

Adolescents 360

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
- A break down of the individual components of each of the countries’ A360 interventions and considerations for whether and how to adapt them

These guidelines use a color code to help implementation teams to identify green light (safe to adapt), yellow light (use caution and consult the evidence), and red light (unsafe to adapt) elements and components of the A360 interventions. Note: This is a living document. The guidelines reflected below are expected to evolve as the projects learn from adaptive implementation over time, and gain greater understanding of what is ‘core’ versus the adaptable ‘periphery’ of A360 interventions. This will support learning for future implementation in new settings.

Adaptation: Changes to the original A360 intervention in order to optimize it, tailor it to new settings, or adjust it to meet the needs and capacities of implementing teams.

Optimization: Improving A360 intervention’s performance for increased conversion rates, increased volume of girls reached, lowered cost, while continuing to delight Sara and align with ethical, clinical, and quality standards.

Core components: Aspects of A360 interventions that are believed, based on program data and global evidence and theory, to be behavioral drivers and determinant factors to A360 interventions’ relevance, resonance, and effectiveness with implementing teams, girls, and their larger health system, social, and epidemiological surroundings.

Adaptable periphery: Aspects of A360 interventions that are believed, based on program data global evidence and theory, to be appropriate and possibly even necessary to adapt to ensure interventions’ relevance, resonance, and effectiveness.

Green light: Safe to adapt

Yellow light: Use caution and consult the evidence and/or A360 Consortium experts before adapting

Red light: Unsafe to adapt

Fidelity: Maintaining and preserving an intervention according to its original design, without exception.

A360 Transdisciplinary Global Guidance for Adaptations

Green Light Adaptations: Changes to A360 Interventions that are safe to make and even encouraged. There is no need to consult beyond the Adaptive Implementation Team’s analysis of existing project data and information to make these kinds of changes.		
<i>Adaptations to</i>	<i>Explanation</i>	<i>Example</i>
Improve youth friendly timing of service provision or programming events	Findings ways to make the timing of service delivery, outreach, and even implementation (e.g. meetings, events) more to youth.	Changing the schedule of outreach and service delivery pop ups from regular work or school hours to after school, on weekends, and/or during school holidays when youth are more free to attend.
Improve the convenience of service provision locations to meet youth’s needs	Providing services and holding project events in places that feel safe, welcoming, and easy for youth to reach is always a good idea.	Moving recruitment events from the clinic to a community center girls frequent in order to engage a broader group of girls.
Improve or provide financial supports and/or or reduce cost (financial or transactional) for youth to engage with A360 interventions and processes	Participating in events or meetings and reaching A360 locations for services has cost implications for youth, both in terms of time ad money. It’s OK to help reduce or offset these costs.	Providing transport allowances to girls when travel is necessary to attend an event. Serving meals when A360 events happen for long periods of time, or during meal time.
Improve alignment with ethical, clinical, and quality standards across A360 sites	All A360 interventions and adaptations should be aligned with ethical, quality, and clinical standards. Finding ways to improve this are safe and encouraged.	Introducing new activities to help site leads to regularly track quality of service provision.
Improve support from influential “gatekeepers” for girls and young women to have access to sexual and reproductive health information and services (e.g. mothers in law,	Global programmatic evidence shows that it is important to engage influential people in girls’ lives, so that they are informed and supportive of girls receiving SRH messages and services.	Developing strategies and supportive materials to help navigators and others conducting home visits, to engage with mothers-in-law to understand the benefits of a young married couple having access to SRH and contraceptive information and services.

partners, community leaders, co-wives)		

