



# A step-by-step guide to South-South learning exchanges







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Design and layout: Little Unicorns

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# Foreword

Unintended pregnancy is a major global issue, impacting the lives and well-being of women and girls as well as their families. Current estimates suggest that approximately 800 women die in childbirth every day and at least 20,000 adolescent girls become pregnant. Information on contraceptive options and services is critical to exercising sexual and reproductive choices and the realization of the sexual and reproductive rights of all individuals. Contraception enables people to attain their desired number of children, if any, and to determine the spacing of their pregnancies. By reducing rates of unintended pregnancies, contraception prevents unsafe abortion and reduces maternal and neonatal mortality.

Since 2019, WHO has facilitated South–South learning exchanges (SSLEs) for countries to learn from each other and to collectively identify solutions to the challenges they face in implementing known best practices in the provision of contraceptive care and services. By working together, countries can benefit from each other's experience and expertise as well as find innovative solutions to challenges that are specific to their contexts. Case studies from country-level experiences outlined through the SSLE have been integrated into this step-by-step guide to support the implementation of evidence-based family planning guidance and practices.

I welcome you to join me in disseminating this important guidance and supporting the efforts of WHO to use SSLEs in the implementation of family planning and contraceptive services.

We are grateful for the contributions from a diverse range of dedicated experts (see Acknowledgements) who have supported the development of this document.

## **Dr Pascale Allotey**

Director

UNDP–UNFPA–UNICEF–WHO–World Bank Special Programme of Research,

Development and Research Training in Human Reproduction (HRP)

Department of Sexual and Reproductive Health and Research (SRH)

World Health Organization



In the dynamic global landscape, addressing the complexities of ending the unmet need for family planning demands collaborative solutions tailored to the unique challenges faced by communities worldwide. As we navigate this terrain, UNFPA as the United Nations Sexual and Reproductive Health agency and co-sponsor of HRP, is proud to present this step-by-step guide in collaboration with WHO.

South–South cooperation, in tandem with partnerships and coordination, has long been recognized by UNFPA as a pivotal programmatic approach. It has evolved to become a cornerstone of our work, serving as one of the accelerators for results in the current UNFPA Strategic Plan 2022–2025. Within these strategic efforts, we acknowledge the transformative potential of South–South learning exchanges to catalyse positive change. Whether the aim is to identify new practices, advocate for policy changes or build capacity to implement innovative approaches, these exchanges are invaluable instruments for advancing knowledge, skills and processes.

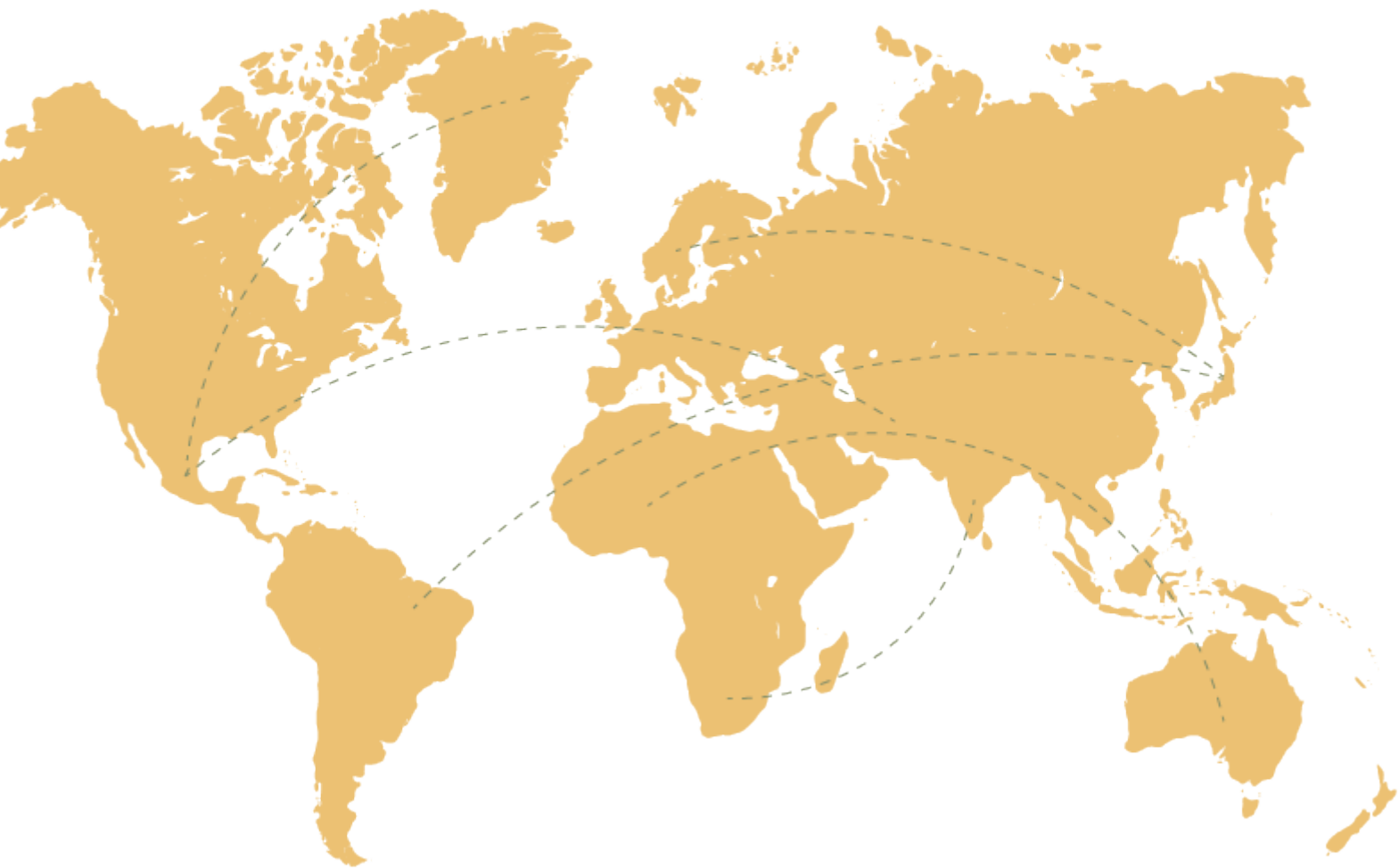
I firmly believe this resource will serve as a practical and insightful resource for those dedicated to improving family planning programming. The step-by-step guide explores various modalities of South–South learning exchanges, recognizing the diversity of approaches that teams can adopt. From study tours to twinning and reciprocal exchanges, expert visits and virtual exchanges, the versatility of these methods ensures that countries can tailor their collaborative efforts to their unique contexts and objectives.

At the heart of this guide lies a recognition of the broader purpose and objectives inherent in South–South learning exchanges. It underscores the need for a cohesive stakeholder group, drawing together individuals from across sectors to work collaboratively towards change. This collective approach, endorsed by the wider stakeholder group and relevant government bodies, is fundamental to the success of learning exchanges.

We are grateful to the experts whose contributions have shaped this document, which will empower stakeholders to engage in impactful South–South learning exchanges, fostering a world where every individual has the right and means to make informed choices about their sexual and reproductive health.

**Dr Julitta Onabanjo,**

Director Technical Division, UNFPA





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The development of this document was guided by an informal review group. **WHO and UNFPA** express their sincere appreciation to all members who piloted the draft guidance in **India** and provided input on its approach, feasibility and adaptability. This work was led by Ram Chahar from the WHO India office and included Lipika Das, Pampa Nath, Sukanta Biswas and Sudipta Bhattacharya from sub-district hospital Barrackpore; Arup Ratan Saha and Bhaswati Gain from block primary health centre Nanna; Moutushi Singha, Prasanta Pramanik, Rina Chowdhury and Subhas Chandra Ghanta from rural hospital Bhagawanpur; and Haripada Basu, Mou Maity, Piu Bera and Sandip Bera from sub-district hospital Egra.

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# Abbreviations and acronyms

<b>CHW</b>	Community health worker
<b>e-LMIS</b>	Electronic logistics management information system
<b>eRHMIS</b>	Electronic reproductive health management information system
<b>FCDO</b>	Foreign, Commonwealth & Development office
<b>FP</b>	Family planning
<b>GPW</b>	General programme of work
<b>IBP</b>	Implementing best practices
<b>ICFP</b>	International Conference on Family Planning
<b>IDF</b>	Ipas Development Foundation
<b>M&amp;E</b>	Monitoring and evaluation
<b>MCHIP</b>	Maternal and Child Health Integrated Program
<b>mCPR</b>	Modern contraceptive prevalence rate
<b>MoU</b>	Memorandum of understanding
<b>NGO</b>	Nongovernmental organization
<b>PPFP</b>	Postpartum family planning
<b>PAFP</b>	Postabortion family planning
<b>PPIUD</b>	Postpartum intrauterine device
<b>PSI</b>	Population Services International
<b>QoC</b>	Quality of care
<b>RHITES</b>	Regional Health Integration to Enhance Services
<b>RMNCAH</b>	Reproductive, maternal, newborn, child and adolescent health
<b>SDG</b>	Sustainable Development Goal
<b>SIFPO</b>	Support for International Family Planning Organization
<b>SMART</b>	Specific, measurable, achievable, realistic and time-bound
<b>SRHR</b>	Sexual and reproductive health and rights
<b>SSLE</b>	South–South learning exchange
<b>TAC</b>	Technical advisory committee
<b>UHC</b>	Universal health coverage
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>UNOSCC</b>	United Nations Office for South–South Cooperation
<b>VC</b>	Videoconference
<b>WHO</b>	World Health Organization

# Executive summary

## What is a South-South learning exchange?

This guide focuses on interactive learning exchanges with stakeholder teams exchanging knowledge and experience to help one or both of the teams work towards change. There are several types of South-South learning exchanges. These include the following:

- **Study tour or site visit:** One team visits another team and its site(s) to learn, see and hear firsthand how their peers are implementing best practices. A study tour generally implies a multiple-day visit to another geographic area that includes multiple destinations and sites. A site visit is a shorter visit, often to a single location within close proximity. Study tours are the most common type of South-South learning exchange.
- **Twinning or reciprocal exchange:** This is a long-term relationship wherein the roles of the knowledge provider and seeker interchange over time. Each team has something to offer the other and the relationship between the two teams grows with mutual benefits. This type of South-South learning exchange is recommended as it builds more equitable and long-term peer relationships.
- **Expert visit:** The knowledge-providing team travels to the knowledge-seeking team to better understand the local challenges and to provide onsite mentoring. This learning exchange may include on-the-job training and collaborative implementation of new approaches.
- **Virtual exchanges:** Virtual exchanges (while not as effective as face-to-face exchanges and firsthand experiences) can be beneficial if the knowledge-seeking team has clearly defined needs.

## What are the objectives and purpose of a South-South learning exchange?

Ideally, a learning exchange is just one aspect of a larger change process. In most cases, the larger change process will be focused on identifying, adopting and/or strengthening the implementation of best practices. There should be a recognized stakeholder group, represented by colleagues from across a country, community or organization, working together on the larger change process.

Depending on the stage of the larger change process, the purpose of the South–South learning exchange may be to (i) identify new practices; (ii) advocate for a policy or programme change to introduce a new practice; or (iii) build capacity to implement or scale up a new practice. Regardless of the purpose, the learning exchange should have broad support from the wider stakeholder group and buy-in from the relevant government ministry/office or other appropriate leadership officials.

Specifically, the intermediate objectives of a learning exchange can be to learn new ideas, knowledge and/or skills or to advance processes through advocacy, such as increased collaboration, decision-making and/or action.

## What is the value of a South–South learning exchange?

South–South learning exchanges can offer value in many ways:

- support bidirectional sharing of explicit and tacit knowledge;
- provide a deeper understanding of best practices and how implementation works;
- build the capacity of participants to advocate for the larger change process and best practices;
- support the scaling up of best practices;
- foster collaboration and community among a team and between peer teams;
- support regional efforts by fostering cross-national relationships, especially when twinning or reciprocal exchanges are used;
- inspire participants, nurture champions and convince sceptics; and
- stimulate action by creating focus among stakeholders on an opportunity.

## What does this guide do?

The purpose of this guide is to provide a comprehensive approach to plan, conduct and evaluate a South–South learning exchange. In brief, the guide suggests the following steps:

- Step 1 Define the need for and purpose of the learning exchange.
- Step 2 Plan the South–South learning exchange.
- Step 3 Facilitate the learning exchange.
- Step 4 Support implementation of the action plan.
- Step 5 Follow-up after the learning exchange.

As no two learning exchanges are identical, the intent of this guide is not to be prescriptive but to offer resources and ideas that can be applied flexibly in varying contexts.

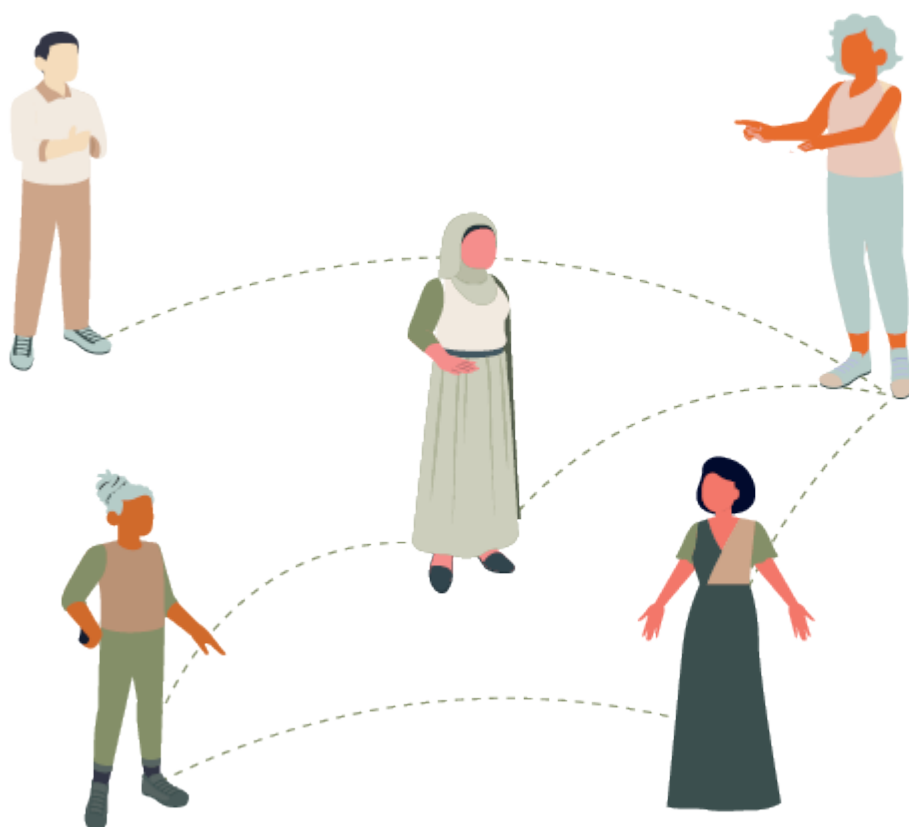
This guide includes a strong focus on monitoring and evaluation (M&E). In doing so, the goals are to prospectively ensure that the efforts (time and resources) made for the learning exchange will be worthwhile and to retrospectively assess if the South-South exchange has had the intended effect.

