Ethiopia Population, Health and Environment

PHE Good Practices Collection Guide

2013 Edition

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Acronyms

AIDS	acquired immunodeficiency syndrome
HIV	human immunodeficiency virus
IBP	Implementing Best Practices Consortium
FP	family planning
M&E	monitoring and evaluation
NGO	non-government organization
PHE	population, health and environment
PHE EC	Population, Health and Environment Ethiopia Consortium
RH	reproductive health
UNESCO	United Nations Education, Science and Culture Organization
USAID	United States Agency for International Development
WASH	water, sanitation and health
WHO	World Health Organization

Introduction

Population, health and environment (PHE) programs address the interconnected challenges that communities face using integrated approaches that involve multi-sectoral partners and stakeholders. The Ethiopian PHE approach is defined as a holistic, participatory and proactive development approach whereby issues of environment, health and population are addressed in an integrated manner for improved livelihoods and sustainable well-being of people and ecosystems. The PHE approach is a relatively new approach that has attracted a diverse group of organizations who are creating innovative approaches to implementing multi-sectoral, integrated projects. The purpose of this guide is to serve as a tool for these pioneering organizations to document the practices they are using and to share them with fellow PHE implementers in Ethiopia and around the world. The process will be facilitated by the PHE Ethiopia Consortium (PHE EC). PHE EC was established in 2008 to provide technical support and capacity building opportunities to PHE implementers and to promote the PHE approach in Ethiopia.

PHE EC has several initiatives to help document and communicate the work of its members. One example is the *Spotlight* series, which shares success stories detailing the work PHE implementers are doing and the difference it is making. PHE EC has also developed a poster on PHE and regularly makes presentations in Ethiopia and internationally on PHE in Ethiopia, explaining why PHE is a relevant approach in Ethiopia and the different approaches the members use to address community needs. PHE EC is also supporting the evaluation of member's PHE projects through collaborations with MEASURE Evaluation and Johns Hopkins University Bloomberg School of Public Health. The PHE Good Practices documentation process will add to these efforts and provide PHE implementers with more knowledge about what is working in PHE in Ethiopia.

The Implementing Best Practices (IBP) Consortium, which focuses on reproductive health, defines a best practice as, "*A process, procedure, tool or principle based on scientific evidence and/or programmatic experience that has improved the quality of health programs.*"

UNESCO has established four criteria for best practices:

- Innovative
- Successful (evidence based)
- Sustainable Effect
- Potential to be replicated

PHE EC would like to build on these ideas to capture the diverse range of practices that PHE implementers use, drawing on the multiple sectors across which they work. Recognizing that the term 'best' practice can be controversial and the current lack of strong data on the effectiveness of the current PHE interventions in Ethiopia, PHE EC has selected the term 'good' practice for its current effort to document and learn from the work that its members are doing.

At a workshop for PHE implementing organizations in June 2012, PHE EC members were asked how they define a best practice. Combining these ideas, PHE EC is defining a PHE Good Practice as:

An evidence based practice that addresses interconnected challenges in an innovative, participatory, cost effective and sustainable way to improve the lives of beneficiaries and sustains the environment.

Through the difference these practices are making in the communities where they are implemented, PHE projects are helping Ethiopia to achieve the national Growth and Transformation Plan targets and the Millennium Development Goals. PHE EC hopes that by documenting and sharing these practices more organizations can learn about the benefits of the PHE approach and that it can be scaled up in order to make a difference in more communities.

PHE Good Practices Collection Process

The process for collecting PHE Good Practices laid out by PHE EC is informed by the work that the Ethiopian Federal Ministry of Health conducted in 2006 in partnership with IBP, USAID and WHO to document reproductive health best practices in Ethiopia. The tools they developed and lessons they learned from their process have been very useful in thinking through how to best capture PHE Good Practices in Ethiopia.

PHE implementers are invited to submit practices to PHE EC using the questionnaire provided in this guide as a tool for documenting the practices they wish to submit. Practices can be submitted throughout the year. They will be evaluated annually in January and those practices that qualify as PHE Good Practices or Promising Pratices will be included in a booklet that will be presented and distributed at the PHE EC General Assembly which is typically held in March. PHE EC will promote the good practices and the organizations that contributed them as possible throughout the year.

PHE Ethiopia Consortium will gather a panel of five representatives from members, partners and government that represent a diversity of sectors at the end of January/beginning of February each year who will review the practices submitted for the year against the criteria established in this guide.

It is expected that practices will evolve over time; therefore, PHE implementers can re-submit practices that were submitted in previous years if substantial changes have been made that increase the effectiveness of the practice.

