



# IMPLEMENTING BEST PRACTICES IN REPRODUCTIVE HEALTH

## Partner Assessment of the IBP Consortium 2007

### Introduction

The IBP partner assessment was conducted during the June 1, 2007 IBP Consortium meeting. The purpose of this evaluation was: 1) gain insights from the IBP membership about the value of the Consortium and how they see their organization's participation in it in terms of current and potential impact, 2) gain insight into the value of the Consortium in the view of the IBP partners. The assessment provided the opportunity for members to discuss its current and potential impact on their organizations. To conduct the assessment, participants in the meeting were divided into four groups and each group was given two standard and one unique question. Each group was given time for discussion as well as a flip chart to record their main points. A rapporteur reported to the plenary on This report presents all the main points from the group discussions.

### Assessment Results

#### Standard Questions

**Q1. What should we as individual agencies and as a partnership do to foster more active participation from our organization in this partnership?**

#### **Responses:**

- Encourage Country teams – advocate IBP partnership, send IBP communications to project directors
- Share IBP purpose and outcome with implementing agencies
- Perfect the “elevator speech”- our own and other organizations’; develop a strategy to improve branding
- Share knowledge within our own organization such as discussing IBP in internal meetings, annual presentation to staff, include in new staff orientation
- Better definition of what our collaborative work is as the IBP → We could put activities in our individual organization workplan and set aside funds
- Promote Knowledge Gateway
- Replicate global collaboration at regional and country level

- Need to get member organizations more involved beyond one person/one project
- Include IBP in email tagline
- Guide new organizations on how to get involved
- More filtering of information/ make information more user-friendly
- Have champions within partner organizations
- Work effectively and promote engagement with field offices, share more of the IBP activities with field offices
- Greater financial commitment to CAs (UNFPA, USAID)
- Diversify and increase number of staff involved in IBP activities
- Disseminate IBP publications

**Q2. List some examples/success stories that resulted from the consortium partnerships.**

**Responses:**

- Partners took forward the vision and continued to reach a consensus on the IBP vision
- Ethiopia collaboration offers model for other countries
- *Fostering Change* guide
- Knowledge Gateway (e.g., Community of Practice in Nursing Education)
- Country level:
  - Ethiopia- successful adoption of *Fostering Change* guide
  - Engagement of regional/central stakeholders in dialog about best practices
  - Francophone PAC 6 country assessment - adoption of question and documenting “what is best practice”
- Added “Best Practices” into lexicon/broadened our thinking of scaling-up best practices
- Established a new community of practice for RH logistic systems
- Increased collaboration and reduced redundancy
- Regional meetings produced results, ex. Egypt, Jordan, Jharkhand, India with Standard Days Method (SDM), improving collaboration, promoting the concept of best practices and being able to support some follow-up activities focused on district level managers, scale up, Entebbe meeting on FP/HIV integration.
- IBP Kenya Process - IBP “Story of the Year”
- Getting to know colleagues informally
- Active involvement of IPPF affiliate in Ethiopia and Kenya(FGAE) in IBP country teams
- Involvement of India IPPF affiliate in India country team
- Collaborate on strategic activity- Africa Mali Programmatic Exchange, ANE Best Practices meeting in Bangkok
- Greater partnerships with WHO, IPPF, UNFPA
- Work on the ground in Kenya to coordinate IUD rationalization work

## Unique Questions

### **Q1. How is your institution supporting, promoting, applying and integrating the IBP vision and principles into your work?**

#### **Responses:**

- IBP has catalyzed country teams and consortium members provide mentorship and follow-up
- Knowledge sharing

### **Q2. How has your agency benefited from the Consortium partnership?**

#### **Responses:**

- Has allowed for information exchange, sharing resources, dissemination of own materials
- Opened door for PHI at international level
- Led to additional funding for MSH in Egypt

### **Q3. What lessons have been learned about the Consortium experience?**

#### **Responses:**

- It takes time and money - it is difficult to engage people
- Have to link IBP purpose and mandates to things already part of your mandate
- There are small gains for inclusion of IBP in a concrete operational way, making IBP part of internal working procedure
- Making effective change happen through the fostering change approach
- IBP gives us a place to practice working collaboratively
- Belonging to IBP gives added value, collaboration with WHO gives greater credibility, e.g. *Fostering Change* Guide, ANE Best Practices Conference in Bangkok
- Increased attention to RH/FP helps keep RH/FP on screen
- Possible question for assessment- what would be lost if IBP did not exist anymore? What is IBP's value added?

### **Q4. What might be done to bring about greater impact and to make the role of the IBP Consortium more strategic?**

#### **Responses:**

- Incorporate the best practices into procurements to make sure these Best Practices happen in our work → expected deliverables and results to help encourage evaluation, some missions are doing this, e.g. Malawi

**Comment [JM1]:** This note was on the flip charts but its meaning is a little obscure. Can anyone clarify this?

- Strengthen systems for reporting/documenting results, and consequently build credibility→ 1) Put more focus on practical/operational aspects of best practices, 2) Acknowledge what didn't work
- Formalize the documentation at country level

## **Discussion**

The IBP assessment process generated reflection and discussion among members. Some of the key strengths of the process included the question format and the participatory style of the assessment. Once the group discussions were completed, each group was able to share their thoughts with all participants and allow members from other groups to reflect and respond to all the unique questions. There were some limitations to the process however, as the assessment was completed during a consortium meeting, time was limited, providing little opportunity to probe further into some of the responses. In addition, the assessment was able to acquire the thoughts and suggestions of only members who were able to attend the meeting so there may be additional significant ideas and perspectives from members unable to attend that are not included in this report. Participants were however reminded that a more detailed assessment was undertaken by Group Jazz in 2004 that canvassed all members of the IBP partnership. This report is available in the IBP Consortium Community. Participants were also requested to refer to the Annual report 2006, which includes a section "IBP Consortium - Our value added," as this provides a good overview of how we developed as a partnership.

The assessment brought forth several interesting points. For standard question one, including creation of IBP country teams and incorporating IBP activities into individual member organizations were two recurring themes that were raised by all four groups. These two suggestions in particular may need to be explored further to determine an action plan to foster greater participation from members. Unique questions one and two highlighted the ways organizations are actually applying the vision and principles of the Consortium and help to illustrate ways agencies can integrate IBP principles into their work. These could be replicated by other organizations.. In addition, members were able to identify a number of successes, revealing that they can and have recognized tangible benefits of partnership with the consortium. Members also seem recognize that the consortium is a learning organization and were able to assess what works as well as what does not. These lessons learned can be used as guiding principles as members incorporate the principles and vision of the IBP in their work. Additionally, members seem to recognize the importance of the IBP consortium as they discussed ways to make our role have a greater impact. Overall, the assessment process was helpful in evaluating the effectiveness of the IBP consortium.