### Who is this guide for?

This step-by-step guide is written for learning exchange facilitators, the planning committee and all participants engaged in the exchange process. Learning exchange facilitators may be World Health Organization (WHO) or UNFPA representatives or staff from nongovernmental organizations (NGOs) that provide technical assistance. The facilitator works with the local planning committee to bring together point people from both country teams to help prepare, facilitate and evaluate the learning exchange.

This document has been developed to support the implementation of evidence-based family planning. This has been used in countries implementing the WHO's Family Planning Accelerator Project, and many of the examples included here reflect the evidence-based guidelines and practices supported by WHO. This should be considered a living document that will be updated based on the experience of using this guide.

This document can be useful for a broad audience seeking guidance on South-South learning exchanges, and we hope that a wide range of users will find this resource useful.





# Introduction

One of the five core functions of the World Health Organization (WHO) is “shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge”. This function underscores the importance of knowledge for formulating health strategies at both the national and global levels for the efficient performance of health systems. WHO aims to maximize the impact of explicit and tacit knowledge, including health research and experiential knowledge, through effective knowledge sharing and application.

UNFPA’s support for knowledge sharing, evidence generation, innovation and South–South learning is intricately tied to its vision of achieving three transformative results by 2030: ending the unmet need for family planning, ending preventable maternal mortality, and ending harmful practices. At the core of achieving UNFPA’s Strategic Plan for 2022–2025 (1) lie six accelerators, including data and evidence, innovation and digitalization, partnerships, South–South and triangular cooperation, and financing. Through these, UNFPA is scaling up proven strategies and evidence-driven interventions, forging new collaborations and infusing innovation into every facet of its operations to ensure no one is left behind in fulfilling the promise of the Programme of Action of the International Conference on Population and Development.

To accelerate access to quality and rights-based family planning services, WHO and UNFPA support Member States and partners to scale up the implementation of evidence-based FP interventions and accelerate access to and use of contraceptives within the broader framework of Sustainable Development Goals (SDGs) and universal health coverage (UHC). These efforts contribute specifically to attaining SDGs 3.1, 3.7 and 5.6, to the WHO General Programme of Work (GPW 13) goal of 1 billion more people under UHC (2) and UNFPA’s Strategic Plan.

**Purpose:** The purpose of this guide is to provide a structure to plan, conduct and evaluate a South–South learning exchange. South–South learning exchanges are ideal opportunities for decision-makers, health professionals and communities to share implicit and tacit knowledge, especially across countries, regions and organizations. Countries are expected to benefit from exchanging their experiences, good practices and hard-won solutions with one another. This guide includes a strong focus on monitoring and evaluation (M&E). In doing so, the aims are to prospectively ensure that the efforts made (in terms of

time and resources) for the learning exchange are worthwhile and to retrospectively assess if the South–South exchange has had the intended effect. By better understanding the outcomes of the learning exchange, we can hopefully improve future exchanges.

This guide provides a comprehensive approach to South–South learning exchanges. However, no two learning exchanges are identical, and not all learning exchanges will require every step in this guide. Learning exchanges can potentially be costly hence the need for a properly planned exchange in order for it to be effective and to get as much benefit from it as possible. As such, the intent of this guide is not to be prescriptive but to offer resources and ideas that can be applied flexibly to varying contexts.

**Audience:** This step-by-step guide is written primarily for facilitators who bring together the teams to exchange knowledge. Learning exchange facilitators may be representatives from WHO, UNFPA or staff from nongovernmental organizations (NGOs) that provide technical assistance. This guide is also useful to the learning exchange planning committee, through which people from both teams work to prepare, facilitate and evaluate the exchange.

This guidance document has been developed to support the implementation of the WHO’s Family Planning Accelerator Project and many of the examples included reflect the evidence-based guidelines and practices supported by WHO. However, this document can be useful to all those seeking guidance on South–South learning exchanges.

**Types of South–South learning exchanges:** There are several different types of South–South learning exchanges. These different types are not mutually exclusive. A reciprocal exchange that appears to be ideal can start with an initial virtual exchange and move into a study tour and eventually into a continuing reciprocal exchange. This guide focuses on interactive learning exchanges, with groups rather than individuals working together towards change. The relevant types of South–South learning exchanges are listed below.

- **Study tour or site visit:** One team visits another team and its site(s) to learn, see and hear firsthand how their peers are implementing best practices. A study tour generally implies a multiple-day visit to another geographic area that includes multiple destinations and sites. A site visit is a shorter visit within close proximity, often to a single location. Study tours are the most common type of South–South learning exchange.



- **Twining or reciprocal exchange:** This is a long-term relationship wherein the roles of the knowledge provider and seeker interchange over time. Each team has something to offer the other, and the relationship between the two teams grows with mutual benefits. This type of South-South learning exchange is recommended as it builds more equitable and long-term peer relationships.
- **Expert visit:** The knowledge-providing team travels to the knowledge-seeking team to better understand the local challenges and to provide onsite mentoring. This learning exchange may include on-the-job training and the collaborative implementation of new approaches.
- **Virtual exchanges:** Virtual exchanges (while not as effective as face-to-face exchanges and firsthand experiences) can be beneficial if the knowledge-seeking team has clearly defined needs.

**Level of exchange:** Often, a learning exchange happens between two teams that work at the national level (that is one country is paired with another country). Learning exchanges can also happen at other levels, such as between provinces, regions, states, districts or other local administrative units. Healthcare facilities, NGOs and/or private-sector organizations can also participate in learning exchanges. Higher-level exchanges, such as exchanges between countries and larger subnational units, would generally be the focus of WHO efforts to accelerate the uptake and implementation of evidence-based guidelines and practices.

**Value of South-South learning exchanges:** South-South learning exchanges can offer value to both teams by doing the following:

- developing an environment conducive to innovation and replication;
- supporting bidirectional sharing of explicit and tacit knowledge;
- providing a deeper understanding of best practices and how implementation works;
- building the capacity of participants to advocate for the larger change process and best practices;
- supporting the scaling up of best practices;
- fostering collaboration and community within a team and between peer teams;
- supporting regional efforts by fostering cross-national relationships, especially when twinning or reciprocal exchanges are used; and
- inspiring participants, nurturing champions and convincing sceptics.

**Terminology for creating strong peer relationships:**

The terminology used in this guide for knowledge-seeking and knowledge-providing teams, while convenient for clearly explaining roles and responsibilities, may not reflect how the teams perceive their roles. The teams may choose to use language that reflects their perspectives on the exchange and recognizes the value both teams gain from participation. Depending on the context, they may use the terms host/visitor, mentor/mentee or simply the logical names of the teams. The facilitator should work with the teams to adapt the language from this guide to ensure that it enables the creation of strong peer relationships.



# Methodology and process of developing this guide

This guidance document is a result of work conducted from 2019–2022 under the WHO FP Accelerator project (2). The guidance is developed in three stages.

During the **first stage** (2019), the standard operating procedures (SOPs) for South–South learning exchanges (SSLEs) were drafted following a review of the existing literature and experiences of SSLEs conducted by other partners, both in family planning (FP) as well as in other areas of health, energy, agriculture, etc., to ensure a structured and standardized process is used in countries (3). The SOPs built on past experiences and addressed the limitations observed in past programmes. The focus was on three main principles:

- I. The learning agenda should be identified in/by countries, validated by the wider community in the country and not imposed by an external partner.
- II. A partnership with an implementing partner based in the country needs to be formed to support the implementation of the knowledge gained.
- III. An inbuilt mechanism to monitor and document the experiences and learnings needs to be developed.

The SOPs were pilot tested in two districts of West Bengal, India, in collaboration with the Ministry of Health and Family Welfare and the Ipas Development Foundation (IDF) (4). The results of the pilot and feedback from the participants and stakeholders were incorporated into the next iteration of the SOP guidance document for South–South learning exchanges.

**In stage 2** (2020–2022), a scoping review was conducted to map the process and the outcomes following South–South learning exchanges in family planning. Published and grey literature on SSLEs in family planning were reviewed to identify the (i) purposes, (ii) approaches, (iii) key outcomes and (iv) enablers and barriers. Arksey and O'Malley's scoping review framework with adaptations from Levac et al. guided this scoping review. Stakeholder interviews were conducted to understand their perceptions and experiences in applying SSLE to family planning. The protocol (5) and results (6) were published in a peer-reviewed journal. Simultaneously, the SOPs were used to facilitate South–South learning exchanges in three country pairs

(Nigeria–Uganda, Nepal–Sri Lanka and Guinea–Côte d’Ivoire) to gain experience on how the process worked in the field. The results of the learning exchange between Nepal and Sri Lanka were published (7). The SSLE was evaluated by an external evaluator and published (8).

In 2021, a virtual expert consultation meeting was held with FP stakeholders in the South–South learning exchange to take stock of the latest evidence for SSLEs, including the application of the WHO’s five-step methodology and to review the findings of the scoping review on SSLE in FP. The participants included implementing partners (FP2030, Jhpiego, Knowledge SUCCESS and FP associations) and experts with experience facilitating SSLEs to improve FP outcomes (UNFPA, USAID, PPD, BBKBN, FHI and PHI) as well as WHO experts from headquarters, the regional offices and the country offices. The consultation identified various enablers and barriers to SSLEs; the need for improved monitoring, evaluation and documentation; the need for tools to standardize SSLE processes; and the need for research on cost-effectiveness and the most effective approaches (9). This was followed by two webinars organized in collaboration with the IBP Network (10,11) and FIGO (9). This provided opportunities to solicit feedback on how to strengthen the guidance document further.

Country experiences and lessons learned in using the WHO five-step methodology to strengthen FP services in Nigeria, Uganda, Nepal and Sri Lanka were presented at the International Conference of Family Planning in Pattaya, Thailand, in November 2022 (12). The panellists included Ministry of Health representatives from Nigeria, Sri Lanka, Nepal and Jhpiego Uganda. Feedback from the consultation/panel discussion was further incorporated into the guidance document.

Finally, in the **third stage** (2022–2023), a WHO steering committee and expert working group on South–South learning exchanges was formed to analyse the evidence and lessons learned in the last three years and to finalize the guidance document. The steering group first met in September 2022. The expert working group was subdivided into groups to work on each chapter as a group. The lessons learned from the learning exchanges; the evidence from the scoping review; and feedback from the country teams, webinars and consultation were incorporated into the guidance document. In December 2022, a public consultation was organized virtually by the IBP Network. The public consultation included stakeholders such as Jhpiego, Save the Children, John Hopkins University, Pathfinder, University Research Company–Centre for Human Services, International Planned Parenthood Federation and FHI 360. Each chapter summary was presented by the writers. Feedback on each chapter was sought on Google Jamboard. Following the meeting, the reviewers revised the content of the guidance document based on the feedback received.

### Declarations of Interests by External Contributors:

All proposed members of the expert working group and external contributors (such as consultants and collaborators) were requested to submit an electronically signed WHO declaration-of-interest form. Two steering group members independently reviewed the submitted forms to assess potential conflicts of interest. All possible conflicts of interest were considered, including financial or non-financial conflicts (e.g., academic or personal). No conflicts of interest were identified that required further assessment by the WHO Office of Compliance, Risk Management and Ethics.





# Step 1

## Define the need for and purpose of the learning exchange

### Step 1.1 Recognize the need for strengthening or adding evidence-based practices.

Ideally, a learning exchange is just one aspect of a larger change process. There should be a recognized stakeholder group consisting of colleagues from across a country, community or organization who are working together towards the same goal. The recognition of a gap or need by the stakeholder group marks the beginning of a larger change process.

The identification of a need may come from service-delivery data or the opinions and experiences of experts or Ministry of Health representatives with direct insight into the programmes. Needs may emerge during quality improvement processes or evaluations. A need may also emerge from the clients or wider population through social accountability and client-feedback mechanisms, civil society groups or community leaders. A need may also arise from a situational analysis or data from a survey. Ideally, the need is documented from several sources to ensure its validity (13).

Once a need has been recognized, the stakeholder group should consider the root cause(s) of the problem. Root-cause analyses include activities such as the “Five Whys” and fishbone diagramming (14).

*Example 1: Analysis of a dataset reveals that the unmet need for contraception is highest among women under the age of 30 years. Meanwhile, youth-led civil society groups have been advocating for family planning programmes that better meet their needs and preferences. Based on these sources, the local family planning technical working group recognized the need to identify new approaches to youth-focused reproductive health care.*





Based on the root cause(s), the stakeholder group should begin seeking to improve outcomes. The recognized need may be addressed through the identification, adaptation and implementation of an existing best practice that has shown to be effective in similar contexts or by strengthening/ scaling up the implementation of an existing practice.

*Example 2: In Nepal, a situational analysis was conducted to identify needs and gaps and provide evidence for strengthening postpartum family planning services in the country. Based on the results, the learning need “to improve the organization of clinical services to strengthen the integration of PFPF” was identified.*

*Practices promoted by the WHO*

*FP Accelerator project*

- postpartum and postabortion FP;
- expansion of contraceptive method mix and delivery channels;
- adolescent access to contraceptive care; and
- improvements in quality of care in FP services.



There are several sources for the identification of best practices; perhaps the most well documented are the Family Planning High Impact Practices (15). WHO is also documenting and collecting examples of best practices (16), including emerging best practices or examples of established best practices being implemented. Practices that are being supported under the WHO FP Accelerator project are shown in the adjacent text box.

## Step 1.2 Conduct a needs assessment.

Before committing to a South–South learning exchange, the stakeholder group should conduct a needs assessment/situational analysis. This serves as an early gauge of whether a learning exchange will be useful and refine its purpose. The needs assessment can be simple, but it is a worthwhile process.

The needs assessment is also an opportunity to set a baseline for further evaluation of the learning exchange. The illustrative indicator matrix in Appendix D includes input indicators that can help determine whether a learning exchange will be useful and output

indicators that can be collected during the needs assessment to establish a baseline.