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

Adaptations	Explanation	Example
Increase youth’s decision-making involvement in youth-adult partnership to guide implementation	Implementation decision-making, like deciding whether, when, and how to adapt, should be made in partnership with youth. Adaptations that increase their involvement in these processes are welcome, but should be done with a serious eye to ensure youth still feel they are real partners in Kuwa Mjanja. (This may also mean creating the time, space, and structures for teams to meaningfully involve youth, particularly as we shift from prototyping and pilot, to scale-up where there may be a less clear way for youth to stay meaningfully involved).	Creating a system by which new girls in the A360 system are identified and invited to join sites’ routine management meetings, and are provided with clear guidance and support to participate and provide feedback on intervention performance, or adaptation decisions.
Add or change activities to address resonance of A360 (e.g. processes, messages, service delivery, outreach) so that it stays salient and relevant to girls at an emotional as well as cognitive level	As we scale-up A360 interventions to new sites, teams may find that certain A360 components resonate more or less with different groups of girls (particularly over time, and if we are moving to new communities with different norms). In this case, teams may want to make changes to improve resonance with girls in these sites. It is essential to keep Sara at the center of the design by working with girls to revise and improve the design. This involves exploring both what girls say they want/need (cognitive), and by understanding what emotionally motivates their behavior. Be sure to document both the process (e.g. interviews, focus groups, prototyping) and your findings that affirm resonance before moving forward with the adaptation. If you like, you can consult Consortium experts to help.	<i>A360 interventions have already been designed for emotional and cognitive resonance to the girls in A360’s original implementation sites. Here is an example of how, to help you mirror this in any adaptations you might make:</i> Kuwa Mjanja-- We invite girls to consider what their dreams are, and then we always ask them to consider how it will *feel* when they achieve those dreams. ("What would it feel like if you fulfill this dream? What would it feel like if you didn't achieve what you are hoping to achieve?") These questions help make sure girls are anchoring their intentionality and planning based on a felt experience as well as their cerebral/spoken plan. In a new community, girls may have a hard time articulating their feelings/emotions associated with their plan so it may be important to find new language, strategies or activities to help them envision themselves reaching or not reaching their goals. Designing this new component would require conversations with girls and design and testing of a new component.

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<p>Introducing new age or developmental segmentation for activities or messages</p>	<p>Over time or in new contexts, different developmental trajectories may emerge that require changes to the timing or types of strategies. When adjustments are needed, make sure to map out the various trajectories and identify key inflection points to inform how to best revise the intervention. If you like, you can engage relevant Consortium experts (e.g. AYSRH and Developmental Neuroscience) to help.</p>	<p>Adapting a message about life planning that was originally tailored for sexually active/ sexually experienced girls to ensure the information is suitable and relevant for girls who have not had sexual intercourse.</p> <p>Adapting a strategy designed for married girls to target unmarried girls.</p> <p>Adapting to a context where girls have less independence and autonomy and cannot make SRH decisions independently.</p>
<p>Improving cross-sectoral government engagement in the intervention</p>	<p>This is a critical step to improving sustainability for A360 institutions, and is encouraged. For each stakeholder, consider how to best frame and articulate the case for A360 to align with partners’ organizational and programmatic goals, without compromising the integrity of the A360 brand.</p>	<p>Engaging the Ministry of Education to support greater linkage between A360 mobilization efforts and in-school outreach. Before moving forward, teams consider how to adjust their talking points for MOE officials who may be unfamiliar with the evidence base for AYSRH programming, to present the best evidence base for this collaboration.</p>
<p>Implementing A360 interventions with a different population, or in a different country or region.</p>	<p>A360 interventions in Ethiopia, Nigeria, and Tanzania were developed for specific segments of young women and girls. Over time, A360 will reach new countries and populations, but introduction to these new contexts should always be done with assessment to understand in what ways the context is different, to inform how the intervention should be changed to ensure resonance with girls, and acceptance by the community.</p>	<p>Smart Start is being introduced into a new community where many of the men migrate for work. Because the men are not present much of the time, it requires an adapted approach to ensure that the intervention is salient for the young wives, their husbands and the broader community. Assessing this new context and the constraints and opportunities will inform appropriate adaptation.</p> <p>Before introducing A360’s 9ja girls in Côte d’Ivoire, the team there will do an assessment to understand the profile of girls and the capacities of the implementing team there. Then, the new team will adapt the intervention with girls, and test it to generate insights and evidence to confirm fit in this new setting.</p>
<p>Introducing changes to A360 branded materials (visuals, fonts, colors, physical design elements in A360 spaces)</p>	<p>Teams may wish to streamline certain aspects of the A360 branded components of the interventions. If teams decide to do this, it will be important to implement it only with careful consultation with girls, data collection, and documentation to ensure the changes still resonate with girls (see “Adding or changing activities to address resonance”, above)</p>	<p>A few 9ja girls sites decide that they want to streamline set up of 9ja girls spaces, by removing the throw pillows at the counseling table, and changing the rug from a goat shape to a simple square that is easier to cut and procure. Before making changes like this, the team engages girls in deciding what to change, and also to ensure they say <i>and feel</i> they would still like 9ja girls when they imagine what these changes will be like.</p>

