented, registered users of the online database, and those who had requested best practices materials within the past two years. A total of 84 responses were completed and returned to Advance Africa.

Primary Region of Work
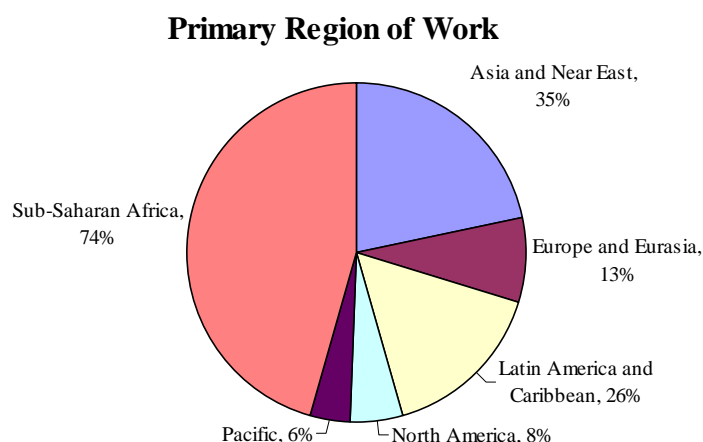
The majority of survey respondents indicated that they work in sub-Saharan Africa (74%) and/or Asia and the Near East (35%). In general, respondents were program managers (30%), FP/RH and HIV/AIDS technical officers (15%), medical professionals (15%), and researchers (13%). Approximately 21% of total survey respondents are program managers working in sub-Saharan Africa.

The primary technical areas most often searched under are HIV/AIDS, FP/RH service delivery, and adolescent and youth programs. Users cite using the Compendium in technical training workshops and programs, to improve voluntary counseling and testing program design, and in the design of a communication strategy for improving reproductive health service utilization. Users also indicate that the Compendium should be maintained and actively disseminated, and is a valid source of material for trainers, program managers, and family planning advocates.

The survey results prove that the Compendium is reaching the target audience of African program managers working in the field of FP/RH. In general, users are primarily interested in practices related to HIV/AIDS, FP/RH service delivery, and adolescent and youth programs. Furthermore, the overarching sentiment towards the Compendium is very positive. This feedback verifies the successful intent of Advance Africa in developing a tool that helps program managers access information that can be applied to performance improvement and the scaling up of FP/RH programs. In addition, users cite the desire to have the Compendium sustained and enriched.

LESSONS LEARNED

Consensus around the concept of best practice was reached through intense research and collaboration. The BPAG was pivotal to the consensus process since it brought together experts who were familiar with best practices and were willing to engage in the decision-making process. Once the criteria and theoretical framework were developed, the BPAG assisted with the creation of the database. Creating partnerships to promote transfer of knowledge is important for the implementation of best practices. The application of best practices was hindered by the inability of local partners to take ownership of the process. It is thus beneficial to move beyond comparing the principles of a best practice toward comparing the advantages of its application. It is also necessary to transfer skills and tools needed for local implementation.

Sustainability is an essential factor in the application and feasibility of a best practice. The standard five-year duration of most projects does not allow sufficient time to make a project sustainable. The question is which best practices are sustained after funding runs out and why these are sustained. Local ownership is considered a key factor in sustainability. Five years is not a sufficient amount of time to view the tangible impact of the Best Practices Compendium.

As more and more practices were being entered into the searchable database, it became necessary to closely manage the content which became public. Not everything that was initially researched met the established criteria for a best or promising practice. It did however produce a wealth of resources that were used as reference materials by Advance Africa.

Challenges
Advance Africa was proactive in sharing the criteria and review process of best practices with CAs. The Population Technical Assistance Project (POPTECH) evaluators noted that while the Advance Africa project was mandated by USAID to develop the Compendium, no project funds were available for promotion and dissemination of the tool. They further noted a lack of clarity

regarding joint USAID/Advance Africa responsibilities for ensuring utilization and promotion of the Compendium.

Given the wealth of information on best practices, effectively disseminating information about them in the field is critical. Managing existing information and obtaining new information in the field are important aspects of building capacity. Selecting the appropriate audiences and venues are necessary to ensure the utilization of the Compendium. Furthermore, best practices must be directed to program managers, policy makers, and other decision makers who play vital roles in their implementation.

A challenge that Advance Africa encountered was effectively soliciting submissions. A user must register (free of charge) with the Compendium in order to submit a practice. Since the online submission form is very detailed, oftentimes an organization will simply send documents or links to websites with information about a practice they believed should be included in the Compendium. In addition, many submissions to the Compendium were summaries of program models, not best practices within those program models. The incentive for users to submit practices was to participate in the active dissemination of the Compendium. Not only was dissemination increasing the use and encouraging submissions to the Compendium, it was also increasing the reach of the practices included in the database. Advance Africa soon realized that this incentive was not enough.

