DOS AND DON'TS

of Documenting Good Practices and Lessons Learned

What to document & how?

- To share simply what happened, use Case Studies. A strong case study tells a story of change and can present a context with a specific issue to be tackled, the actions taken to address such issue, as well as the results and impacts of the action that brought change - Context, Action, **Result (CAR).** A good case study often brings valuable lessons, which are especially useful when language is descriptive, specific, and objective, rather than obvious or generic. Rather than using "very good" or "receptive", you can say "participants started attending the workshops more frequently and started asking more questions."
- To reflect on an experience, what worked and what didn't, use Lessons Learned, Challenges, and Failures. These are more detailed reflections (rather than just a description) on a particular programme or operation and extraction of lessons learned through its implementation. These lessons may be positive (successes) or negative (failures); both are valuable and encouraged. You should be able to state the lesson(s) learned in a few sentences and provide verifiable results that are evidence of the lesson(s). Lessons learned have undergone more of a review process than innovations and generally have been implemented over a longer time

What **NOT** to document?

- Experiences without an example to clarify, e.g., a quote saying "At first partners were unsure but soon felt more at ease with the process" needs a tangible example of how that change came about.
- Changes unsubstantiated by data; documenting change that's attributed to an intervention has to be backed by data and be evidencebased.
- Experience without any reflection on lessons learned.
- Too much technical explanation. Highly technical content, if needed, can be gathered from more institutional documents such as programme reports. Only the essential should be documented, so that the story, lessons, or practice remains the central focus of the piece.
- **Do not document every single thing of interest** Be discerning, create a theme and stick to it, so the piece flows and has focus.
- Scientific, technical, or proprietary information that require consent to release and approvals which, if overlooked, may result

frame. This documentation is aimed at learning, so do not be afraid to spell these out loudly and clearly. From staffing issues to misunderstandings, to equipment failures, it is the story of these things and how they were overcome that make for an interesting read and the most valuable lessons. Many of the best lessons are on human "implementation issues"

To identify practices that have potential to scale, use Emerging, **Promising, or Good Practices.**

- **Emerging Practice.** An emerging practice is a new and potentially effective method, approach or strategy that is aimed to scaling up KRC for which anecdotal evidence backed up by presumptions of positive results and effectiveness is available. This category of practices may serve to inspire further consideration by COs. The practice requires further investigation/review to be considered for replication and eventually evaluation for higher categorization.
- **Promising Practice.** A promising practice is a method, approach or strategy that aims to accelerate KRC at scale and for which some evidence of positive results/impact is available including through programme monitoring (e.g. mission reports attesting to the effectiveness of the practice in achieving results) despite the lack of a formal evaluation. The practice merits consideration for replication by Country Offices.
- Good Practice. A good practice is a method, approach or strategy that aims to accelerate KRC at scale and for which strong evidence of positive results/impacts is available, including through peer-reviewed evaluations. A good practice, by definition, has been replicated successfully in at least two different countries and/or contexts (urban/rural, development/emergency). A good practice deserves being closely watched by UNICEF staff and may want to be carefully considered for replication by CO in contexts where the practice is relevant and applicable.

in abuse of rights to confidentiality and civil suits.



Early, or at the beginning

Keep in mind right at the beginning the lessons, experiences, insights, which can feed into documentation. If possible, reflect on questions you hope to answer with your project so you can look for evidence along the way.

Periodically, or along the way

This could be as simple as sending an email to a nominated focal point saying, "Re: documentation - remember our experiences of how long it took to get all the stakeholders together which delayed things." Or you could have a more formal monthly meeting/an agenda item on an existing meeting to gather feedback from the team and partners on the latest development to be documented.

When the intervention has matured

Take stock after, say, 12, 18, or 24 months. Sit and review the intervention's implementation pathway so far and decide if there is enough of a story (or stories), lessons learned, or emerging/promising/good practices to work on.

Note: All three documentation categories can discuss lessons learned and practices and vary in terms of coverage extent and focus.



Documentation tips:

Use your mid-year and annual reviews and other existing monitoring processes as opportunities to both identify lessons as well as to identify course corrections in your projects/initiatives.

Examples, examples, examples – tangible ways in which change is illustrated:

- A 50% increase in reporting rates by Community Health Volunteers.

It's time consuming – A successful lessons learned, or case study needs multiple inputs from busy people and so a 4-week plan can easily turn into 4 months.

Balance the pressure of time with the result -

Because people are busy, rushing them may result in less thought and lower quality / no inputs. But you cannot wait too long either.

Confirm details within the CO before sending

to RO/HQ – the piece may be great but if facts are wrong, there is no point sending it far and wide for sign off.

Keep the reference/source of the data – it is always recommendable to know where the data comes from, including official document, interview/focus group, etc.

- Advocacy using the scorecard which resulted in a \$x budget increase for RMNCAH services in a district.
- A nurse quoted as saying they had reduced waiting times from 8 to 4 hours as a result of increasing the availability of immunization supplies through bottleneck analysis.

Personal insights from different perspectives – a

UNICEF staff member, a government official, a hospital patient, a nurse, a funder, a community health worker, will all have **different** experiences which add richness and insight. There are benefits of interviewing key stakeholders outside UNICEF, though this may have cost implications.

What comes next – it is good to leave the reader knowing how what they have read will influence the programme in the future and how issues highlighted will continue to be worked upon.

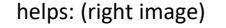
The way you gather information has an impact:

- Face to face meetings are by far the most effective seeing a health facility, meeting people and talking to them. Something they say as an aside will often lead to the most interesting finding. This is also the main way to interview people on the ground. Check the "How to" tool.
- Skype or phone calls these can be great too and are especially good when people are pressured - they know they can spend a dedicated 20-30 minutes and their job is done. It takes time to effectively write up notes and translate these into usable quotes and inputs.
- **Online correspondence or questionnaires via email** putting things in writing is good as it eliminates misunderstanding. But it is time consuming for the interviewee and can require a lot of back and forth. Check the "How to" tool.
- **Photography** is important and can be generated during the <u>face-to-</u> face interviews. e.g., I can spend two paragraphs trying to explain how a community meeting works (where is it held, how many people attend, what does a chalk board look like?), or I can bring it to life (left image). Another example is the mobile phone interface – it's hard to grasp how it works using words alone, so a photo really









• Videography: Short recordings (~ 5 min) that capture the real actions from the field, interviews with UNICEF staff as well as government / partners. It is also essential for resource mobilization and advocacy during scale up phase. There are samples videos available for inspiration.