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<p>Adding, eliminating, or altering whole intervention components (see also the Country specific examples below)</p>	<p>Some contexts may not support or require all of the intervention components and others may require additional components. All decisions to add or eliminate program intervention components should be informed by consultation with youth and other key stakeholders and approved by the country teams. See country specific adaptation guidelines below for further detail.</p>	<p>(See tables below for detailed guidance for each country's intervention components)</p>
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Red Light Adaptations: Changes to A360 interventions that are unsafe to make because they would compromise or harm core elements of the interventions.

	<i>Explanation</i>	<i>Example</i>
<p>Removing youth from decision-making processes</p>	<p>To preserve Meaningful Youth Engagement in A360 interventions and implementation processes, it is critical that youth remain a part of implementation and adaptation decision-making, particularly as the project shifts to scale-up and reaches new sites where girls, implementers, and providers were not part of the original design process. Youth should not be removed from this process.</p>	<p>Deciding to design adaptations to the A360 interventions without involving youth as participants in the design and application of the adaptation. Or, consulting youth only <i>after</i> the adaptation to the intervention is already designed.</p>
<p>Reducing or eliminating youth-friendly service (YFS) provision</p>	<p>It is critical that all service provision in A360 be youth-friendly. Though turn over will happen over time and at larger-scale, it is important that staff and any providers be trained and monitored for youth friendly service provision.</p>	<p>Introducing providers without certification in youth friendly service provision to address a gap in service delivery due to an unexpected turn over of previous providers who had been trained in YFS.</p>
<p>Reducing or eliminating confidentiality and informed consent for girls</p>	<p>Girls' confidentiality must be protected at all times, and informed consent must be upheld in all service provision, in compliance with quality standards.</p>	<p>Introducing counseling within earshot of others or open-air method provision at mobile outreach events so that girls receiving counseling or contraceptive methods are seen by others</p>
<p>Replacing age-segmented messages or activities with one-size-fits-all messages</p>	<p>As mentioned above, messages and outreach techniques must be tailored to girls' life stage (for example, sexually active versus inactive) and age segment.</p>	<p>Introducing one outreach message for staff to use with all girls would ensure that messages are not segmented according to girls' ages and developmental profiles as A360 is scaled-up</p>
<p>Introducing changes that bias service provision toward a particular contraceptive method or type of method</p>	<p>Non-coercive service delivery is critical for quality. Girls should be presented with a full contraceptive basket of options and informed about all method options so that</p>	<p>Introducing a plan to streamline counseling, so that providers only offer long acting methods to girls who have already had a child, and offer short acting methods to girls who have not yet</p>

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	they can decide the method that is right for them, free from coercion.	had a child because it is assumed that these girls should have children soon.
Introducing targets and/or incentives for contraceptive methods uptake (see PSI quality standards)	Also related to non-coercion, using targets for method provision can lead to coercive service delivery by providers, by creating an incentive to push girls to adopt a method. This negatively influences girls' experience and violates their human rights.	Creating a management plan that introduces targets for providers to meet in method provision to girls. (Counseling targets can be acceptable, but targets for actual method provision are not.)
Changing locations or timing of events so that they are not youth-friendly	It is important that participation in A360 events is easy for youth, and is possible both in terms of financial, time, and other costs.	Holding an A360 event at a location that requires girls to travel long distances or poses scheduling conflicts with girls' school or work hours.
Threatening girls' rights, independence and/or autonomy around accessing contraception beyond what is legally mandated.	It is essential that all A360 components enhance girls' rights and autonomy to access contraception.	Requiring husband consent for LARC insertion when it is not legally required.