A needs assessment may have already occurred as part of the larger change process. If so, the existing needs assessment can be reviewed and updated. If not, a sample needs assessment can be found in Appendix E.

The needs assessment can be undertaken either by (internal) members of the stakeholder group or by an (external) evaluator. The learning exchange facilitator may be able to lead the needs assessment.

The needs assessment should cover the following questions:

- What do we hope to achieve through the learning exchange?
- Are there sticking points or roadblocks in pursuing the larger change process? If so, can they be addressed by a learning exchange?
- Is a learning exchange a cost-effective way to advance the change process?
- Are there problems that cannot be addressed? (for example, expected changes in the enabling environment)
- What is the level of commitment among stakeholders for the larger change process?
- What funds are available to support a learning exchange?

### Step 1.3 Define the intended outcome of the larger change process.

If not already done, the stakeholder group should define the intended outcome of this larger change process. The intended outcome should be the long-term goal(s) of the change process based on the country's needs. It should be flexible enough to encompass multiple potential solutions to the defined need while being clear, motivating and achievable. It should be broad enough to be acceptable to all stakeholders. Illustrative examples are included in the text box below.

*Illustrative intended outcomes include "Adopt and scale up a new best practice for reaching youth with family planning services" and "Strengthen implementation of community-based family planning programmes".*

By defining an intended outcome, the larger change process is given form. It ensures that stakeholders have reached a consensus and provides the context around which the learning exchange can be planned.

*The following outcomes were identified in the learning exchange between Nepal and Sri Lanka:*

*Nepal: Disseminate knowledge on the organization of clinical services for integration of PFP/PAFP into RMNCAH services with a focus on training healthcare workers, data collection and counselling training tools as well as on the use of PFP.*

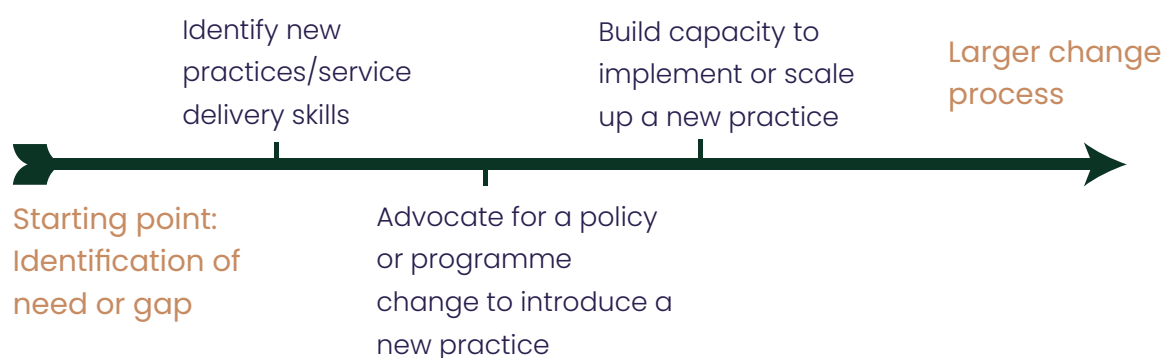
*Sri Lanka: Adopt and implement e-LMIS for reproductive commodities.*

### Step 1.4 Establish the purpose of the learning exchange.

South–South learning exchanges can take place at various stages during a change process. Depending on the stage and intended outcome of the larger change process, the purpose of the learning exchange will vary.

Each of these is described in more detail below.

*Figure 1.1 Purposes for South–South learning exchanges in the larger change process*



- **Identify new practices/service delivery skills:** A learning exchange can introduce participants to a range of new practices or service delivery skills. Participants can determine how these new skills could be applied in their context as well as understand the challenges that they might face.
- **Advocate for a policy or programme change to introduce a new practice:** Some stakeholders are ready to move forward with a new practice, while others are not yet convinced. A learning exchange can help move the advocacy process forward.
- **Build the capacity of health professionals/programme managers or the community to implement or scale up a new practice:** Learning from a country team with a successful programme can be an effective approach when a team is planning to implement a new practice or a team has already been implementing a best practice but implementation needs strengthening. This is one of the most common purposes of conducting a learning exchange between two countries.

*An example of a learning exchange to build capacity for a new practice:*

*A country has decided to introduce a new contraceptive method. During the learning exchange, expert trainers from the knowledge-providing country meet with expert trainers from the knowledge-seeking country and provide them with training on counselling and provision of the new method and help them better understand the training process and requirements for the new method. Meanwhile, Ministry of Health staff with roles specific to monitoring and evaluation, supplies and logistics, and behaviour change will meet with their counterparts to understand how to integrate the new method into day-to-day operations.*

**Stakeholder-driven:** In addition to being part of a larger change process, a learning exchange should be stakeholder-driven and based on the needs and interests of the country team. It should have broad support from the wider stakeholder group as well as buy-in from the specific relevant government/ministry office, technical working group or other appropriate leadership officials. If the learning exchange is part of an advocacy effort for the adoption of a new practice, and some key stakeholders still need to be convinced, they should be at least open to the practice; the level of opposition should be surmountable.

For instance, in Sri Lanka, a small committee identified a need to shift the insertion of implants to public health nursing sisters (PHNSs), but when the learning need was presented to the technical advisory committee (TAC) on maternal health and family planning at the Ministry of Health, Sri Lanka, the TAC did not consider task shifting as a priority for the country as they did not want to overload the limited number of PHNSs in the country. Hence, the team did not pursue this learning agenda but identified a new agenda on strengthening the logistic management system.



### Step 1.5 Begin conceptualizing the learning exchange.

Before committing to a learning exchange, consider the logistics of how it will happen.

**Facilitator(s) and planning committee:** The wider stakeholder group should nominate a planning committee and a point person as well as identify a facilitator. The planning committee, which will eventually include representatives from the knowledge-seeking team and the facilitator, should incorporate a diverse representation of individuals who can work together to plan the exchange. Consider including individuals with experience in adult learning, session facilitation, monitoring and evaluation, and advocacy as well as someone who can handle on-the-ground logistics. The planning committee will have significant work to do to prepare for the learning exchange, so members should be prepared to be actively engaged and meet regularly. A point person to make day-to-day decisions should be nominated from among the planning committee members.

A learning exchange facilitator should be identified to work with the two teams around planning, implementing and evaluating the exchange. To ensure that the facilitator can smoothly manage internal and cross-team dynamics, the facilitator should be external or loosely affiliated with the wider stakeholder group.

A good facilitator has the following characteristics:

- capable of managing logistical details;
- accountable to timelines and able to inspire accountability in others;
- flexible enough to allow for changes and new ideas as they emerge;
- bold enough to be proactive, challenge assumptions and propose new possibilities;
- able to create and maintain a conducive environment for everyone to share, innovate and learn; and
- has good listening habits and treats others with respect in a nonjudgmental manner.

**Timeline:** With the larger change process in mind, when is a good time to have a learning exchange? Depending on the situation, there may be six months or more required for planning. For instance, the planning phase for the learning exchange between Nepal and Sri Lanka took 12 months.

An illustrative timeline can be found in Appendix A.

Remember that each team is different, and the process may take significantly longer or shorter. A rushed learning exchange, however, will not be as effective as a thoroughly planned one.

**Budget:** This is a good time to identify funding, staff needs and available resources. A template for creating a budget can be found in Appendix B.

Since planning is just getting started, not all costs will be known yet. Update the budget as decisions are made.

**Type of learning exchange:** The timeline and available budget are likely to be significant factors in determining the type of learning exchange. A multiday study tour to another country will cost much more than an expert visit. A local site visit will have different resource needs than a virtual exchange.

Also, consider the purpose of the learning exchange and the needs and dynamics of the knowledge-seeking team. What type of learning exchange would best advance them towards their intended outcome?

**Government support:** It is important to engage the relevant policy-makers as initial plans are being discussed. In most situations, this will refer to government ministry(ies) or office(s) at the appropriate level, but it may also include organizational leadership.

Getting letters of support from higher-level governmental officials or policy-makers may be helpful in subsequent discussions. A template for developing a letter of support can be found in Appendix C.

**M&E plan:** It is not too early to begin thinking about monitoring and evaluating the learning exchange. At this stage, the details of an M&E plan do not have to be identified, but the stakeholder group should begin thinking about the key questions.

If an existing effort exists to monitor and/or evaluate the larger change process, the learning exchange M&E can be incorporated into that larger effort. If not, this might be an impetus to develop an M&E plan.



## **Case study 1: A multicounty exchange led to advocacy and implementation successes in community-based access to injectable contraception**

### **Step 1 Define the need for and purpose of the learning exchange.**

In 2008, a multiteam study tour focused on tasksharing of injectable contraceptives to community health workers (CHWs) took place in Uganda. At that time, having CHWs provide injectables was still new. Uganda was one of the few countries in Africa implementing the practice. There was widespread interest in this practice, along with a fair bit of scepticism.

Several countries were looking for ways to better reach underserved populations with contraceptive services. Stakeholder groups in these countries were either advocating for the introduction of or preparing to start having CHWs provide injectables.

### **Step 2 Plan the South–South learning exchange.**

Due to the amount of interest, it was determined that the best approach was a multiteam learning exchange. The knowledge-seeking teams were from Nigeria, United Republic of Tanzania and Rwanda and included representatives from the Ministries of Health and NGOs in each country.

The knowledge providers were represented by Uganda's Ministry of Health and two NGOs supporting the practice, Save the Children and FHI 360. FHI 360 also served as the learning exchange facilitator.

While the knowledge-seeking teams were at different stages of their decision-making around having CHWs provide injectables, with some still advocating and others preparing to start implementing, the teams agreed on common learning objectives. These included identifying weaknesses, strengths and impediments as well as learning proven approaches for implementing the practice.

### **Step 3 Facilitate the learning exchange.**

During the exchange, the knowledge providers presented evidence to support the practice, shared the tools to implement it and described how they overcame challenges. Then the group conducted onsite visits to district health offices, health facilities and the homes of selected CHWs. Participants could observe the practice in action and participate in Q&A sessions with the CHWs, their supervisors and several clients.

The country-specific teams also spent significant time outlining what they would do upon their return home. The learning exchange facilitator and host team developed an action plan worksheet with questions to guide thinking. The resulting action plans proved useful tools for sharing with the wider stakeholder groups and ensuring timely follow-up postexchange.

#### **Step 4 Support implementation of the action plans.**

After the learning exchange, each delegation moved forward with their action plans, with FHI 360 continuing to provide technical assistance. For example, based on the report from the study tour, the Nigerian National Reproductive Health Working Group endorsed the introduction of the practice, which provided the necessary platform to engage policy-makers. A local demonstration project was subsequently implemented. These steps led to a policy change to support scaled implementation.

Prior to the learning exchange, Rwanda was already interested in having CHWs provide injectables. As such, the learning exchange allowed the Rwandan delegates to review training materials, job aids, injection safety procedures and other details on how the practice worked in real life. After the tour, the delegates participated in a retreat to further plan for implementation. Within months, the Ministry of Health decided to scale up the practice nationwide, using the Ugandan programme as a model.

#### **Step 5 Follow-up after the learning exchange.**

Each team developed and shared a report on the learning exchange. In addition, FHI 360 used the experience to develop a guidance package on conducting similar exchanges (17). By continuing to support the teams to advocate for and implement the practice, FHI 360 was also able to capture the outcomes resulting from the exchange.





# Step 2

## Plan the South-South learning exchange

### Step 2.1 Identify the knowledge-providing team.

Matching two teams with relevant learning needs and abilities can be one of the most challenging aspects of South-South learning exchanges, especially since a good match is critical to success. Starting this step three to four months before the learning exchange is best.

There are several ways to identify appropriate knowledge-providing teams: ask known experts, implementing agencies and/or colleagues who work regionally and/or review documentation about the practice.

Conducting a brief assessment of the team can help ensure success. An inappropriate and/or unprepared team cannot only fail to achieve the intended objectives but can also hinder the larger change process and cause harm.

The knowledge-providing team assessment, an example of which is included in Appendix F, should establish that the team has the following characteristics:

- can match the learning needs of the knowledge-seeking team;
- has a replicable, credible and convincing programme;
- offers a relevant background context and avoids political and/or cultural pitfalls;
- has participants that can explain the practice, along with what has gone well and what has not;
- has the resources and willingness to invest in the exchange in a meaningful way;
- understands their responsibilities in planning and implementing the learning exchange; and
- offers the support of the appropriate local government officials for the exchange.

**Ensuring value for both teams:** All stakeholders need to recognize that the exchange can provide value for both teams. The learning exchange facilitator should ensure that the exchange of knowledge happens in both directions (for example, by setting time in the agenda for both teams to ask questions and give recommendations). Post-exchange debriefing between the two teams can also support reciprocal learning.

The knowledge-providing team may also find value in participating in the learning exchange due to the recognition of its programme as exemplary. Recognition can be further enhanced through documentation and dissemination of the learning exchange. (See Step 2.7)

Finally, plenty of time should be allocated to identify and select the counterpart team and to allow the team to prepare. Rushing through these steps is likely to limit the success of the exchange.

**Establishing agreement between the teams:** Once a knowledge-providing team has been selected and both knowledge-providing and knowledge-seeking teams have agreed to conduct the SSLE, develop a memorandum of understanding between the two teams and the exchange facilitator. This should outline the high-level roles and responsibilities of each. It should also identify a point person from both teams to work with the facilitator. A template for developing a memorandum of understanding can be found in Appendix G. If the focal person cannot continue to facilitate the learning exchange, they should appoint another focal person from their department to promote continuity in the implementation of the learnings.

As the agreement is being discussed, representatives from the knowledge-providing team should be integrated into the planning committee discussed initially under Step 1.4 As a reminder, the planning committee should include a diverse representation of skills and be prepared to undertake significant work to prepare for the exchange.

### **Step 2.2 Develop intermediate objectives.**

The learning exchange facilitator should lead the knowledge-seeking team through a discussion to identify and agree on intermediate objectives. These are what the team aims to learn or gain through advocacy from the exchange in the immediate, short and medium term following the learning exchange. The objectives should contribute towards the intended outcomes of the larger change process and align with the findings of the needs assessment. Consider setting multiple objectives that meet the needs of the participants and balance between ambitious and achievable.

**Table 2.1 Types and timelines for intermediate objectives**

Learning	New ideas	Immediate & short-term (up to 6 months) objectives
	Enhanced knowledge	
	Improved skills	
Advocacy	Greater collaboration	Medium-term objectives (up to 2 years)
	Decisions made	
	Actions taken	

Using the types of objectives shown in the text box may assist in brainstorming. Each objective reflects a focus on either learning or advocacy.