Advance Africa took a lead role in the promotion of best practices by strategically linking with promotional efforts of other ongoing activities. Compendium usage increased as a result, but still fell short of the project's goals. Advance Africa sought to target its efforts in the solicitation of practices, focused sub-user outreach, and product dissemination. USAID also has a key role in using the Compendium in its missions and among CAs.

Taking practices to scale and replicating them is a significant challenge. Costs associated with scaling up best practices are not usually known, and ensuring quality when best practices are taken to scale is a major concern of program managers and policy makers. Some interventions are best practices when they are implemented on a large scale and others only when they are implemented on a small scale. This posed a challenge to Advance Africa, since they were not in a position to evaluate which interventions are effective in specific settings. Each practice is contextually unique and it is the task of the program manager or policy maker to investigate methods of taking a specific practice to scale.

Perhaps the greatest challenge that Advance Africa has encountered is the consistent lack of consensus around the concept of best practices. For purposes of the project mandate and specific objectives, Advance Africa's approach to best practices is widely accepted by the CA community and others. Organizations worldwide can learn from the methodology behind the approach and the technology behind the searchable database to avoid duplication of effort. Long-term efforts to promote best practices require clarity about what best practices are and a consensus on how to replicate and support them. Despite the efforts that Advance Africa made to involve multiple organizations in the creation of the approach, there is still a lack of agreement surrounding best practices.

How an intervention can be categorized as *best* is a frequent topic of debate, and it has been suggested that the term "best practice" be changed to "evidence-based practice." Though this would eliminate the controversy over what is considered best and according to whose standards, it would still not be possible to distinguish between those backed by concrete evidence and those that only have preliminary evidence.

ANNEXES

1.0 Microsoft SQL Server and Windows Server System Requirements

Microsoft SQL Server 2000 System Requirements

Content Updated: April 24, 2003

Microsoft SQL Server 2000 requires the following minimum system configuration.
Note: **If you are running a 64-bit version of a Microsoft Windows Server™ operating system, you need to use SQL Server 2000 Enterprise Edition (64-bit). Visit the SQL Server 2000 (64-bit) System Requirements page for additional information.**

Minimum Requirements	
Processor	**Intel Pentium or compatible 166-megahertz (MHz) or higher processor**
Operating System	• SQL Server 2000 Enterprise Edition and Standard Edition **can run on the following operating systems:** **Windows Server 2003, Standard Edition1** **Windows Server 2003, Enterprise Edition1** **Windows Server 2003, Datacenter Edition1** **Windows® 2000 Server** **Windows 2000 Advanced Server** **Windows 2000 Datacenter Server** **Windows NT® Server version 4.0 with Service Pack 5 (SP5) or later** **Windows NT Server 4.0, Enterprise Edition, with SP5 or later** • SQL Server 2000 Evaluation Edition and Developer Edition **can run on the following operating systems:** **Operating systems listed above for Enterprise and Standard Editions** **Windows XP Professional** **Windows XP Home Edition** **Windows 2000 Professional** **Windows NT Workstation 4.0 with SP5 or later** • SQL Server 2000 Personal Edition2 and SQL Server 2000 Desktop Engine (MSDE) **can run on the following operating systems:** **Operating systems listed above for Enterprise, Standard, Evaluation, and Developer Editions** **Windows Server 2003, Web Edition1 (MSDE only)** **Windows 98** **Windows Millennium Edition (Windows Me)**
Memory3	• **Enterprise Edition: 64 megabytes (MB) of RAM; 128 MB recommended** • **Standard Edition: 64 MB** • **Evaluation Edition: 64 MB; 128 MB recommended** • **Developer Edition: 64 MB** • **Personal Edition: 128 MB for Windows XP; 64 MB for Windows 2000; 32 MB for other operating systems** • **MSDE: 128 MB for Windows XP; 64 MB for Windows 2000; 32 MB for other operating systems**
Hard Disk4	**Enterprise, Standard, Evaluation, Developer, and Personal Editions require:** • **95–270 MB of available hard disk space for the server; 250 MB for a typical installation.** • **50 MB of available hard disk space for a minimum installation of Analysis Services; 130 MB for a typical installation.** • **80 MB of available hard disk space for English Query.** **MSDE requires 44 MB of available hard disk space.**
Drive	**CD-ROM drive**

Display	VGA or higher-resolution monitor
Other Devices	• Microsoft Internet Explorer version 5.0 or later • Windows 95, Windows 98, Windows Me, Windows NT 4.0, Windows 2000, and Windows XP have built-in network software. Additional network software is required if you are using Banyan VINES or AppleTalk ADSP. Novell NetWare IPX/SPX client support is provided by the NWLink protocol of Windows-based networking. Client Support: • Windows 955, Windows 98, Windows Me, Windows NT Workstation 4.0, Windows 2000 Professional, Windows XP Professional, and Windows XP Home Edition are supported. • UNIX, Apple Macintosh, and OS/2 require Open Database Connectivity (ODBC) client software from a third-party vendor.