Country specific Adaptation Guidance

Core vs Adaptable Periphery of Components: Kuwa Mjanja

Core Components of Kuwa Mjanja	
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	Kuwa Mjanja 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”)
Floor plan and set-up for Kuwa Mjanja events, including the Kuwa Mjanja	The set-up and floor plan guides, and other topics covered in the Kuwa Mjanja manual, ensure quality, confidentiality, appropriate client flow, and brand integrity. They should not be

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manuals that provide direction on how to set up and run Kuwa Mjanja events	changed unless we decide on it together as a project. If we do make changes, we will test them first.
Consultation with local government prior to any Kuwa Mjanja efforts in that locality	It is critical that Kuwa Mjanja be seen by the government as a partner and ally to their work and priorities. For this reason, local government stakeholders should always be consulted and permission obtained prior to doing any events or related mobilization.
Consultation with parents, local leaders, and community gatekeepers prior to any Kuwa Mjanja efforts in that locality	Similar to above, it's also critical that local community stakeholders understand Kuwa Mjanja's messages and content, and are comfortable with us prior to starting any activities. (Note: however, <i>how</i> we engage them is something that we can continue to adapt and improve on!)
(Brand) Visual elements of the Kuwa Mjanja brand (e.g. pineapple visuals, fonts, colors)	It has been noted that it will be important to avoid changes in ways that are not uniform across sites. This is to prevent loss of trust in the brand, by introducing possibility of the brand being seen as having "knock offs" / counterfit versions.
(Brand) Changes to the Kuwa Mjanja mantra or its use ("Stand Tall. Wear your Crown. Be Sweet.")	At this time, we do not recommend changes to the Kuwa Mjanja mantra. If we decide together that we need to adapt this, we would only do this with girls, and collect qualitative evidence with girls to understand if there are effects on the resonance and attractiveness of Kuwa Mjanja to Bahatis and Faridas.

Adaptable Components of Kuwa Mjanja

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 Kuwa Mjanja 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 Kuwa Mjanja events	Continuous engagement of girls is critical, and should be treated with a serious eye. At this time, our experience shows that the youth clubs are Kuwa Mjanja's 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
How we engage parents (e.g. through parent clinic sessions, including remembrance exercises of their own youth, connection to their daughters')	A360 programming and global literature support the need to engage influential gatekeepers, like parents, when reaching adolescents and youth. This aspect of Kuwa Mjanja should be retained, but <i>how</i> parents are engaged could be adapted. If

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<p>experiences, SRH information, and opt-in moments to refer their daughters to Kuwa Mjanja)</p>	<p>you plan to adapt this, it's recommended to do it in close consultation with girls in both planning the adaptation, and assessing its effects</p>
<p>How we engage other community stakeholders</p>	<p>Similar to above, it is OK to continue to improve and experiment with <i>how</i> we engage other important community stakeholders (local leaders, school staff, etc). Please be sure to document how you adapt your approaches, and consult with girls and others to understand the difference being made. (For example, reaching out to school leaders can be helpful, but there may be loss of confidentiality and comfort if teachers decide to accompany girls to a Kuwa Mjanja event! Watch out for things like this, learn from them, and please share your learning with the rest of us)</p>
<p>How we assess saturation before moving to another site</p>	<p>We recognize that, to make the best use of the effort spent to set up Kuwa Mjanja events, we should try to make sure we have approached saturation of that area (i.e. reached as many girls as possible) before we move on. It will be helpful to continue to adapt and experiment with how we assess the total possible catchment of girls in an area, and how many we have reached so that we can have a sense of when saturation has been reached. Please be sure to document your efforts so that other teams can learn from you about how to do this well!</p>
<p>Improvements to ensure girls have a low wait time to see a provider, and are how they are engaged with Kuwa Mjanja activities while they wait</p>	<p>We have observed that, when there is high attendance at Kuwa Mjanja events, often there are long wait times for girls before they can see a provider, and insufficient entrepreneurial training activities to keep them engaged during this time. It will be important to keep improving in this area because we risk losing girls before they see the provider, and because girls may spread the word that they had a negative experience with KM because of waiting with nothing to do. —Adaptations are needed to help us lower girls' wait time <i>and</i> make sure they are engaged with activities that align with the Kuwa Mjanja brand (entrepreneurial skills, savings and loan groups, know your body sessions, or we may also benefit from ways to better estimate how many girls plan to attend the event, so that we can bring in more providers and reduce girls' wait time). Please be sure to document your adaptations and results, and share learning with the rest of us!</p>
<p>Yellow light components- (adapt with caution, and in consultation with the larger team)</p>	
<p>(Brand) Pre-developed, life stage segmented messaging strategy</p>	<p>Kuwa Mjanja's life stage segmented messaging is important. This means that for Faridas (girls not yet sexually active) we use menses and puberty as entry point. And for Bahatis (sexually active/experienced girls), we ask girls about their life goals, and then discuss contraception as a tool to achieving their goals.</p> <p><i>However, we also recognize that events sometimes mix Faridas and Bahatis, and this can make it difficult for messages delivered to the whole group to be segmented. We understand that teams are experimenting with how to deliver messages well so that they continue to resonate with girls, and this should continue. It is important, though, to do this planning with the Learning Champion and in connection with cross-</i></p>