Ideally, these objectives should be SMART—specific, measurable, achievable, realistic and time-bound.

Following the SMART criteria will aid in evaluating the exchange. SMART objectives lend themselves easily to the establishment of indicators. More guidance on developing and using indicators as part of the M&E plan can be found in Step 2.3.

**Table 2.2 Illustrative intermediate objectives, by type**

New ideas	<ul style="list-style-type: none"> <li>By the end of the exchange, at least three new ideas for improving the quality of care will be identified.</li> </ul>
Enhanced knowledge	<ul style="list-style-type: none"> <li>By the end of the exchange, the majority of participants will report confidence in implementing the next steps for introducing a new contraceptive method.</li> </ul>
Improved skills	<ul style="list-style-type: none"> <li>Within six months of the exchange, all participants will report having used skills gained during the exchange to implement their role in introducing community-based access to emergency contraception.</li> </ul>
Greater collaboration	<ul style="list-style-type: none"> <li>Within six months of the exchange, the majority of survey respondents will report an increased commitment to introducing adolescent-friendly contraceptive services.</li> </ul>
Decisions made	<ul style="list-style-type: none"> <li>Within one year of the exchange, the Ministry of Health will allow a local pilot programme on the tasksharing of implants to begin.</li> <li>Within one year of the exchange, the stakeholder group will endorse a detailed plan for the scaling up of subcutaneous injectable contraception via self-administration.</li> </ul>
Actions taken	<ul style="list-style-type: none"> <li>Within two years of the learning exchange, 80% of the actions detailed in the action plan will have been successfully implemented.</li> <li>Within 18 months of the exchange, a new preservice training manual for quality of care in family planning services will be introduced in nursing schools.</li> </ul>

Once intermediate objectives have been developed, the team may want to discuss plans to increase the likelihood they will be met through the learning exchange. This may mean assigning specific people to focus on specific objectives that best match their role, brainstorming questions to ask during the learning exchange or setting criteria and timelines for key decisions to be made.

### **Step 2.3 Develop an M&E plan for the learning exchange.**

The purpose of monitoring and evaluating a learning exchange is multifold. The M&E plan should address the following:

- assess whether the learning exchange helped participants meet their intermediate objectives;
- inform progress towards the larger change process and how to advance it further;
- support learning to improve future exchanges; and
- provide accountability to the funder of the learning exchange.

If the larger change process already has an M&E plan in place, build from that, or use the learning exchange as an opportunity to develop an M&E plan for the larger process. The value of the learning exchange is best understood in the context of the larger change process.

Ideally, the planning committee started considering M&E while conducting the needs assessment. And now that the intermediate objectives for the exchange have been established, the M&E plan is a natural next step.

**Indicators and data collection methods:** Indicators and data collection methods are the building blocks of an M&E plan. Consider what information is most important as well as which data collection methods are feasible given the time and resources.

Select indicators that will provide information that is useful—and will be used—without being overly burdensome to collect and analyse. Collecting the same indicators pre-exchange and postexchange provides context for how the learning exchange may have influenced change over time.

The indicator matrix in Appendix D provides a selection of illustrative indicators. Each learning exchange is unique, and as such, the most useful indicators will vary. Indicators should cover a range of inputs, outputs and outcomes.

Potential data collection methods include the following:

- a needs assessment by the knowledge-seeking team (see Step 1.5; Appendix E);

- an assessment by the knowledge-providing team (see Step 2.1; Appendix F);
- a pre-learning exchange participant survey (see Step 2.4; Appendix H);
- an immediate post-learning exchange participant survey (see Step 5.2; Appendix I);
- a short/medium-term (6–18 months) post-learning exchange participant survey (see Step 5.2; Appendix J); and
- a document review (documents related to the learning exchange and the larger change process).

**Additional M&E approaches:** While traditional M&E approaches centre on indicators, other M&E approaches can be useful for understanding the value of and learning from a South–South learning exchange. The participatory approaches suggested here serve various purposes, but several of them help to understand the medium- and long-term outcomes of the exchanges.

- ◉ **After-action review:** A structured discussion held immediately following a learning exchange to understand what worked, what did not, why and what should change in the future. This is especially helpful for improving future learning exchanges (18).
- ◉ **Most significant change:** The collection and discussion of stories from participants and stakeholders on the most significant change they experienced as a result of the exchange. This technique captures personal perspectives and outcomes that were unintended or not clearly outlined in planning (19).
- ◉ **Innovation history/critical incident timeline:** The development of a retrospective timeline or history of critical incidents, moments or changes that contributed towards the larger change process. This approach can help determine the value of the learning exchange in comparison to other factors. It is best applied towards the end of the larger change process (20).

## Step 2.4 Identify learning-exchange participants.

Having the right people involved in both teams of a learning exchange is crucial to success. Consider the selection carefully, but be prepared for changes to occur up until the last moment.

**Type of participant:** The participants to include in the country team will vary according to the purpose of the learning exchange. A learning exchange focused on identifying new practices may consist of an equal mix of technical staff, managers and policy-makers, while one focused on advocacy may have a larger presence of policy-makers. A capacity-building exchange will have more technical staff. Also, consider whether a mix of national and subnational representatives should be included. Review the intermediate objectives to help clarify who should be included in the country team.

It is also useful to include participants from across the range of stakeholder groups involved in the larger change process. Generally, a representative from the relevant government ministry should be included, along with at least one representative from civil society, professional associations, the private sector, NGOs, donors, implementing partners and academia. Participants from each team should be known to each other and in roles in which they can work together post-learning exchange on implementing the action plan.

Efforts should be made to match the participants from the two teams in terms of role and status such that participants can meet and interact with their counterparts. This is especially important for senior-level personnel and policy-makers.

**Personality and level of commitment:** In terms of personality, individuals who are strong leaders, conveners, influencers and/or achievers as well as those who will contribute to a positive group dynamic should be included.

For an advocacy-focused learning exchange, it can be good to include individuals from across a range of commitment levels on the knowledge-seeking team. Learning exchanges can be good opportunities to convince those who are important for decision-making but sceptical. However, any sceptics should be balanced by those with a strong commitment to the change. From the knowledge-providing team, participants should be firmly in support of the specific best practice. Consider including individuals who were initially opposed to share what changed their minds.

### *Considerations for participants:*

- For a learning exchange on a tasksharing practice, include representatives from the professional associations affected by the potential change—both those being shared from and those being shared to.
- Include academic representation if a change to preservice education will be required, such as with introducing a new contraceptive method.
- If the focus is on increasing access to health services for adolescents, include representatives from youth-led civil society groups.





*For a site visit about a new practice to improve quality of care, invite clients, community leaders and/or civil society groups to speak about how the change is perceived by the community.*

If the learning exchange will include a study tour or site visit, specific sites need to be selected where participants can observe the best practice in action and interact with providers and clients. The criteria for selecting the specific sites is similar to that for selecting a knowledge-providing team.

**Engaging the knowledge-seeking team:** Preparation of country-team participants on the SSLE should begin as soon as they are selected. Understanding what they hope to get from the learning exchange will help design a successful learning exchange. It may be useful for them

to complete an advance survey. See a sample pre-learning exchange participant survey in Appendix H.

All participants who take part in the learning exchange should have a similar baseline understanding of the larger change process and have read and reviewed background documents related to that process. They should also begin learning about the knowledge-providing team's context and the best practices being studied. Advance work and reading may help make the learning exchange successful. See Step 2.9.

**Engaging the knowledge-providing team:** To ensure that the knowledge-providing team can offer the best learning experience possible, it is important to keep them informed of the needs, challenges, opportunities and intermediate objectives of their counterpart team. Ensure they understand what participating in the learning exchange will entail, including how much time and effort will be involved and what they will need to do to prepare. If there will be site visits, ensure that the sites, and the participants at the sites, are well-informed of their roles and responsibilities. Ensure client and provider preferences, particularly about participating, are kept confidential.

## Step 2.5 Design the agenda.

A major role of the planning committee is to design the agenda. The intermediate objectives, needs assessment and participant-survey results are useful resources for this step.

The specific activities selected for the learning exchange will vary based on the purpose, intermediate objectives, number and type of participants, and available time and budget. Consider what can be done virtually or in advance rather than in person. Use technology and available documents to facilitate the learning exchange. Allow adequate time for travel, meals and breaks so that participants are continually engaged but do not feel rushed.

The participants can also be broken up into smaller groups to engage in different activities, especially if there are multiple types of participants. A session for policy-makers may focus on discussion and reaching a consensus, while technical staff can engage in hands-on work.

Ensure that adult-learning concepts (21) are integrated. Consider sequencing the activities to provide a natural flow between presentation, discussion, experience and reflection.

- **Presentation:** This is a one-way flow of information. This should be limited but is often necessary to ensure everyone is on the same page. Use techniques such as storytelling, discussion, sharing information and lightning talks to engage the audience.
- **Discussion:** Discussion time during the agenda should be facilitated to ensure that participants stay on topic and engage with each other. Techniques include brainstorming, question and answer, and gallery walks (22).
- **Experiential:** This allows participants to directly observe and/or participate in experiential learning activities such as site visits, demonstrations, roleplay and action planning. Another example is when participants have in-depth small group conversations with their counterparts on how a best practice is implemented. Experiential activities are important for adult learning and should be a strong element in any learning exchange.
- **Reflection and sharing:** These activities enable participants to analyse and make sense of what they have learned. Depending on personality type, participants may prefer to reflect on their own, in pairs, in small groups or as part of a larger group. Allow time for each, with time for sharing and discussion afterwards. These activities can be interactive, such as after-action reviews, or individualized via surveys or writing assignments.

**Action planning:** The knowledge-seeking team should also allocate time to create an action plan collectively. Doing this during the exchange ensures that it is a collaborative process, created while the learning is fresh and before other responsibilities can distract the participants. It also allows them to continue to receive feedback from the other team. See Appendix K, which shows a standard format for developing an action plan.

The action plan should include specific next steps and strategies for applying what has been learned to advance the larger change process. It should include time to completion, who is accountable for the results, what resources will be needed and from where/whom as well as the measure of success. The action plan should also include plans for disseminating the learning gained from the exchange. If the two teams are going to extend their relationship, plans for ongoing engagement can also be clarified in the action plan. The action plan will also be an important document for evaluating the learning exchange and ensuring accountability. Indicators can be developed based on the included key activities.

**Working towards a consensus:** Learning exchanges can be a great opportunity to build community and consensus among a stakeholder group and between the two teams. For in-person exchanges, introducing the delegations to each other via videoconferencing and/or other virtual engagement tools can be a useful way to help begin building relationships. It can allow them to ask questions and ensure cohesion among and between the teams. For virtual exchanges, this virtual introduction can be the kick-off to the exchange.

Allow for informal networking and bonding time to support relationship-building. This can happen during tea breaks, car rides and activities designed to allow participants to relax and enjoy an activity together, such as cultural entertainment or a facilitated team-building exercise (22). If it is a virtual exchange, open a discussion stream on a chat platform (for example, WhatsApp, Slack) focused on fun or personal aspects, such as sharing favourite jokes, stories, comics and/or pictures of families, pets and hobbies.

If participants want to do sightseeing or shopping, arrange for that to take place during a dedicated time slot on the agenda so that they do not miss sessions.

**Table 2.3 Illustrative agendas.**

Type of exchange	Purpose	Outline of activities with type
Expert visit	Identify new practices: Increasing adolescent access to reproductive health services	<ul style="list-style-type: none"> <li>Review global evidence and watch a video from the expert team on their experience with several best practices for increasing adolescent access to reproductive health services (presentation)</li> <li>Youth representatives lead a fishbowl discussion/debate on the relevance of these practices to the local context (discussion)</li> <li>Counterpart discussions on the practicality of adopting new practices (experiential)</li> <li>Action planning on potential next steps (experiential)</li> <li>Wrap-up discussion with full group and report writing (reflection and sharing)</li> </ul>
Study tour	Advocate for a new practice: Tasksharing of contraceptive implants to auxiliary nurses	<p>Day 1:</p> <ul style="list-style-type: none"> <li>Introductory team-building activity</li> <li>Review global evidence and local experience with auxiliary nurse provision of contraceptive implants via a series of lightning talks (presentation)</li> <li>Gallery walk focused on implementation tools, for example, preservice and inservice training manuals and revised logistics reports. (discussion)</li> </ul> <p>Day 2:</p> <ul style="list-style-type: none"> <li>Site visit to health facilities to observe practice and to speak with supervisors, providers and clients (experiential)</li> <li>Team A (nurse and auxiliary nurse association representatives) and Team B (district health officials) split up to have longer conversations on how the practice impacts their work (experiential)</li> <li>Full team debrief (reflection and sharing)</li> <li>Cultural entertainment over dinner</li> </ul> <p>Day 3:</p> <ul style="list-style-type: none"> <li>Q&amp;A session between teams on advocacy (discussion)</li> <li>Action-planning session (experiential)</li> <li>Report back and wrap-up session (reflection and sharing)</li> <li>Scheduled free time for sightseeing and shopping</li> </ul>

Type of exchange	Purpose	Outline of activities with type
Virtual exchange	Build capacity to implement or scale up a new practice: Integrating family planning into immunization services	<p>From kick-off to final videoconference, the exchange lasts three months.</p> <ul style="list-style-type: none"> <li>• Kick-off and virtual team-building activity using videoconference (VC) and chat platforms simultaneously</li> <li>• Using a debate format, the knowledge-providing team presents experience with integrating family planning into immunization services via VC (presentation)</li> <li>• The other team presents progress and challenges via VC (presentation)</li> <li>• Q&amp;A and discussion begin over a chat platform with multiple streams for different interests/groups; continue throughout the exchange (discussion)</li> <li>• Counterparts meet via Skype/VC for several sessions to demonstrate processes, engage in role plays and discuss changes that would better support integrated services (experiential)</li> <li>• Writing assignments on perceived challenges and opportunities (reflection and sharing)</li> <li>• Regular in-person meetings among each team (reflection and sharing)</li> <li>• Action plan drafted during in-person meetings; presented to the other team via VC and shared virtually for continued discussion (experiential)</li> <li>• Final VC with both full teams, with the presentation of the final action plan and an awards ceremony</li> </ul>

### Step 2.6. Prepare for each activity.

Once the timeline of the agenda is set and agreed upon, it is important to spend time on preparation. In-depth preparation will ensure that the learning exchange is implemented smoothly and the time is used efficiently.

Decide who will be speaking or leading each session. Work with all participants on developing their talking points. Review presentations together as a team. Do previsits to sites to prepare the participants there. Ensure that participants know how to use the planned technology. Observe all national and subnational protocols.

