

# Evidence-based Adaptive Implementation as an Engine for Scale-up

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## In the next slides...

- Background– Why?
- Adaptive Implementation- Overview & Excerpt of Tools
- What makes it ‘work’
- The Landscape
- Further resources & contact information

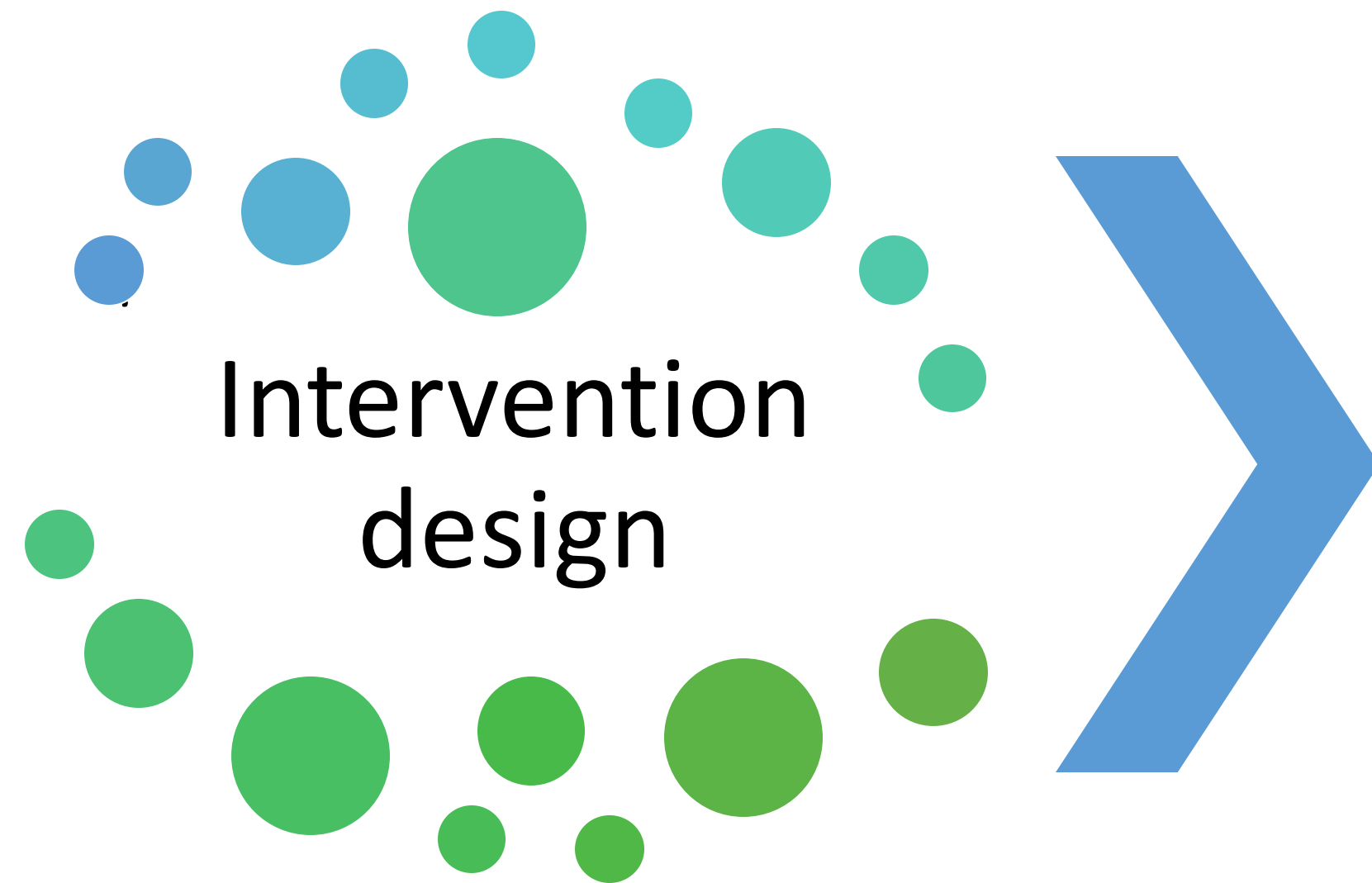
hello

Hi!

