

DFAT Global Health Division - Case Study Guidance

Case studies can be useful to inform a wider audience of the achievements and/or success of a particular program, or program area. They can provide an easy-to-read snapshot of the challenges, how Australia's health investments have contributed to this change and any recommendations.

Support for designing a case study is available from the Global Health Division's (GHD) MEL team. Their support can be requested through your Program Manager within the Global Health Division.

In drafting the case study, aim for succinct case studies. The template includes guidance on length.

Where case studies relate to gender equality, disability equity or social inclusion, it's important to ensure language and images align with best practice and do not reinforce harmful stigma or stereotypes. The GHD MEL team can work with relevant gender equality and disability advisors to provide further support.

Case Study structure

The following outlines a general structure and approach for case studies, that serves both monitoring, evaluation, and learning (MEL) and communications purposes. This is guidance only, and we are interested in all formats. Case studies are generally 1 to 3 pages, however some case studies may need to be longer for example monitoring longitudinal change.

Title	Name the case study
Summary	One-two sentences that state what was achieved (as will be demonstrated in the case study).
Overview	A brief high-level description of the project or specific area of work related to this case study, including which countries the results/change occurred, and over what period of time.
What has changed?	A summary of the key changes or results with evidence. Include why the result(s) is significant/important. This section can include: <ul style="list-style-type: none">▪ a brief explanation on what the results mean for the country/group. Include specific examples, e.g experiences of those have benefitted from the change, as appropriate, or how the change influenced greater results – i.e. the “so what”.▪ where relevant, document how the change has impact on gender equality, disability rights and equity, and/or contributed to improved integration of climate and health.▪ use infographics/data where possible▪ quotes are useful to describe change first-hand▪ what longer term changes are expected due to the results mentioned above
How has project contributed to the change?	Briefly describe what the project did to contribute to the change above. Include any key partnerships, access to services/medical products etc, systems strengthening, training, policy dialogue where relevant, any innovations. Are there any lessons for future programming (by DFAT, in the region)?
Conclusion	Include the key messages – i.e. what was achieved and what does this mean?
Photos / Infographics	<i>Can include photos, infographics etc.</i> Refer to DFAT Consent for use of images/videos and the ACFID Ethical collection and use of data guidance.

Refer to [Beyond Essential System's case studies](#) and the [Shifting the Power Coalition](#) case study for examples. Case studies can also be presented as a short video.

Refer to DFAT Guidance on Accessibility.