### Step 2.7 Make plans for documentation.

Documentation and dissemination of the learning exchange can be a powerful way to recognize the leadership of the teams, allow participants to reflect further and support knowledge sharing and advocacy. It can also be used to hold participants accountable to their action plan. Finally, sharing the process, learning and outcomes of the learning exchange with regional or global networks can enable others to learn from the experience.

Consider the objectives and primary audience of the documentation and how the objectives can be accomplished. Will existing participant(s) be tasked with documenting? Can a journalist be invited or a professional writer, photographer and/or videographer be hired? Dissemination can take place via newspapers, blogs, organizational websites, presentations or reports.

All participants should be encouraged to document their experience through photographs, videos or writing. Journaling can encourage participants to reflect on what they are learning. Consider group journaling, photo-sharing sites and other virtual community applications to support group documentation.

*For a site visit within a country, a local journalist can be invited to participate and asked to develop articles on the following:*

- the successes of the knowledge-providing team;
- the experience of the learning exchange; and
- the action plan and postexchange implementation progress.



## Step 2.8 Prepare all logistics.

Logistics, especially for learning exchanges that involve travel and/or technology, are crucial for success. If participants are frustrated by inadequate technology, hotels, meals or travel arrangements, it is a challenge to get them excited about what they are learning. Do not underestimate the importance of logistics, especially when high-ranking personnel are participating.

- Consider travel arrangements, both for the learning exchange and between sites.
- Send invitations, seek necessary permissions and adhere to local protocols.
- Ensure participants have the necessary visas, vaccinations, travel and medical insurance, prescription medication, etc.
- Make hotel and meal arrangements, coordinating with the team to understand their preferences.
- Brief the team about the financial rules and regulations (daily allowance, meals and other costs, keeping boarding passes, etc.)
- Consider the needs of participants regarding payments for travel costs and the pros and cons of making payments on behalf of participants versus reimbursing participants for their expenses.
- Arrange for translators if necessary. Inquire about the needs of disabled participants.
- Consider cultural and religious practices, holidays, etc. Inform participants about what to expect.
- Have backup plans and emergency contact information available. Acquire insurance if appropriate.
- Ensure that logistics are managed within budget requirements.
- Share details on travel, hotel and other logistics in advance (23).





## Step 2.9 Assign advance reading and work.

Advance work should include background reading on logistical details and technical information regarding best practices. Logistical details should cover the participants' biographies, agenda, travel arrangements and information on the destination, including local customs and protocols. Technical details should include background information on best practices as they have been implemented globally and locally.

Providing advance reading material ensures that time is not wasted during the learning exchange by presenting information rather than engaging in discussion and experiential learning. However, have appropriate expectations about the amount of advance reading participants are willing to undertake.

Depending on the situation, additional advance work might be useful. Participants could reflect on the intermediate objectives to brainstorm questions that they would like to ask during the exchange. They should elicit questions and concerns from members of the wider stakeholder group who are not participating in the exchange.

## Step 2.10 Assess progress against plans.

Before the learning exchange begins (one month before the exchange), the facilitator should work with the planning committee to assess progress against the plans, including the timeline, budget and M&E plan. A collaborative check-in can be a useful opportunity to address any challenges or delays that may have come up.

Questions to consider include the following:

- Do both teams fully understand the objective of the exchange visit?
- Are both teams actively engaged in planning?
- Are there any unresolved roadblocks in the preparations?
- Is the learning exchange still within its available budget?
- Review the pre-exchange assessments. Have any changes diminished the potential for success?
- Review the responses to the pre-learning exchange participant surveys. Are there any concerns?

If no concerns or challenges have emerged, the teams should proceed. If there are concerns, the planning committee should assess and make recommendations regarding the appropriate way forward.

*Advance reading for a learning exchange on postabortion care may include the following:*

- logistics packet;
- high-impact practice brief on postabortion family planning (15);
- relevant pages from knowledge providers/peer team's policy and guidelines;
- peer team's plan for scaling postabortion care; and
- a one-page summary of relevant service statistics from the peer team.

## Case study 2: A reciprocal learning exchange in India strengthened collaboration and quality

In 2019, WHO initiated a South–South learning exchange in India. The learning exchange, which participants referred to as a peer-mentoring programme, was conducted in two districts of West Bengal under the overall guidance of the Ministry of Health in close collaboration with an NGO, the Ipas Development Foundation (IDF), Ipas and WHO. This learning exchange also served as a pilot exercise for this guidance.

### Step 1 Define the need for and purpose of the learning exchange.

The Ministry of Health, WHO and partners discussed the country's context, priority and needs, deciding upon a learning exchange that would contribute to the country's ongoing efforts to increase access to quality postpartum family planning (PPFP) services. The purpose of the learning exchange was focused on building the capacity to implement quality PPFP services.

### Step 2 Plan the South–South learning exchange.

IDF and WHO sought approval from national-level officials and then met with state-level officials to obtain their buy-in and ideas for the exchange. A letter from national-level officials to state-level officials expedited subsequent conversations. Facilities and facility staff (service providers, hospital managers and programme teams) from the two districts were then selected to participate, along with district and state-level officials. The participation of state-level officials throughout the exchange increased its importance for other participants.

### Step 3 Facilitate the learning exchange.

The participants from both teams first came together for a two-day brainstorming meeting. During these two days, the teams participated in team-building activities, engaged in small group work and began drafting their action plans. This meeting was an opportunity for the delegates to get to know each other in advance of the site visits and to establish a reciprocal relationship of sharing experiences on a peer-to-peer level.



Participants from the two districts of West Bengal engaged in a brainstorming session. Photo credit: Ipas Development Foundation.

On the first day, the district teams split up to identify storage, record-keeping, counselling, infection prevention and other approaches contributing to their success. They then shared these approaches through a gallery walk, during which participants could ask questions and discuss details. Each team used stickers to vote on the approaches from the peer team that they wanted to implement or improve upon in their own facilities.

During the second day, the teams drafted action plans. They used their initial conversations with their peer team and identified point persons and timelines for each selected approach. They then presented these initial action plans to each other for feedback. Next, the learning exchange facilitator helped the teams plan the agenda and activities for the upcoming site visits. At the end of the meeting, the team set up a WhatsApp group so that everyone could continue to interact and exchange ideas.

A few weeks after the brainstorming meeting, two-day site visits were held in each district, with the teams visiting the facilities to observe the selected approaches in action. Participants praised the site visits for being interactive, a good medium for enhancing knowledge and helpful in understanding each of the approaches. The learning exchange facilitator later led the participants through a debriefing and worked to refine the action plans. As a final step, the teams worked together to develop quality-improvement checklists. The checklists, which focused on the approaches covered in the exchanges, would be implemented during visits to the facilities by district health officials.

#### **Step 4 Support implementation of the action plans.**

State and district officials, as well as IDF and WHO officials, continued to work with the facilities and districts to support the implementation of the action plans. Officials also planned on using the quality-improvement checklists when visiting the facilities and scaling their use to other facilities. Monthly HMIS data and facility visits as part of routine monitoring were used for programme monitoring.

#### **Step 5 Follow-up after the learning exchange.**

Following the learning exchange, feedback was solicited from all participants, and an activity report (4) was developed to share the process and what was learned, both for conducting exchanges and improving the quality of PPFP programmes. Participants also recommended a state-level dissemination meeting and further evaluation to be conducted on the outcomes of the exchange.



Step 2 Plan the south-south learning exchange



# Step 3

## Facilitate the learning exchange

### Step 3.1 Support engagement, collaboration, learning and internalization.

As the South–South learning exchange gets underway, it is important to support the participants in their learning process. Continue to keep in mind the intermediate objectives. Be aware that people have different styles of processing new information and engaging with groups.

**An external facilitator is** key to a successful learning exchange. An individual with strong facilitation skills is needed, especially during a virtual learning exchange. The facilitator must also be mutually acceptable to both teams.

The facilitators and team point people should lead by example in developing relationships within and between teams. Build trust by listening and hearing, by treating others with respect and by not being judgmental. Show gratitude publicly for contributions from participants. Participants should include high government officials. Relationships developed during the learning exchange can be critical to advancing the larger change process. This may mean continuing to support relationship-building after the learning exchange ends.

The learning exchange should be interactive and should be a dialogue between equals. Ensure that all participants are engaged in the activities and collaborating with others. Now that the learning exchange is underway, do they feel confident about meeting their intermediate objectives? Work with them to reflect on how the learning can be applied in their own context.

If participants are struggling in any of these areas, have a “time-out” and reconsider the process and agenda. There could be insufficient learning materials. Are there obstacles that need to be overcome before moving forward? Perhaps there is a conflict in the group that needs to be discussed. Or a change in the agenda that should occur to better meet the participants’ needs. Coordinating the schedules of both teams is important, especially while conducting a virtual learning exchange.

While in-depth planning and preparation are needed to diminish the

risks of such challenges, it is also important to be flexible and adjust the plan once underway if needed. Sometimes a new issue arises on which knowledge can be exchanged as part of the same activity. The SSLE process is not static but constantly evolves. For example, during the learning exchange between Nepal and Sri Lanka, the Sri Lankan team realized that there were gaps in its electronic reproductive health management information system (eRHMS) about PPFP information and adjusted its learning agenda accordingly.

### Step 3.2 Supporting the development of an action plan.

An action plan is an important output of any learning exchange. It should set the path forward for the knowledge-seeking team, with clear next steps and appropriate strategies to help them advance their larger change process. Depending on the context, action plans can be a simple list of next steps or a more complex roadmap of the way forward.

An action plan is also important for evaluating the learning exchange and holding participants accountable. Development of the action plan, or at least a strong draft version, should take place during the learning exchange. Appendix K includes a standard format for developing an action plan.

**Advice, ideas and tools:** The facilitators may need to provide significant support to the team as they develop the action plan. Be prepared with ideas, tools and advice. Having an action-planning worksheet can help this session be efficient (23).

Action plans will generally include the next steps related to reporting back to the team (see Steps 2.7; 5.1) and M&E (see Steps 2.3; 5.2). Ensure that there are identified leaders to push the team towards the next steps in the larger change process as well as plans for the next meeting to maintain momentum. If new champions for the change process have emerged from the exchange, include them in the next steps to leverage their enthusiasm.

If needed, point the team towards existing resources that will guide them through the upcoming action phase. For instance, if the next steps include advocacy or scaling up, direct them to the Advance Family Planning SMART strategy guide for advocacy (24) or the WHO/Expand Net tools for scaling up (25), respectively.

**Measurable next steps:** Ensure that the action plan includes concrete next steps that can be monitored for progress. Advise participants to make the next steps adhere to SMART criteria—specific, measurable, achievable, relevant and time-bound. Encourage participants to develop an action plan that is ambitious, yet achievable, within the next two years. It should be simple enough that it can be fully

### Illustrative action-plan items:

- By the end of the quarter, a one-day follow-up workshop will be organized by the lead implementing partner with representatives from each stakeholder organization and the Ministry of Health division to discuss the next steps in introducing subcutaneous injectable contraception.
- By the end of the next month, three participants will have written and disseminated short articles about what they learned during the exchange.
- The stakeholder group will more actively engage youth in designing new approaches to increasing access to health services for adolescents. In particular, at least three new youth-led civil society groups will be invited to join the stakeholder group by the end of the month; a user-centred design activity for youth will be undertaken in the next year; and financial support for youth time and participation will be prioritized in the next budget.



drafted, if not endorsed, during the learning exchange.

More fluid strategies can also be incorporated. These lay out the broad directions and approaches that the team wants to work towards. The following is an example: As a stakeholder group, we will endeavour to use research and evidence more often in our decision-making. The team, however, should also consider how those strategies will be implemented and monitored. Following the same example: For each major decision, an organization or individual will be assigned to review research and evidence and to summarize the information for the entire group.

**Consensus building:** Group facilitation continues during action-plan development, especially as decisions are discussed and consensus needs to be established. Some participants may be quicker to come up with ideas and reach conclusions or be more vocal with their thoughts. Recognize existing group dynamics and leadership styles. Ensure that there is adequate support for actions among key stakeholders before committing them to paper.

### Step 3.3 Ensure documentation of lessons learned is taking place

Ideally, documentation of lessons learned should be carried out throughout the life of the SSLE. This is less resource intensive in terms of time and money. Post-facto documentation, on the other

hand, is more costly and time-consuming and sometimes requires an external consultant who may not capture important process-related issues. Many important lessons may be lost if documentation occurs at the end of the SSLE.

Both teams should be engaged in documenting the process. Each team should identify an individual who will be responsible for process documentation. Having one person from both teams responsible for documenting the lessons learned ensures that details are not missed. The individual should collect presentations, checklists, monitoring reports, etc.

### Step 3.4 Monitor and quality control of the process

Progress should be measured against the indicators and targets in the action plan at regular intervals. The outcomes for each of the teams and the overall outcome of the exchange should be monitored. All parties are mutually responsible for the results of the SSLE and should be actively engaged in monitoring the progress. Based on the monitoring findings, any changes or strategic decisions should be made jointly. Regular progress reports and after-action reviews should be shared with the other team, facilitator, partners and the Ministry of Health.



### Case study 3: A South–South learning exchange designed as a regional meeting

The Maternal and Child Health Integrated Program (MCHIP) and Population Services International's (PSI) Support for International Family Planning Organization (SIFPO) programme convened a regional meeting in sub-Saharan Africa to bring together international and regional experts to advance the integration of postpartum family planning into maternal health services including improved access to intrauterine contraceptive devices in the postpartum period (PPIUD). Ten country teams actively engaged in South–South learning, sharing successes and challenges based on their experiences.

#### Step 1 Define the need for and purpose of the learning exchange.

Seeing an opportunity to expand the reach of PPIUD in sub-Saharan Africa, MCHIP and SIFPO project staff organized a regional meeting so countries with a solid base could learn from each other and assist countries with less experience. Most countries had already introduced PPIUD services, with some in the process of scaling up; two countries were in the planning stages for initiating PPIUD services. As such, the primary purpose of the exchange was to build the capacity to implement or scale up the practice.

#### Step 2 Plan the South–South learning exchange.

The regional meeting was designed to include many essential elements of a learning exchange. All countries would provide and seek knowledge during the four-day meeting. Zambia was selected to host the meeting and to serve as the knowledge provider during site visits. Each country was represented by a small team comprising staff from the Ministry of Health and nongovernmental organizations along with healthcare providers.