¹ Windows Server 2003 requires SQL Server 2000 Service Pack 3 or later to be applied.
² SQL Server 2000 Personal Edition is offered for desktop and mobile use. Personal Edition does not contain the full functionality of Standard Edition. For more information on the capabilities of Personal Edition, read the Choosing an Edition of SQL Server white paper. Analysis Services—including online analytical processing (OLAP), data mining, and other data warehousing features—are included in Personal Edition but cannot be installed on Windows 98 or Windows Me.
³ Additional memory may be required, depending on operating system requirements.
4 Hard disk requirements vary based on your system configuration and the applications and features you choose to install.
5 Supported for client connectivity only; does not include graphical tool support.

Windows Server 2003 System Requirements	
Requirement	Standard Edition
Minimum CPU Speed	133 MHz
Recommended CPU Speed	550 MHz
Minimum RAM	128 MB
Recommended Minimum RAM	256 MB
Maximum RAM	4 GB
Multiprocessor Support **	Up to 4
Disk Space for Setup	1.5 GB

2.0   Short Submission Form

Best Practices Submission Form
Take this opportunity to share innovative best practices within your program or project with other program managers and organizations. All practices will be assessed by the Review Board before inclusion in the Compendium. Your program and best practices may be highlighted in the quarterly "Best Practice Updates."

Contact Information: Please include the key contact for any follow-up questions.

1.   **Key Contact Name**: _____
2.   Organization Name: _____
      Website Address (if available): _____
3.   **Organization:** _____
      Street Address: _____

      _____

      City/State/Province: _____
      Country: _____
4.   Telephone Number: _____(ext.)_____
5.   Fax Number: _____
6.   E-mail Address: _____

Please complete all questions below as fully as possible at this time. Criteria for a best practice include: evidence of success (evaluation and data), replicability, scaling-up, or transferability. Be prepared to explain these.

1. Practice Title:[3] _____

2. Practice Areas: (please select up to four)

Advocacy & Social Marketing	Life Skills and Livelihoods
Accreditation	Management Systems
Capacity Building	Participatory Approaches
Collaboration & Sharing Lessons Learned	Policy Planning & Development
Communication & Education	Private Sector Involvement
Community Involvement	Quality Assurance & Performance Improvement
Contraceptive Logistics	Replication & Scaling Up
Family Planning Counseling & VCT	Resource Mobilization & Sustainability
Health Reform & Decentralization	Social Support & Networks
Integration and/or Multisectoral Approaches	Youth-focused Interventions

3. Abstract: (provide a brief synopsis/summary of the practice)
_____
_____
_____
_____

4. Objectives: (statement(s) of purpose or intent of the practice)
   (1) _____
   (2) _____
   (3) _____

5. Key Activities:[4]

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[3] Practice- specific action or set of actions consistently used by an individual or organization in response to a problem or unresolved issue.

(1) _____
(2) _____
(3) _____

6. Evidence:

a. Has the practice been evaluated? ❏ Yes ❏ No   If yes, when? _____

b. Is the evaluation documentation and evidence available? ❏ Yes ❏ No

Please provide evaluation information. Email document to us or attach to this submission.
Title: _____
URL: _____
Reference: _____
(List on separate sheet if more than one)

c. Why is this a best/promising practice? (Briefly describe the evidence of success demonstrating that this is a best/promising practice.[5] For example: *Quantitative* evidence that CPR increased from 5% to 10% or *qualitative* evidence that client satisfaction with prenatal service increased.)

(1) _____
(2) _____
(3) _____

7. Replication and Transferability:

a. Has this practice been replicated or scaled up? ❏ Yes ❏ No
b. If yes: where, when and by whom? _____

8. Documentation of Evidence of Practice Success: (Include all published documents in electronic format; submit by email)
Title: _____
URL: _____
Reference: _____
(List on separate sheet if more than one)

Submit this document to:

Best Practices Unit, Advance Africa   bestpractices@advanceafrica.org
4301 N. Fairfax Drive, Suite 400   tel: 703-310-3500
Arlington, VA 22203   fax: 703-524-7898
USA

Thank you for your time! We will contact you for more information.

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[4] Main activities implemented to accomplish practice objectives. Indicate persons involved and their roles, as well as the key aspects of the best practice that are of value to replicate.
[5] Best practice- a specific action or set of actions exhibiting quantitative and qualitative evidence of success together with the potential to be adapted and transferred. Promising practice- a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.

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