# Mental Warm Up + A Nerd Alert



What's the common creation story of interventions?

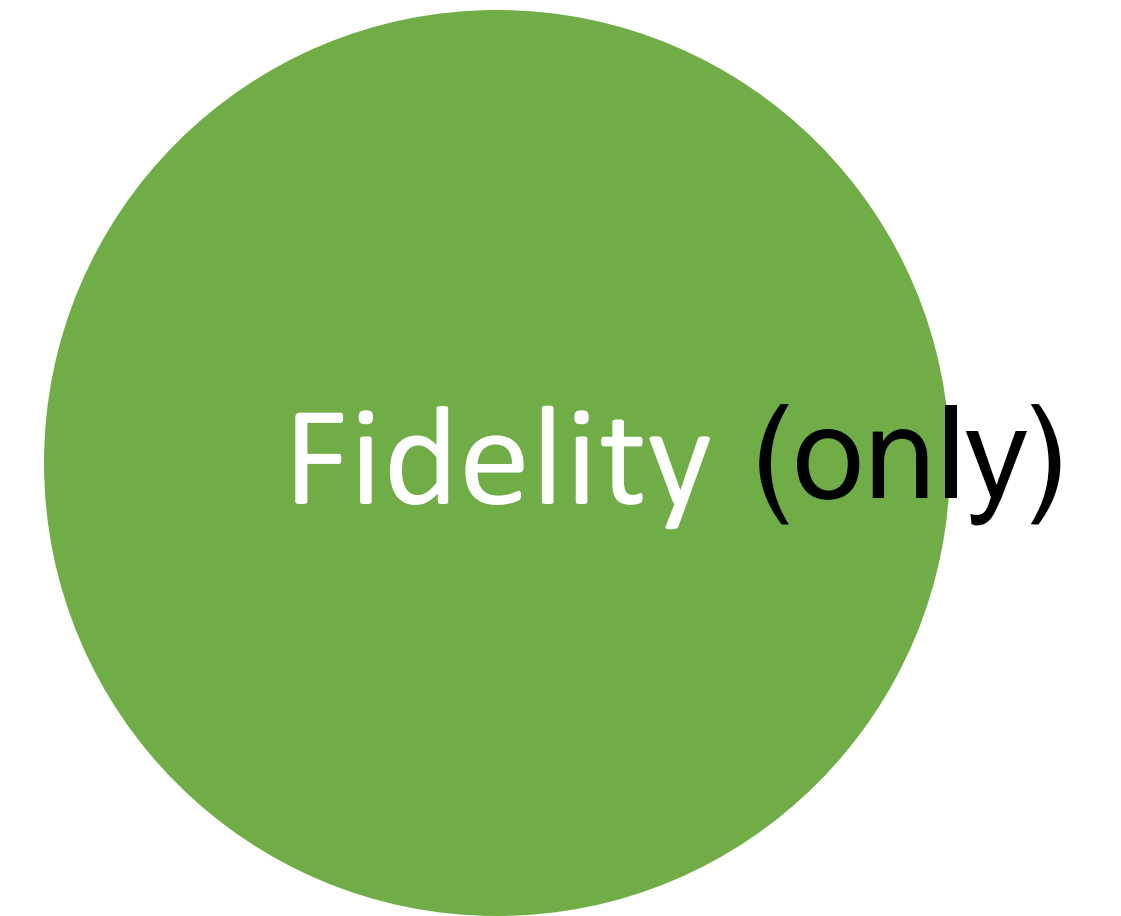


(Evidence-based practices and other ideas, created in the time of an RFA cycle)



Proof of effectiveness

Pilot



Implementation & Scale-Up

(Imagine: "It's already perfect. Don't change anything, no matter what!")