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		<i>regional learning. It is important to design and learn from any changes regarding messaging delivery strategies together.</i>
	Provider training curriculum, support, and instructional materials (e.g. job aids) to deliver youth friendly and Kuwa Mjanja services	Adaptations to provider training curriculum, on-the-job supportive supervision approaches, and tools and job aids may be helpful. It is important to do this together with the Kuwa Mjanja team and in consultation with the MOH to ensure alignment with national standards and policies and international WHO recommendations wherever possible.
	The process we use to verify girl-identified youth friendly providers and clinics	While all providers and clinics <u>must</u> be verified <i>by girls</i> as youth-friendly, it is possible that the current process of verifying youth friendliness through Mystery Clients could be changed. Note: Using YFS training certification as verification has been found to be insufficient. Girls have found (and global evidence confirms) that even providers trained in YFS can provide unfriendly services, so a process more than mere certification is likely needed. But we can keep innovating and improving how we confirm if girls think a provider is youth-friendly.
	Data systems and monitoring improvements	These are welcome and always a great idea. A360 can learn from your adaptations in this area too. It will be great to check that changes are done with advanced notice for all who will be effected, and documented so that the project can learn with you.

Country specific Adaptation Guidance

Core vs Adaptable Periphery of Components: SmartStart

Core Components of SmartStart		
Red light components		
	SmartStart Counseling messages	The financial planning component of SmartStart counseling is currently believed to be a “core” component of the SmartStart intervention, and why it resonates/works with young couples. This aspect of the intervention should be implemented with fidelity.
	Counseling protocol and its use	For alignment with quality, ethical, and clinical standards, the counseling protocols should not be adapted
	Quality standards	In general, informed choice, counseling for continuation, confidentiality, and non-coercion should always be upheld
	Ensuring availability of on-site, on-demand method provision for the widest possible range of methods	A360 insights suggest that eliminating barriers or delays to receive services is a key part of success in reaching girls and young couples. However, referrals for services continue to be a norm for many health system providers. It may be important to monitor whether on-site service delivery continues as a norm in HEWs’ method provision or whether a bias toward referral is introduced over time. In that case, it may be helpful to inquire and document whether this makes a difference in girls’ uptake of services. (Note: tracking complete referrals can require targeted investments)
Adaptable Components of SmartStart		