As time and budget allows, PHE EC staff will visit its members in order to assist them in capturing their practices to submit. If a PHE implementer would like to request assistance from PHE EC in capturing their practices, they should email pheethiopa@gmail.com to coordinate a visit from a PHE staff person.

PHE Good Practices Criteria

Each PHE practice submitted will be evaluated according to the following 100 point scale based on the UNESCO best practice criteria and the PHE Good Practice definition:

- Innovative (10 points)- The practice provides a unique approach for solving challenges faced by target populations.

- Encourages integration (10 points)- The practice promotes a multi-sectoral approach to development.

- Participatory (10 points)- The practice encourages the active involvement of partners and stakeholders.

- Successful (30 points)- The practice is making a tangible difference where it is being implemented that is supported by a strong evidence base and is cost effective.

- Sustainable effect (20 points)- The practice will be continued by local communities and government following the end of the project that introduced the practice.

- Potential to be replicated (20 points)- The practice has lessons and approaches that can be applied to other areas of Ethiopia and potentially other countries.

Scoring

A practice that scores 70 points or above qualifies as a PHE Good Practice.

A practice that scores between 50 and 69 points qualifies as a PHE Promising Practice, with a minimum of 15 points in the Successful category.

A practice that scores below 50 points is not yet a promising practice. PHE implementers should receive feedback from the review panel so they can work to strengthen the practice. Oftentimes a low score is a result of lack of documentation on the difference the approach is making in its target communities. In this case, PHE implementers can work to strengthen their monitoring and evaluation of the approach to build the evidence base for the practice.

PHE Good Practices Questionnaire[1]

1. Name of organization:

2. Contact information (address, phone, email):

3. Name and title of contact:

4. Phone number, email address of contact:

5. Description of organization's PHE project:

6. Name of PHE practice (project/program /activity/tools/service/policy) that has been successful:

7. Tick (x) relevant thematic areas:
   a. Family planning/reproductive health
   b. Health- HIV/AIDS
   c. Health- Malaria
   d. Health- WASH
   e. Health- Nutrition
   f. Environmental conservation
   g. Agriculture
   h. Livelihoods
   i. Climate change adaptation
   j. Climate change mitigation
   k. Disaster risk reduction
   l. Women's empowerment
   m. Youth empowerment
   n. Community participation
   o. Government involvement
   p. Management of integrated activities
   q. Multi-sectoral collaboration
   r. Monitoring and evaluation of PHE
   s. Communicating with stakeholders
   t. Policy dialogue
   u. Other (specify)

8. Describe your practice and its key activities.

9. What problem or issue does it address or resolve/what changes does it seek to make?

10. Who is directly implementing this practice (please include all partners and their roles)?

11. What was the baseline situation? (if baseline assessment was conducted, provide data)

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[1] Adapted from: Ethiopian Federal Ministry of Health. 2006. *Documenting Reproductive Health Best Practices in Ethiopia.*

12. When was this program, practice or service initiated?

13. What is the geographic area of implementation (catchments area) or impact of the project, activity or service? Specify region(s), zone(s), woreda(s), peasant association(s)/kebele(s)

14. Who (groups, sub-groups ie women, minorities and the disadvantaged) is the target population and how many people have been reached with this practice (disaggregate data by woreda, zone, or region and as is possible, by sex, age, urban/rural)? Over what time frame were these people reached?

15. What resources (human, financial, material) are required to implement this practice?

16. What have been your results or achievements (provide data from outcome indicators)?

17. What evidence do you have to show the success of your results and achievements (include findings of quantitative, qualitative assessments, studies, evaluations, service delivery statistics, or activity or anecdotal reports).

18. Why has this practice been successful? (list the essential or key components, elements, actions and factors such as political, economic, religious, geographic or socio-cultural)

19. Has this practice been used elsewhere or is it your innovation? If it was used elsewhere, how did you learn about it and adapt it?

20. What concerns or limitations are there for replicating this practice in other parts of Ethiopia? What are the necessary factors for replication in terms of resources: e.g. community participation, leadership, human resources, training, etc?

21. What concerns or limitations are there for making this practice sustainable? What are the essential or critical elements that need to be in place to make it sustainable?

22. What lessons have you learned from this experience, including obstacles and how you addressed them?

23. What have others done to contribute to the success of this practice (donors, technical consultants, governmental agencies, universities, NGOs, community or faith-based organizations, community groups, or associations)?

24. What complimentary activities within your project/organization have enhanced the impact of this practice?

25. Optional: do you have any success stories from beneficiaries that demonstrate the results of this practice?