# Traditional Assumptions

- Evidence-based interventions are static
- The larger system around them is static
- Implementation is orderly: one test or practice at a time
- Consumers/end-users are homogenous & unchanging
- Choosing not to implement an intervention (or component) is always irrational
- Evidence-based interventions are optimal in their test state





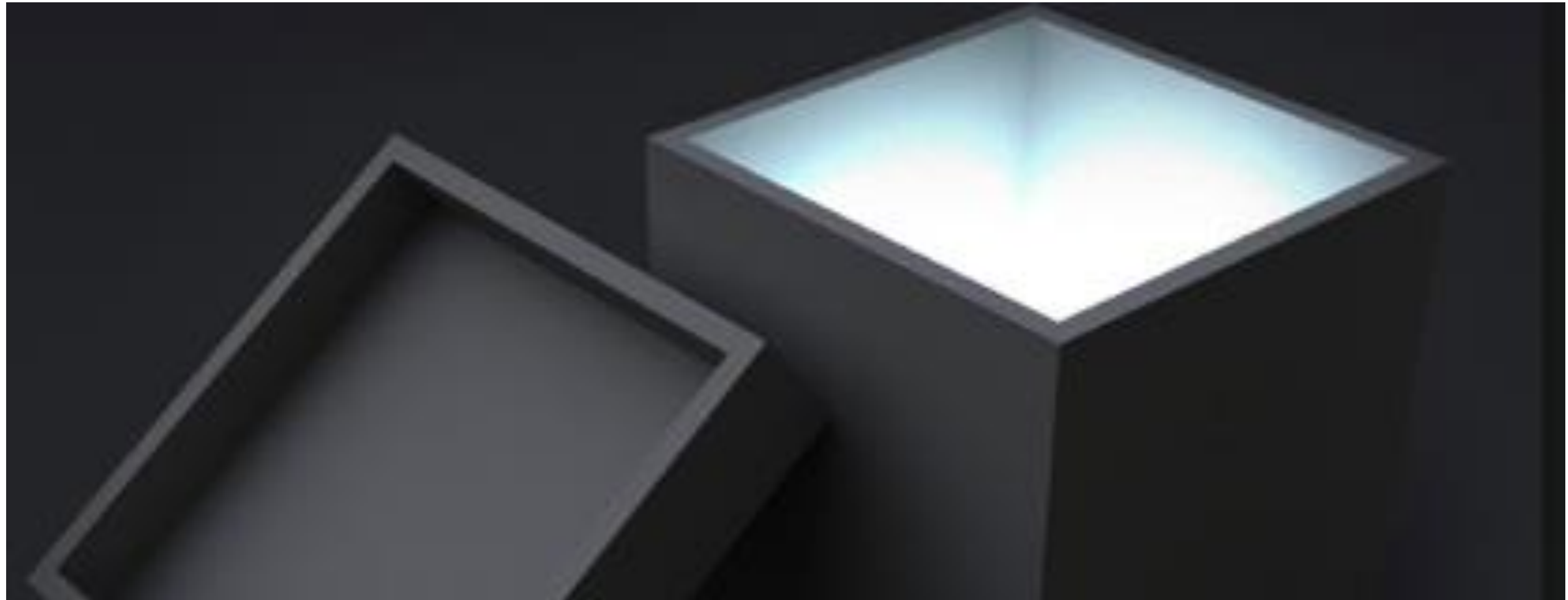
**Intervention**



The 'black box'  
of implementation



**Impact  
(...or not)**



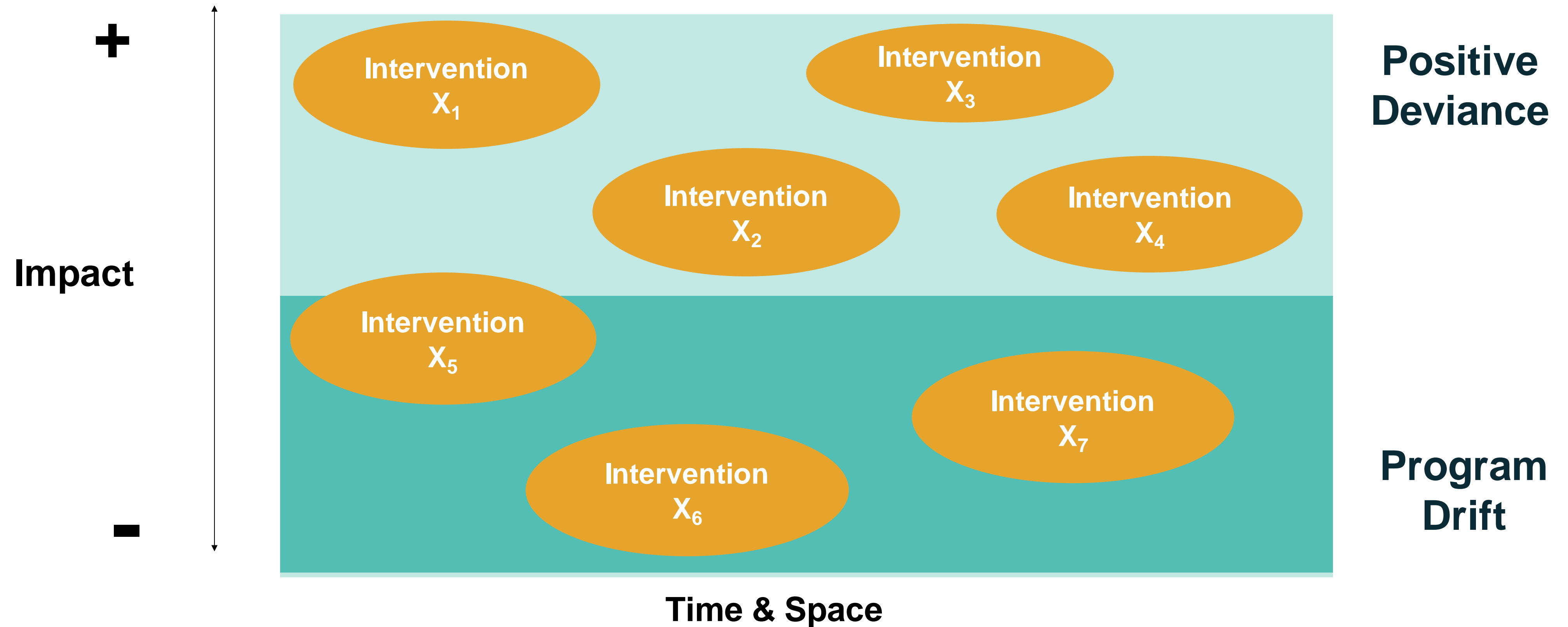
Why use Adaptive Implementation?

“...We **reject** the notion that an intervention can be optimized prior to implementation...”

-Chambers et al. “The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change.” *Implementation Science*. 2013.

# Adaptation is healthy (& inevitable)

...We just have to set ourselves up to learn from it



Adaptive Implementation under **ADOLESCENTS** **360°**



# EVIDENCE-BASED ADAPTIVE IMPLEMENTATION

Adaptive implementation is all about staying curious and continuing to refine your intervention as you implement. This approach ensures we stay true to our end goal: **delivering interventions that resonate with our beneficiaries, and the health systems that will ultimately own and sustain them.**

Questions? Contact [ccole@psi.org](mailto:ccole@psi.org)



# Cross-Country Transdisciplinary Adaptation Guidelines

*A resource for decision-making in Adaptive Implementation for Intervention Optimization*

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## About this resource

As A360 interventions are taken to scale, it will be necessary to continue to adapt them in small and, in certain circumstances, big ways to ensure they remain relevant, resonant, and effective in new settings and at larger scale. During the adaptive implementation period, A360 is encouraged to optimize our interventions—but we also recognize that certain aspects of our interventions must remain protected if the core of what makes them effective is to be preserved. This document is meant to help with decision-making about whether and how to make adaptations, by providing teams with a clear articulation of the elements and components of A360 interventions that we as the A360 Consortium believes should be preserved or, if teams feel adaptations are necessary, can be adapted with careful consideration. Below, you will find guidance on:

- The overarching “global” aspects of A360 interventions that reflect our disciplines, and that should be integrated to inform any future adaptations

# Stoplight System

**Green Light Adaptations:** Changes to A360 Interventions that are safe to make and even encouraged. There is no need to consult outside the Adaptive Implementation Team's analysis of existing project data and information to make these kinds of changes.