The objective of the exchange was to allow participants to observe PPIUD services in action, to roleplay counselling and to practice insertion on models as well as to share successes and discuss challenges in implementing quality PPIUD services; to have focused discussions on the role of advocacy, community engagement and service delivery in PPIUD programmes; and to develop team action plans. The agenda included presentations, panel discussions, interactive activities, videos, hands-on practice, site visits, debriefing time, station-based discussions, group work and social events.

### **Step 3 Facilitate the learning exchange.**

The meeting was held in April 2013 with 59 participants. The participants identified common barriers to PPIUD service delivery, worked as teams to complete a readiness benchmarking tool and developed action plans. Nearly 70% of participants ranked the station-based discussions, where small groups from across countries exchanged their experiences and opinions on specific topics, as their favourite sessions.

### **Step 4 Support implementation of the action plans.**

The action plans developed during the exchange helped participants prioritize and outline concrete steps to introduce, strengthen and/or scale up PPIUD. Priority areas for action that emerged included developing scaling-up strategies; adapting and disseminating counselling tools and procedures; developing client and provider communication strategies; and supporting M&E efforts such as tracking and following up with clients.

### **Step 5 Follow-up after the learning exchange.**

Following the meeting, MCHIP and PSI wrote a report and shared it with the participants (26). The report, along with several of the presentations from the meeting, detailed notes from the key sessions, action plans and tools shared by the teams, were posted online.

For M&E, the participants completed an immediate postexchange survey to inform future exchanges. The facilitators followed up with country teams 6 to 12 months postexchange to assess progress on the action plans.



Step 3 Facilitate the learning exchange



# Step 4

## Support implementation of the action plan

### Step 4.1 Ensure clarity on roles postexchange.

For the exchange to be truly successful, the action plan should be implemented over the subsequent months and years. Clear roles and responsibilities are key to ensuring a smooth exchange and will also be critical to successful implementation.

The learning exchange facilitator and planning committee will ideally continue to work with the knowledge seekers to support the implementation of the action plan. Depending on the overlap in roles among the facilitator(s), planning committee and broader stakeholder group, this continued support may be inherent and ongoing. If the primary learning exchange facilitator is external to the stakeholder group, his/her support may be organized for a set amount of time or through a set deliverable.

The knowledge-providing team may stay engaged in supporting the implementation of the action plan. Continued engagement is ideal and should be supported where possible. Support can continue as a formal or informal virtual exchange.

### Step 4.2 Debrief with the wider stakeholder group.

The learning exchange participants/delegates must report back to their larger stakeholder group on the experience, sharing what they learned and the developed action plan. This should happen as soon as possible after the exchange when the ideas and motivation are still fresh in the participants' minds.

Ideally, plans for documentation to be shared with the group will have been made in advance and the assigned participants will be working on their outputs. Written reports should be supplemented with presentations and discussions to maximize learning across the group. Include any photos and/or videos that were taken.

If the action plan was completed during the exchange, seek the endorsement of the wider group right away. If it still needs to be completed, determine if that can happen at the debriefing or if another session needs to be scheduled to ensure it is completed and endorsed quickly.

In addition, any materials collected from the peer team, such as guidelines, training curriculum, job aids, registers, etc., should be collected and made available on a shared site.

### **Step 4.3 Keep up the momentum and support champions.**

Take advantage of the motivation and momentum from among the participants, especially any potential new champions. Champions are passionate advocates for a practice who have a unique mix of the right skills, roles and persuasiveness to influence and convince others. Learning exchanges are a great avenue for cultivating champions for a cause among existing opinion leaders. Supporting champions to expand their influence is an evidence-based avenue for advocacy (27).

### **Step 4.4 Use available resources to guide implementation.**

There are many great resources available to support teams to implement and scale up best practices, several of which are included in the References and Resources section.

Does the action plan call for advocacy to support a pilot project or the adoption of a new practice? If so, look at *AFP SMART: A Guide to Quick Wins* (24). This guide will help the team develop a strategy for advocacy by planning for a specific ask by reaching the right decision-maker with the right message at the right time.

If a new practice is being considered and the action plan calls for a pilot project, consider using the guidance from WHO and ExpandNet in *Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up* (28). It provides guidance on tailoring a practice to the new context and designing the intervention for scalability so that results seen in the pilot are replicable when implemented more widely.

ExpandNet and WHO offer additional resources for projects seeking broader guidance on scaling interventions (25). Another resource is *the IBP Initiative's Guide to Fostering Change to Scale Up Effective Health Services* (13).

For specific interventions, *the High Impact Practices in Family Planning briefs* (15) offer evidence of effectiveness and tips for designing the implementation of the practice. The *Toolkits on the Knowledge for Health* (29) website contains resources on various topics, practices and contraceptive methods.

## Case study 4: A reciprocal learning exchange to improve quality of care in family planning services

### Step 1 Define the need for and purpose of the learning exchange

In 2019, Nigeria defined the purpose of the learning exchange as “to improve the quality of care in FP services across the life course programmes (RMNCAH+N) in line with the country’s integrated RMNCAH+N strategy”. This need was identified based on the assessment of the quality of care (QoC) services in Nigeria conducted in 2017, where the results demonstrated the low technical skills of healthcare providers in the provision of safe contraceptive services.

### Step 2 Plan the South–South learning exchange

The planning started with identifying the knowledge-providing/mentor country. Uganda had implemented the QoC framework for FP within the QED (quality, equity, dignity) network and met the criteria listed in the guidance document. Uganda was identified as the mentor country. An agreement was established between the two teams to support each other.

The Nigerian team was represented by the Federal Ministry of Health, UNFPA, WHO, Jhpiego, academia, professional societies and USAID. The Ugandan team was represented by the Ministry of Health, WHO, UNFPA, Jhpiego, Marie Stopes Uganda, USAID-funded Regional Health Integration to Enhance Services (RHITES) project and Reproductive Health Uganda.

Initially, Uganda’s objective was to learn tasksharing from Nigeria. However, following a discussion with the wider in-country stakeholder group and with the Nigerian team, Uganda changed its objective to “improve leadership and coordination structures at all levels to facilitate implementation of quality and rights-based FP services”.

Both countries developed a road map and a monitoring and implementation plan and identified their primary and intermediate outcomes.

### Step 3 Facilitate the learning exchange

A kick-off meeting was organized between the two country teams to share their best practices and learning needs. Due to the COVID-19 pandemic, the meetings were held virtually.

PowerPoint presentations were made by both teams describing the best practices and responding to the other team's questions. Monthly meetings (five to seven) were organized between the Nigerian and Ugandan teams. Weekly in-country meetings (eight in Nigeria and six in Uganda) were held between Jhpiego and the WHO country office and monthly in-country meetings were held with RHID (Reproductive and Infant Health Division), Ministry of Health and international partners to review the



Representatives from Jhpiego Global and country offices, FP 2020, and WHO teams from Nigeria and Uganda country offices, Regional office of Africa and headquarters participate in a virtual learning exchange. Photo credit: Isotta Triulzi.

knowledge gained and to identify specific queries that would enable them to apply it.

Participants from Nigeria gained knowledge and understanding of how to integrate FP within the existing QED network and started implementing the learnings/action plan. A compendium of resources was developed in Uganda to support the FP QoC rollout.



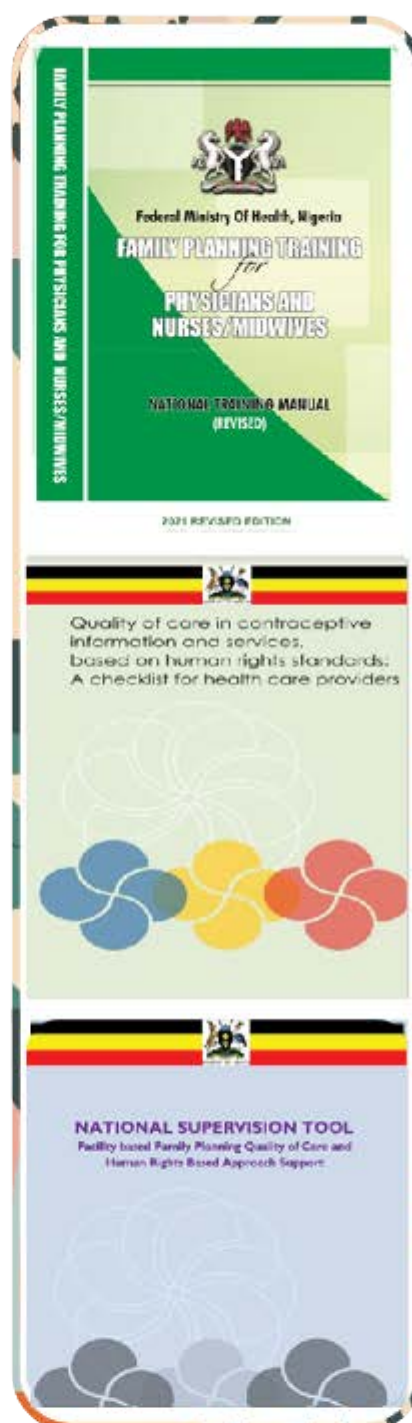
## Step 4 Support implementation of the action plans

Following the learning exchange, each team implemented its action plans/road maps, with WHO and Jhpiego continuing to provide technical support. In Nigeria, following the learning exchange, the National FP training manual was revised and validated to include quality of care in FP. This revised manual was used to train 24 expert trainers and to provide cascade training for health providers. An implementation guideline on QoC in FP was developed. A landscape analysis of development partners implementing quality of care in FP in Nigeria was conducted to ensure complementarity and to avoid duplication.

In Uganda, following the learning exchange, a three-day workshop was held to review FP QoC tools, develop indicators and draft an action plan. This resulted in the institutionalization of QoC in FP through standardization and adoption of the national quality-improvement framework. The HRB (human rights-based) tool was adapted to the country context, and an HRB supervision checklist was developed.

## Step 5 Follow-up after the learning exchange

Each team developed and shared a report on the learning exchange and the key achievements. The achievements and lessons learned from the learning exchange were shared at the International Conference on Family Planning (ICFP) 2022 (12). Further, an elaboration of the lessons learned and outcomes of the exchange is being worked upon and will be published.





# Step 5

## Follow-up after the learning exchange

### Step 5.1 Complete documentation and share outcomes with the knowledge-providing team

In the weeks following the learning exchange, look back at the plans for documentation developed under Step 2.7 and ensure that activities are underway as planned.

**Sharing outcomes with the knowledge-providing team:** Encourage the knowledge-seeking team to report to the knowledge-providing team six months after the learning exchange to share what they have accomplished and learned and then again at 12 months. By doing so, they recognize and appreciate the effort that their counterparts put into the learning exchange. The accomplishments become shared successes. The teams, as well as the exchange facilitator, can also use this report to improve future learning exchanges.

### Step 5.2 Implement postexchange M&E efforts.

With the learning exchange near completion, review the M&E plan and consider if any changes are needed.

**Postexchange data collection:** If an immediate postexchange survey was included in the M&E plan (see Step 2.3; Appendix I), it should be implemented with all knowledge-seeking and knowledge-providing team participants at the final learning exchange session or at least within a month of the exchange. A short/medium-term postexchange survey can be implemented 6–18 months later (See Appendix J). Depending on the anticipated response rate, it can be implemented as a survey or adapted as an interview guide.

If data collection also includes a document review, these documents should be collected and reviewed for relevant content throughout the follow-up period or for up to two years.

Many of the alternative M&E approaches, described in Step 2.3, are designed to be conducted in this follow-up period. Refer to the resources cited for more information on how to implement these approaches.

**Data analysis, sharing and use:** Data is only useful if it is analysed and then shared and used for the improvement of services by stakeholders. As the M&E plan is implemented and data is collected, ensure that it does not “sit on the shelf”, but is analysed, shared with stakeholders and stored in an appropriate place so that it can be accessed by the relevant stakeholders for future use.

After each round of data collection, assign one or more people to compile, analyse and present the results in a manner that can be easily reviewed and processed by others. Share these results with the appropriate group of stakeholders and hold a meeting to discuss what has been learned. Does it affect how the larger change process should move forward? What needs to be considered for future learning exchanges? Take notes on this discussion and ensure that a report is shared.

### **Step 5.3 Dissemination of the learning exchange.**

**Sharing outcomes with a broader audience:** Consider disseminating the achievements and lessons learned to a broader audience at the subregional and international level through publications, conferences, workshops or webinars. Countries will recognize the value of exchanging knowledge and practices among peers and may apply the same approach.

## Case study 5: A South–South learning exchange between Nepal and Sri Lanka

### Step 1 Define the need for and purpose of the learning exchange

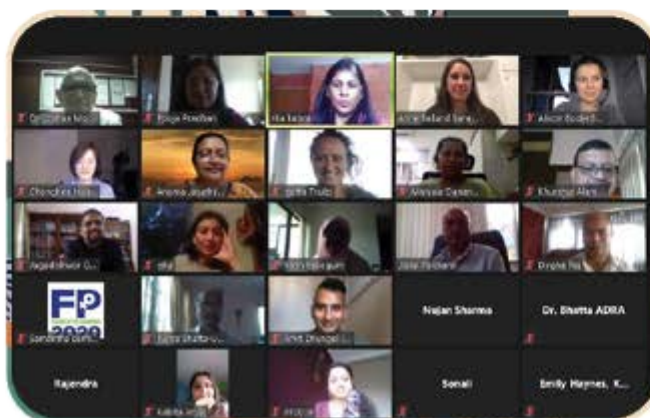
A needs assessment in 2020 in Nepal revealed that the modern contraceptive prevalence rate (mCPR) had stagnated at 43% among married women. More than half (57%) of women delivered in a facility, while 31.5% of women in the postpartum period had an unmet need for family planning (30). Nepal’s Ministry of Health and Population identified its learning need to improve the organization of information, counselling and clinical services to strengthen the integration of PFP with RMNCAH services.

Sri Lanka was identified as a suitable knowledge provider as it has had a devolved health system since 1989, and FP information and services are well integrated into the RMNCAH services. Women are offered FP counselling at many levels.

Sri Lanka recognized that instead of a mentor–mentee relationship, it would benefit both countries to have a reciprocal learning exchange. Initially, Sri Lanka identified its learning need as “task sharing on implant insertion from medical officer to public health nursing sisters”. However, when the learning need was presented to the technical advisory committee, tasksharing was not considered a priority, and the country decided to explore another learning need. A review of the National Family Planning Programme in Sri Lanka in 2016 showed that stockouts for contraceptives are common, resulting in women not having access to the contraceptives of their choice. Thus, Sri Lanka’s team decided the purpose of the learning exchange was to upgrade its paper-based LMIS (logistics management information system) to a web-based e-LMIS for family planning commodities for better reporting of stockouts.

## Step 2 Plan the South–South learning exchange

The Ministries of Health in both countries led the process and identified key stakeholders. Key stakeholders in Nepal were federal and provincial health officials, academia, professional societies, WHO country office, UNFPA, USAID, FCDO, research agencies, FP experts and various partners (Ipas and Marie Stopes). In Sri Lanka, the team included the Maternal and Child Health (MCH) national programme focal point, UNFPA, FP Association of Sri Lanka, Sri Lanka College of Obstetricians and Gynaecologists and WHO CO.



Virtual kick-off meeting between Nepal and Sri Lanka teams, featuring participants from the Ministry of Health, FP 2020, Knowledge SUCCESS, WHO country offices, Regional office for South-East Asia and headquarters. Photo credit: Isotta Triulzi.

Both teams developed intermediate outcomes, monthly reports and after-action reports every quarter that were used to track progress. Due to the COVID-19 pandemic, the learning exchanges were conducted virtually.

## Step 3 Facilitate the learning exchange

WHO and Knowledge SUCCESS facilitated the learning exchange. Three learning exchange meetings were organized between the two country teams to share their best practices and learning needs. PowerPoint presentations were made by both teams describing the best practices and responding to the queries posed by the other team. Nepal shared information on its e-LMIS, while Sri Lanka provided an account of PFP services, its experience in providing FP information and counselling and the role of policy-makers and programme managers in delivering these services. This was followed by four in-country meetings to absorb the information gained and to implement the lessons learned.

## Step 4 Support the implementation of the action plans

Following the learning exchange, as part of the implementation, an advocacy tool for PFP was designed in Nepal. This was used to conduct policy dialogue with policy-makers and programme managers in two provinces. The Ministry of Health and Population allocated 2.1 million rupees for all seven provinces to initiate and strengthen PFP in 20 referral hospitals. Three indicators to monitor PFP uptake were proposed for inclusion in the Demographic Health Survey, National Health Facility Survey and Health Management Information System.

In Sri Lanka, a dedicated page on the reporting system of contraceptive commodities at different levels was included in the District Health Information Software 2. It was piloted in nine districts in the northern and eastern provinces and scaled up to all 28 health districts. The officers in charge of the regional medical supplies divisions were trained on the new formats and the web-based platform.

## Step 5 Follow-up after the learning exchange

Each team developed and shared a report on the learning exchange and the key achievements. The achievements and lessons learned from the learning exchange were documented in a manuscript (8) and shared at the International Conference on Family Planning (ICFP) 2022 (12). In addition, this learning exchange has been documented by South-South Galaxy (7) and in volume four of *Good Practices in South-South and Triangular Cooperation for Sustainable Development* (31) by UNOSCC.



# REFERENCES:

1. The UNFPA strategic plan, 2022–2025. New York: United Nations Population Fund; 2021 [https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG\\_DP.FPA\\_2021.8\\_-\\_UNFPA\\_strategic\\_plan\\_2022-2025\\_-\\_FINAL\\_-\\_14Jul21.pdf](https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf)
2. Supporting country programmes. Geneva: World Health Organization [website]. (<https://www.who.int/activities/supporting-country-programmes>, accessed 14 March 2023).
3. WHO Family Planning Accelerator Project. South–South learning exchange brief. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/m/item/brief-who-family-planning-accelerator-project>, accessed 23 March 2023).
4. Establishing South–South learning exchange. Activity report. New Delhi: Ipas Development Foundation; 2019.
5. Allagh KP, Kiarie J, Triulzi I, Kabra R. Scoping review protocol to map evidence on South–South learning exchange in family planning. *BMJ Open*. 2023;13:e061685. Doi:10.1136/bmjopen-2022-061685.
6. Allagh KP, Triulzi I, Kiarie J, Kabra R. Scoping review on the use of South–South learning exchange to scale up evidence–based practices in family planning. *BMJ Global Health*. 2023; 8:e011635. doi:10.1136/bmjgh-2022-011635.
7. Family Planning Accelerator Project. New York: South–South Galaxy. (<https://oldmy.southsouth-galaxy.org/en/solutions/detail/family-planning-accelerator-project>, accessed 20 March 2023).
8. Kabra R, Danansuriya M, Moonesinghe L, de Silva C., Jayathilaka CA, Allagh KP, Pradhan P, et al. Improving access to quality family planning services in Nepal and Sri Lanka: insights from a South–South learning exchange. *BMJ Global Health*. 2022; 7: e008691.
9. Accelerating quality family planning services–Issue 8. WHO–FP Accelerator Project newsletter. Geneva: World Health Organization; 14 December 2021 (<https://www.who.int/publications/m/item/accelerating-quality-family-planning-services-8>, accessed 23 March 2023).
10. IBP Network. South–South learning exchange to improve access to FP services–FP Accelerator project [webinar]. Geneva: WHO; 26 April 2021 ([https://dlc2gz5q23tkk0.cloudfront.net/assets/uploads/3086268/asset/Flyer\\_FP\\_Accelerator\\_Project\\_Webinar\\_SSLE.pdf?1619104415](https://dlc2gz5q23tkk0.cloudfront.net/assets/uploads/3086268/asset/Flyer_FP_Accelerator_Project_Webinar_SSLE.pdf?1619104415), accessed 23 March 2023).
11. Accelerating quality family planning services–Issue 6. WHO–FP Accelerator project newsletter. Geneva: World Health Organization; 12 May 2021 (<https://www.who.int/publications/m/item/accelerating-quality-family-planning-services-6>, accessed 23 March 2023).

12. International Conference on Family Planning 2022. WHO Conference on Technical Assistance to Countries and Community and Provider driven social accountability research, Pattaya, Thailand, 14 November 2022. Geneva: WHO; 2022 (<https://icfp2022.dryfta.com/program-schedule/program/841/who-conference-on-technical-assistance-to-countries-and-community-and-provider-driven-social-accountability-research-conference-de-l-oms-sur-l-assistance-technique-aux-pays-et-sur-la-recherche-dirigee-par-les-communaut-es-et-les-prestataires-de-sante-sur-la-responsabilite-sociale>, accessed 23 March 2023).
13. IBP Initiative. Guide to Fostering Change to Scale Up Effective Health Services. Geneva: WHO; 2013. <https://www.k4health.org/toolkits/fostering-change>
14. Oak Brook: Joint Commission Resources. Root Cause Analysis in Health Care: Tools and Techniques. 2017. <https://www.jcrinc.com/assets/1/14/EBRCA17SamplePages.pdf>
15. High Impact Practices in Family Planning (HIPs). Washington, DC: The High Impact Practices Partnership; August 2022. <https://www.fphighimpactpractices.org/>
16. A guide to identifying and documenting best practices in family planning programmes. Geneva: World Health Organization Regional Office for Africa; 2017. [https://www.who.int/reproductivehealth/publications/family\\_planning/best-practices-fp-programs/en/](https://www.who.int/reproductivehealth/publications/family_planning/best-practices-fp-programs/en/)
17. Community-Based Access to Injectable Contraceptives Educational Tour Guidance Package. North Carolina, US: FHI 360; 2011. <https://www.k4health.org/toolkits/cba2i/educational-tour-guidance-package>
18. After-Action Review Guidance. Washington, DC: USAID; 2012. <https://usaidlearninglab.org/library/after-action-review-aar-guidance-0>
19. Davies R, Dart J. The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. 2005. <http://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>
20. Douthwaite B, Ashby J. Innovation histories: A method from learning from experience. 2005. <https://cgspace.cgiar.org/handle/10568/70176>
21. Hogan C. Learning about 'Learning Styles' in getting research into policy use and practice. 2011. <http://www.ids.ac.uk/files/dmfile/PPInBrief6final.pdf>
22. Liberating Structures: Including and unleashing everyone. [www.liberatingstructures.com](http://www.liberatingstructures.com)
23. Community-Based Access to Injectable Contraceptives Educational Tour Guidance Package. North Carolina, US: FHI 360; 2011. <https://www.k4health.org/toolkits/cba2i/educational-tour-guidance-package>
24. Advance Family Planning. The Bill & Melinda Gates Institute at Johns Hopkins Bloomberg School of Public Health. AFP SMART: A Guide to Quick Wins. 2013. <https://www.gatesinstitute.org/content/afp-smart-guide-quick-wins>

25. WHO and ExpandNet. Nine steps for developing a scale-up strategy. Geneva: World Health Organization, 2010. <http://expandnet.net/tools/>
26. Maternal and Child Health Integrated Program, PSI. PPIUCD Services: Start-Up to Scale-Up Regional Meeting Zambia, April 9–12, 2013, Meeting Report. 2013. <https://www.mchip.net/sites/default/files/Zambia%20PPIUCD%20Regional%20Meeting%20Report.pdf>
27. Engaging Innovative Advocates as Public Health Champions. North Carolina, US: FHI 360; 2010. <https://www.fhi360.org/sites/default/files/media/documents/engaging-innovative-advocates-as-public-health-champions.pdf>
28. WHO and ExpandNet. Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. Geneva: World Health Organization; 2011. [https://apps.who.int/iris/bitstream/handle/10665/44708/9789241502320\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/44708/9789241502320_eng.pdf)
29. Toolkits by K4Health. Johns Hopkins University, 2019. <https://www.k4health.org/toolkits>
30. Kabra R, Pradhan P, Hyder MKA, Pokhrel T, Aryal K, Jayathalika A, Allagh KP, Kiarie J. Gaps and evidences on programming postpartum family planning services in Nepal [version 1; peer review: awaiting peer review]. *Gates Open Res* 2022, 6:84
31. Good Practices in South–South and Triangular Cooperation for Sustainable Development–Volume 4. New York, NY: United Nations Office for South–South Cooperation; September 2022 (<https://unsouthsouth.org/wp-content/uploads/2022/09/Good-Practices-in-South-South-and-Triangular-Cooperation-for-Sustainable-Development-Vol-4.pdf> accessed 28 March 2023).



# APPENDICES

## Appendix A: Illustrative timeline of steps for implementing a learning exchange

General timeline		Implementation steps
In advance of the learning exchange	6+ months	Step 1.1. Recognize the need for strengthening or adding a best practice
		Step 1.2. Define the intended outcome of the larger change process
	4–6 months	Step 1.3. Establish the purpose of the learning exchange
		Step 1.4. Begin conceptualizing the learning exchange
		Step 1.5. Conduct a needs assessment
	3–4 months	Step 2.1. Identify the knowledge-providing team
		Step 2.2. Develop intermediate objectives
		Step 2.3. Develop an M&E plan for the learning exchange
	1–3 months	Step 2.4. Identify learning exchange participants
		Step 2.5. Design the agenda
	Step 2.6. Prepare for each activity	
	Step 2.7. Make plans for documentation	
	Step 2.8. Prepare all logistics	
	Step 2.9. Assign advance reading and work	
	Step 2.10. Assess progress against plans	

General timeline		Implementation steps
During the learning exchange		Step 3.1. Support engagement, collaboration, learning and internalization
		Step 3.2. Support the development of an action plan Step 3.3. Ensure documentation of lessons learned is taking place Step 3.4. Monitor the process
After the learning exchange	0–2 years	Step 4.1. Ensure clarity on roles after the exchange Step 4.2. Debrief with the wider stakeholder group Step 4.3. Keep up the momentum and support champions Step 4.4. Use available resources to guide implementation Step 5.1. Complete documentation and share outcomes with the knowledge-providing team Step 5.2. Implement postexchange M&E efforts Step 5.3. Dissemination of the learning exchange

Timelines may be adjusted based on the type and purpose of the learning exchange as well as the needs of the participants.

## Appendix B. Illustrative budget template

Table 1: Budget template for a study tour

Cost category	Rate	Quantity	Total	Comments
Preparatory meeting costs				
International travel				
Visas, vaccinations, etc.				
Accommodations				
Local transport including to/ from community/facility site(s)				
Per diem/meals and incidentals				
Cultural entertainment or sightseeing				
Group meals and tea breaks				
Conference/meeting room space				
Videoconferencing equipment and fees				
Other technology licenses, fees and equipment				
Meeting materials, such as pens, notepads, flip charts and markers				
Interpreters and translators				
Documentation support (such as professional photographer, videographer, writer or journalist)				

Cost category	Rate	Quantity	Total	Comments
Consultant support for learning exchange facilitator role, facilitation, adult learning, monitoring and evaluation, implementation of action plan or other area(s) of need				
Printing, etc.				
Insurance				
Contingencies/miscellaneous				
Follow-up meeting costs				
Other _____				
<b>Total</b>				

Table 2: Budget template for post-learning implementation

Cost category	Timeline	Budget	Partners funds*
Sharing the learning with the wider stakeholder group (workshop/meeting)			
Capacity-building activities (training/meetings)			
Advocacy for implementing the learning			
Documentation (reporting/printing)			
Dissemination of the learning exchange (conferences, workshops and publications)			
Monitoring and evaluation			

Not all cost categories will apply to all situations. Consider each cost category given the type of learning exchange and the available resources.

## Appendix C: Template for a letter of support from a policy-maker

[Date]

To: [Name]

[Title]

[Address]

### **RE: Upcoming South–South learning exchange**

Dear [Name]:

In our work towards [the intended outcome of the larger change process], the Ministry of Health has decided that embarking on a South–South learning exchange is an appropriate next step. Your support is hereby requested to undertake the learning exchange.

The purpose of the learning exchange is to [complete sentence with agreed upon purpose]. [Add any additional details that are known regarding type, facilitator, peer team(s), location, tentative dates or timeline, objectives, etc.]

Your support is specifically being requested to [insert role specific for addressee].

We look forward to a successful learning exchange.

Yours sincerely,

[Name]

[Title]

[Address]

Print on Ministry of Health letterhead if appropriate.