**Yellow Light Adaptations:** Changes to A360 interventions that should be made with caution, only after consulting the global evidence base and/or relevant technical experts.

**Red Light Adaptations:** Changes to A360 interventions that are unsafe to make because they would compromise or harm core elements of the interventions.



## Country specific Adaptation Guidance

### Core vs Adaptable Periphery of Components: Kuwa Mjanja

Core Components of <u>Kuwa Mjanja</u>	
Red light components	
Opt-out private moments for contraceptive counseling	Rather than asking girls <i>if</i> they want to meet with a provider, every girl should meet with a provider unless she opts out.
Availability of on-site contraceptive method provision	<u>Kuwa Mjanja</u> should continue to make contraceptives available on site for girls who desire methods, without referral, whenever possible, in accordance with MOH policy. (Note: for girls who are not yet ready to receive a method, referrals are still appropriate— but every girl should have the option for on-site method provision.)
Counseling protocol	For alignment with quality, ethical, and clinical standards, and national guidelines, the counseling protocols should not be adapted. (Note: however, it is ok to adapt how we prepare and support providers to counsel using the protocol—see below in “Yellow light components”: Provider training curriculum and creation of job aids)
Quality standards	In general, informed choice, counseling for continuation, confidentiality, non-coercion, and infection prevention practices should always be upheld
Girl-identified youth friendly providers	It is critical that girls continue to be the ones to help identify the youth-friendly providers that we train and recruit to staff our events. (Note: however, the process we use to know if girls think a provider is youth friendly could be adapted—see below in “Yellow light components”)

Adaptable Components of <u>Kuwa Mjanja</u>	
Green light components	
Out-of-clinic “Pop up” locations	Wherever is feasible and meets girls’ needs!
Leveraging public sector providers and staff for outreach efforts and social franchise teams	Whatever arrangements work well for A360, girls, providers, and the health system!
Attached-to-clinic Mobile Outreach events	Taking service provision for youth to clinics that do not otherwise regularly serve them has been promising so far and a great innovation to continue to refine!
Referral systems for in- and out-of-clinic services	Changes to improve completed referrals, for girls who do not receive services on-site during <u>Kuwa Mjanja</u> events. Note: be sure to document the adaptation and any changes you see to girls’ completed referrals
Youth clubs, and other ways to ensure continuous engagement with girls, beyond initial <u>Kuwa Mjanja</u> events	Continuous engagement of girls is <u>critical, and</u> should be treated with a serious eye. At this time, our experience shows that the youth clubs are <u>Kuwa Mjanja’s</u> main way of ensuring continuous engagement with girls after our entrepreneurial training + health service delivery events. If we make changes to further improve how we ensure continuous engagement, we should design and vet these adaptations <i>in partnership with youth</i> to ensure optimal engagement and linkages to service uptake, counseling for side effects, support for continuation, and removals when desired. Please <u>be sure</u> to document any adaptations you make, and benchmark what success will mean (how will you know it is effective?) so that you can assess whether your adaptations are delivering desired results

**Worksheet -Step 2: Plan Your Information**

*This worksheet can be used to structure the information you need (that you already have and that which you will need to collect) to support decision-making around how to optimize during scale-up, based on implementation evidence.*

Questions we want to ask routinely	Information/Data we'll use to answer	Method to collect it	Frequency of collection	Where will this information be collected?	Who will collect the information? <i>(Consider what skills are needed to collect this information)</i>	Who will analyze the information? <i>(Consider what skills are needed to analyze this information)</i>	Who will use the information for decision making and generating adaptations?	What tools are needed to collect, analyze, and use this information? <i>(Or how will existing tools be modified?)</i>	Questions and considerations about this information stream <i>(e.g. Skills or capacity needs, budget or time implications, other anticipated needs or challenges)</i>
<b>Data/ information we already collect</b>									
<b>New data/ information we will collect</b>									



## Kuwa Mjanja Site Supervision Tool

This tool should be completed by Zonal Site Coordinators during two site visits per week.