## Appendix D: Illustrative indicator matrix

Indicator	Data source
<b>INPUT</b>	
Needs assessment conducted in advance of learning exchange	Needs assessment
Decision to implement a learning exchange is responsive to a locally defined need	Needs assessment; pre-exchange
Proportion of participants who report a high level of active commitment or shared vision for the intended outcome/practice	Needs assessment; pre-exchange
Number of recognized champion(s) actively leading others towards the intended outcome	Needs assessment; pre-exchange
Perceived stability of the enabling environment, for example, no upcoming changes in key personnel or funding sources.	Needs assessment
Knowledge-providing team is actively engaged in ensuring a successful learning exchange and has the personnel and funding to commit to it	Knowledge-providing team assessment
Knowledge-providing team offers a well-implemented and convincing programme	Knowledge-providing team assessment
Knowledge-providing team offers similarities (relevant, credible) in context to counterpart team	Knowledge-providing team assessment
M&E plan for the learning exchange developed in advance	Document review
Needs assessment used to inform the learning exchange	Immediate postexchange survey; document review
Key stakeholders actively participate in planning for the learning exchange	Immediate postexchange survey; document review
Attendance of participants during the learning exchange period	Immediate postexchange survey; document review

Indicator	Data source
<b>OUTPUT</b>	
Proportion of participants who would recommend a similar learning exchange to a colleague working towards a similar intended outcome	Immediate postexchange survey
M&E plan reviewed and updated after the learning exchange to ensure its usefulness	Document review
Proportion of participants who report that the learning exchange met the intermediate objectives	Immediate postexchange survey; short/medium-term postexchange survey
Number of new ideas or approaches identified for reaching the intended outcome	Immediate postexchange survey
Proportion of participants who report confidence in using knowledge and/or skills gained from the learning exchange	Immediate postexchange survey; short/medium-term postexchange survey
Action plan developed and endorsed/agreed upon	Immediate postexchange survey; short/medium-term postexchange ; document review
Active engagement of all participants in implementing or advocating for the action plan	Short/medium-term postexchange survey; document review
Action plan disseminated widely to other stakeholders	Short/medium-term postexchange survey; document review
Learning exchange documentation disseminated (number, type and audience)	Document review

Suggested resources for identifying additional indicators related to the larger change process

- Family Planning and Reproductive Health Indicators Database. MEASURE Evaluation [website]. 2017 ([https://www.measureevaluation.org/prh/rh\\_indicators](https://www.measureevaluation.org/prh/rh_indicators), accessed 3 June 2019).
- Adamou B, Curran J, Wilson L, Apenem Dagadu N, Jennings V, Lundgren R, et al. Guide for monitoring scale-up of health practices and interventions. MEASURE Evaluation; 2013 (<https://www.measureevaluation.org/resources/publications/ms13D64>, accessed 3 June 2019).

Indicator	Data source
<b>OUTCOME</b>	
Proportion of participants who report that the learning exchange has contributed to meeting the intended outcome of the larger change process	Short/medium-term postexchange survey
Proportion of participants who report that they have used knowledge and/or skills gained from the exchange in their work	Short/medium-term postexchange survey
Participant feedback used to inform future learning exchanges	Ad hoc report from the facilitator(s)
Proportion of participants who report a high level of active commitment or shared vision for intended outcome/practice	Immediate postexchange survey; short/medium-term postexchange survey
Description of high-level decisions made regarding the larger change process	Short/medium-term postexchange survey; document review
Number of recognized champion(s) actively leading others towards intended outcomes	Immediate postexchange survey; short/medium-term postexchange survey
Proportion of action items in the post-learning exchange action plan successfully implemented	Short/medium-term postexchange survey; document review
Number of advocacy, programme, service delivery, training/education and/or research documents newly developed or updated based on or informed by the learning exchange	Short/medium-term postexchange survey; document review
Number of policies newly developed, updated or changed based on (informed by) the learning exchange	Short/medium-term postexchange survey; document review

- Coffman J. Monitoring and evaluating advocacy: companion to the advocacy toolkit. New York: United Nations Children's Fund ([https://www.unicef.org/cbsc/files/Advocacy\\_Toolkit\\_Companion2.pdf](https://www.unicef.org/cbsc/files/Advocacy_Toolkit_Companion2.pdf), accessed 3 June 2019).
- Global Health Knowledge Collaborative. Knowledge Management Indicator Library [website]. 2018. (<https://indicators.globalhealthknowledge.org/>, accessed 3 June 2019).

## Appendix E. Example of a needs assessment for a South–South learning exchange

- 1 Identify the team for which a learning exchange is being considered.
- 2 Who are the individuals (names, roles) contributing to this needs assessment?
- 3 What is the intended outcome of the larger change process that the learning exchange will contribute to?
- 4 At what stage in the larger change process is the team?
- 5 What does the team hope to achieve through the learning exchange?
- 6 Is there a roadblock or sticking point in the change process that the team hopes can be overcome with a learning exchange? If so, describe it, along with any known root causes.
- 7 Why would a South–South learning exchange be a cost-effective way to move the change process forward? What alternatives have been considered?
- 8 Describe the contextual environment for the change process. Is the environment stable, or are there upcoming changes, related to key elements, such as personnel, funding, etc.? Are there problems that cannot be actively addressed?
- 9 Describe the level of active commitment or shared vision among key stakeholders for the larger change process.
- 10 Are there champions for the change process? If so, describe them and their actions.
- 11 Who is driving the push for a learning exchange? Who will be leading the effort going forward?

## Appendix F. Example of a knowledge-providing team assessment

1. Identify the team being considered as a knowledge-providing team for a South-South learning exchange.
2. Which best practice(s) is it successfully implementing? What related strengths does it have to offer (such as particular aspects of implementation)?
3. Do these best practices and strengths offer a strong match to the needs of the knowledge-seeking team?
4. What evidence is there that local implementation of the best practice is successful?
5. In what ways are the cultural, sociological, political and economic environments of the potential paired teams similar? In what ways are they different?
6. Is there a history of political or cultural discord or distrust between the potential paired teams?
7. Describe the roles that the team is willing to take responsibility for in planning and implementing a successful learning exchange. With what roles does the team need assistance from an external facilitator?
8. Who will be involved in planning and implementing the learning exchange? How will their time be supported? Do they have the time available in their schedules to commit to the learning exchange?
9. What other resources are expected to be needed for the learning exchange? How will those be funded?
10. Describe the level of active commitment from the stakeholders as well as from their supervisors and/or funders to implement the learning exchange.

# Appendix G. Template for memorandum of understanding

## Memorandum of understanding for a South–South learning exchange

Between

[Knowledge-seeking team]

And

[Knowledge-providing team]

With

[Learning exchange facilitator]

This memorandum of understanding (MoU) sets out the terms and agreement between the above-listed parties to collaboratively conduct a South–South learning exchange.

Background: [In a few sentences, describe the intended outcome of the larger change process that the knowledge-seeking team is working on. What stage are they at and what are the roadblocks?]

Purpose: [In a few sentences, describe the proposed learning exchange in terms of type (study tour, expert visit, etc.); purpose (identify new practices, advocate for a new practice, etc.); timeframe; and funding source(s).]

Roles: [In a few sentences, describe the high-level roles and responsibilities for planning and implementing the learning exchange expected of each party to this MoU.]

Key contacts: The following key point(s) people and/or learning exchange facilitators will be responsible for leading their team's efforts to plan and implement a successful learning exchange. It is with them that the responsibility of executing this MoU falls.

Point person for the knowledge-seeking team : [Name, Title, Organization, Contact information]

Point person for the knowledge-providing team : [Name, Title, Organization, Contact information]

Learning exchange facilitator: [Name, Title, Organization, Contact information]

Agreed upon by:

Team representative

Team representative

Learning exchange  
facilitator

## Appendix H. Example of a participant survey before the exchange

- 1 What is your name, organization and title?
- 2 What is the role that you and/or your organization have in the larger change process?
- 3 What is the role that you and/or your organization will play in the learning exchange?
- 4 What challenge(s) do you anticipate for advancing the larger change process towards the intended outcome?
- 5 How do you envision the learning exchange will be able to help overcome those challenges and advance the larger change process?
- 6 What are your intermediate objectives for the learning exchange?
- 7 Do you have other specific interests that you would like to pursue during the learning exchange (such as interacting with specific people, discussing specific topics or seeing specific things)?
- 8 To what extent do you agree with the following statement: The learning exchange is being driven by the needs and interests of the stakeholder group for the larger change process as identified in the needs assessment. (Insert a Likert scale here<sup>1</sup>)
- 9 To what extent do you agree with the following statement: The key stakeholders have a shared vision and active commitment to the larger change process. (Insert a Likert scale here)
- 10 Are there champions for the change process? If so, describe them and their actions.

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<sup>1</sup> Likert scales are commonly used in surveys. The survey question is framed as a statement to which respondents state their level of agreement or disagreement. To do so, they choose a number between 1 and 5 in which 1 represents Strongly Disagree, 2 represents Agree, 3 is Neither Agree or Disagree, 4 is Agree and 5 is Strongly Agree.

## Appendix I. Example of a participant survey immediately after the exchange

- 1 What is your name, organization and title? (if it needs to be anonymous, then delete this question)
- 2 To what extent do you agree with the following statements? Please comment. (Insert a Likert scale for each).
  - a. The learning exchange and related logistics were well planned and smoothly implemented.
  - b. The other team offered a credible and convincing programme that was relevant to your context.
  - c. The learning exchange was organized to respond to the needs and interests identified in the needs assessment.
  - d. Key stakeholders actively participated in planning for the learning exchange.
  - e. All team members attended all sessions of the learning exchange.
  - f. The learning exchange helped the team meet their intermediate objectives.
  - g. The key stakeholders have a shared vision and active commitment to the larger change process.
- 3 Would you recommend a similar learning exchange to a colleague working towards a similar intended outcome? (Yes/No)
- 4 Describe any new ideas or approaches identified during the learning exchange for reaching your team's intended outcome.
5. Do you feel confident in using the knowledge and/or skills gained from the learning exchange? (Yes/No). Explain your answer.
6. Was an action plan developed during the learning exchange? (Yes/No) Has it been endorsed by or agreed upon by the team and key stakeholders? (Yes/No) If not, is the development/endorsement of an action plan ongoing? (Yes/No)
7. Are there champions for the change process? If so, describe them and their actions.

## Appendix J. Example of participant survey: short/medium-term survey after the exchange

- 1 What is your name, organization and title? (if it needs to be anonymous, then delete this question)
- 2 To what extent do you agree with the following statement: The learning exchange helped the team meet their intermediate objectives. (Insert a Likert scale) Please explain.
- 3 Do you feel confident in using the knowledge and/or skills gained from the learning exchange? (Yes/No). Explain your answer.
- 4 How have you used the knowledge and/or skills gained from the learning exchange in your work?
- 5 Was an action plan developed during or since the learning exchange? (Yes/No) Has it been endorsed by or agreed upon by the team and key stakeholders? (Yes/No)
- 6 How has the action plan been disseminated to stakeholders who did not participate in the exchange?
- 7 To what extent do you agree with the following statement: The key stakeholders have a shared vision and active commitment to the larger change process. (Insert a Likert scale) Please explain.
- 8 Are there champions for the change process? If so, describe them and their actions.
- 9 To what extent do you agree with the following statement: Exchange participants are actively engaged in implementing and/or advocating for the action plan. (Insert a Likert scale) Please explain.

- 10 To what extent do you agree with the following statement: The learning exchange has contributed to meeting the intended outcome of the larger change process. (Insert a Likert scale) Please explain.
- 11 Of the \_\_\_ (insert number) action items in the action plan, how many have been successfully implemented? Of the remaining action items, how many are currently being worked on?
- 12 Describe any high-level decisions made following the learning exchange that contribute to the larger change process.
- 13 Describe any advocacy, programme, service delivery, training/ education and/or research documents that have been newly developed or updated based on the learning exchange.
- 14 Describe any policies that have been newly developed, updated or changed based on the learning exchange.



## Appendix K: Action plan to implement the learning

Step #	Step description	Timeline	Person (s) responsible
Sharing the learning with the wider stakeholder group			
Capacity-building activities			
Advocacy for implementing the learning			
Documentation and dissemination of the learning exchange			

Step #	Step description	Timeline	Person (s) responsible
Monitoring and evaluation			

Subheadings are only illustrative of the types of next steps for an action plan.  
Please adapt as appropriate.

# Additional resources

1. Adamou B, Curran J, Wilson L, Apenem Dagadu N, Jennings V, Lundgren R, et al. Guide for monitoring scale-up of health practices and interventions. Manual. Chapel Hill: MEASURE Evaluation; 2013. <https://www.measureevaluation.org/resources/publications/ms13D64>, accessed 3 June 2019).
2. After-Action Review (AAR) Guidance. [website]. Washington, DC: United States Agency for International Development; 2012 (<https://usaidlearninglab.org/library/after-action-review-aar-guidance0->, accessed 3 June 2019).
3. Devlin-Foltz D, Molinaro L. Champions and “champion-ness”: measuring efforts to create champions for policy change. Washington, DC: Center for Evaluation Innovation; 2010 ([https://assets.aspeninstitute.org/content/uploads/files/content/docs/pubs/Champions\\_and\\_Championness\\_Aug2010.pdf](https://assets.aspeninstitute.org/content/uploads/files/content/docs/pubs/Champions_and_Championness_Aug2010.pdf), accessed 3 June 2019).
4. Family Planning and Reproductive Health Indicators Database. MEASURE Evaluation [website]; 2017 ([https://www.measureevaluation.org/prh/rh\\_indicators](https://www.measureevaluation.org/prh/rh_indicators), accessed 3 June 2019).
5. Global Health Knowledge Collaborative. Knowledge Management Indicator Library [website] (<https://indicators.globalhealthknowledge.org/>, accessed 3 June 2019).
6. Kumar S, Watkins R. The art of designing and implementing study tours: a guide based on the art of knowledge exchange methodology. Washington, DC.: World Bank; 2017 (<http://hdl.handle.net/28405/10986>, accessed 3 June 2019).
7. Monitoring and evaluating advocacy: companion to the advocacy toolkit. New York: United Nations Children’s Fund ([https://www.unicef.org/cbsc/files/Advocacy\\_Toolkit\\_Companion2.pdf](https://www.unicef.org/cbsc/files/Advocacy_Toolkit_Companion2.pdf), accessed 3 June 2019).
8. Roccliffe S. Fisheries learning exchanges: a short guide to best practice. Rome: Food and Agriculture Organization; 2018 (<https://blueventures.org/publication/fisheries-learning-exchanges-a-short-guide-to-best-practice/>, accessed 3 June 2019).

9. The art of knowledge exchange: a results-focused planning guide for development practitioners. Second edition updated. Washington, DC: World Bank; 2015 (<https://openknowledge.worldbank.org/handle/17540/10986>, accessed 3 June 2019).
10. Wach E. Learning about champions – individuals catalysing social change. IDS Practice Paper In Brief, issue 11. Brighton: Institute of Development Studies; 2013 (<https://www.ids.ac.uk/publications/learning-about-champions-individuals-catalysing-social-change/>, accessed 3 June 2019).
11. Inter-agency platform for South-to-South and Triangular Cooperation (SSTC) solutions exchange. New York, UNFPA 2018: <https://southsouth-galaxy.org/solutions/> accessed 17 November 2023.



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