### Event Set Up & General Observations

	DATE	Your Name (Zonal Site Coordinator)	SITE	REGION	EVENT TYPE	SET UP FEATURES How was the event set up?	ANY CHANGES TO ORIGINAL DESIGN? (Y/N)	If "Yes" re: changes to original design, please describe any changes to...		
								Red light components?	Yellow light components?	Green light components?
Example	1-Jun-18	Sara	Kalamagamba, Marangu		PDP-UP	Removed welcome table to reduce waiting time.	Y	Confidentiality is not being protected-- girls are being called to see the provider by their names		The mobilizers went to schools to mobilize girls, and they also had a government partner set up the event and provide all materials
1										
2										
3										
4										
	Time to start a new Site Supervision workbook									



## Kuwa Mjanja Site Supervision Tool

This tool should be completed by Zonal Site Coordinators during two site visits per week.

				Beneficiary Perspectives	Provider Perspectives	Partner Perspectives		KuwaMjanja Queen
DATE	Your Name (Zonal Site Coordinator)	SITE		Respondents (3-5 per site)	Provider (1 per site)	Government Partner (1 per site)	Entrepreneurial Trainer Perspective (1 per site)	
Example	1-Jun-18	Sara	Kalamagamba, Marangu	<a href="#">(dummy link here)</a>	<a href="#">(dummy link here)</a>	<a href="#">(dummy link here)</a>	<a href="#">(dummy link here)</a>	<a href="#">(dummy link here)</a>
1				<a href="#">Site1Ben1-5'IA1</a>	<a href="#">Site1ProviderIA1</a>	<a href="#">Site1GovPartnerIA1</a>	<a href="#">Site1EntrTrainerIA1</a>	<a href="#">Site1MobilizerIA1</a>
2				<a href="#">Site2Ben1-5'IA1</a>	<a href="#">Site2ProviderIA1</a>	<a href="#">Site2GovPartnerIA1</a>	<a href="#">Site2EntrTrainerIA1</a>	<a href="#">Site2MobilizerIA1</a>
3				<a href="#">Site3Ben1-5'IA1</a>	<a href="#">Site3ProviderIA1</a>	<a href="#">Site3GovPartnerIA1</a>	<a href="#">Site3EntrTrainer 'IA1</a>	<a href="#">Site3MobilizerIA1</a>
4				<a href="#">Site4Ben1-5'IA1</a>	<a href="#">Site4ProviderIA1</a>	<a href="#">Site4GovPartnerIA1</a>	<a href="#">Site4EntrTrainer 'IA1</a>	<a href="#">Site4MobilizerIA1</a>
	Time to start a new Site Supervision workbook							

What makes it work?

- **Team-designed & -owned** objectives, guidelines, processes, tools, leadership, and structure
- **Flexible** (LOE, evidence levels & methods)
- **Fun** (this matters!)
- **Built in fail-safes** for diversity of implementation data & richness of interpretation
  - ✓ Including assurance of critical perspectives: beneficiaries and the gov partners who they will ultimately depend on to sustain the interventions

# Key considerations

# It helps to know the landscape....

## Skills, Mandate, Motivation

### New skills requirements:

- Qualitative & mixed methods;
- Disrupting strict hierarchy

### Donor mandates

- Some donors continue to prefer minimal changes, and may not support learning resources

### Motivation amidst complexity

- Leaving the “safety” of fidelity-only approaches can bring fear, stress

## Intervention Scale-up &...

### Volume & Capacity:

- Exponential increase in contexts & adaptations means need to narrow the learning field
  - Focus on outliers in your sites (you decide which ones!)

### Institutionalization:

- Often brings shifts to fidelity in national scale-up

## Sustainability

### Considerations re: Health System Ownership:

- Begin with MOH as part of your AI team to support their eventual ownership of the intervention



## Additional resources...

- The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change
  - <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-8-117>
- Escaping Capability Traps through Problem-Driven Iterative Adaptation (PDIA)
  - <https://www.cgdev.org/publication/escaping-capability-traps-through-problem-driven-iterative-adaptation-pdia-working-paper>
  - <https://usaidearninglab.org/library/program-driven-iterative-adaptation>
- Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science
  - <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-4-50>

# Thank You! Please be in touch...



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