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Green light components	
Mobilization approaches <i>e.g. mobilizer recruitment, mobilization materials (i.e. job aids/brochures), and their referral process for counseling</i>	This is a great area to keep tinkering to find the optimal techniques and processes. For example, are WDA mobilizers better than youth? And, right now mobilizers are referring young couples for counseling at health posts as well as home visits. It may be that mobilizers choose health posts to refer more often, because it's easier to schedule this way. But is this the most convenient for young couples? How can we help mobilizers link young married couples to the counseling venues that set them up for optimal comfort and decision-making? Whatever you try, be sure to investigate to find out what is working best for couples' uptake!
Community Assessment prior to each sprint	The process by which the Community Assessment is conducted (and how the findings are used) may be adapted, but should be done with close consultation and documentation of the rationale for changes and the results (benefits, drawbacks) of these changes. It may also be helpful to note that the community assessment is an important step in enabling optimal site selection, target setting for counseling, and context-appropriate implementation planning to meet the needs of girls and young couples, and so should not be removed entirely.
Location of Counseling and Service Provision Settings	Counseling and service provision were originally planned to take place during home visits, but are currently happening at health posts as well. It may be interesting and useful to review data to find out if there is any difference in uptake when couples are counseled at home, versus at the health post. It is great to inquire about both, and will be helpful to do this inquiry with girls, and document lessons/findings for future use.
Yellow light components	
HEW & Navigator trainings	As needed, tweaks may be made to the training approach (e.g. on-the-job training, competency-based training, etc) and frequency (e.g. refresher trainings) to ensure optimal, sustainable performance of HEWs and Navigators. Any changes should be made in consultation with FMOH counterparts, and the rationale/results of the changes should also be documented. (Of note, curriculum should continue to align with national curriculum as appropriate—though changes may be advocated to institutionalize the Smart Start approach in national curriculum once evidence supports it!)
Provider (HEW) training curriculum	Any changes to provider training curriculum should be done in consultation with the MOH to ensure alignment with national standards and policies and international WHO recommendations wherever possible.
Youth Advisory Council	Adaptations to the Advisory Council may be helpful to continue youth engagement in decision-making, and resonance over time (see Global Guidelines above). For example, it may prove helpful to consider how to ensure the Youth Advisory Council continues to reflect the views of young married girls in rural areas over time. Because this is such a critical aspect of A360

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		interventions, it may be important to make these changes in close consultation with girls (and possibly Consortium partners), and document the rationale and results of the adaptations well.
	Data systems and monitoring processes	These are welcome and always a great idea. A360 can learn from your adaptations in this area too. It will be great to check that changes are done with advanced notice for all who will be effected, and documented so that the project can learn with you.

Core vs Adaptable Periphery of Components: 9ja Girls

Core Components of 9ja Girls		
Red light components		
	(Brand) Pre-developed, life stage segmented messaging strategy	For girls not yet sexually active: Appropriately using menses and puberty as entry point For sexually active/experienced girls: Asking girls about their life goals, and then discussing contraception as a tool to achieving their goals
	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. This seems to have enough evidence behind it that we would not want to see adaptations remove or change the practice.
	Availability of on-site contraceptive method provision	9ja Girls should continue to make contraceptives available on site for girls who desire methods, without referral, whenever possible, in accordance with MOH policy
	Counseling protocol and its use	For alignment with quality, ethical, and clinical standards, the counseling protocols should not be adapted
	Quality standards	In general, informed choice, counseling for continuation, confidentiality, and non-coercion should always be upheld
Adaptable Components of 9ja Girls		
Green light components		
	(Frequency & intensity of) Community Sensitization Meetings	Data and programmatic experience suggest engagement of the community is a critical step to creating an enabling environment for 9ja girls implementation and girls' safe adoption of methods. Teams may like to consider how to do community sensitization so that it best meets theirs and community members' needs and adapt in response. As this is such a critical step, it will likely be helpful to make these changes with careful documentation. (Of note, adaptations are recommended to improve community sensitization. It is not recommended to eliminate this step.)
	Mothers' groups	Similar to community sensitization, data and experience suggest this is an important component that should not be dropped, but can be adapted and improved to best meet teams and mothers' and girls' needs/desires. Don't forget to document any adaptations you make, and how/why they work!
	Mobilization approaches <i>(site selection, mobilizers, job</i>	This may be an interest area for adaptation, and is encouraged. When adapting, be sure to record the change being made, and

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<i>aids/materials, recording of girls reached, referrals, and performance-based financing incentives for mobilizers)</i>	collect information to understand its effects and how the changes worked (or didn't). This will be important to support others in understanding whether and how to try your adaptation in new sites.
Advocacy: Partnerships & Policy Reform efforts	Efforts to engage government entities are encouraged. As appropriate, track techniques that are "working" and milestones that may help 9ja girls become adopted nationally/ institutionalized.
Service delivery venues (<i>In-clinic versus out-of-clinic 9ja girls counseling and service provision locations</i>)	Adaptations are welcome to support optimal youth friendly, sustainable service provision. Be sure to vet adaptations with youth and MOH partners, set benchmarks for success, and assess whether and why changes are yielding desired results!
Order of LLH classes (i.e. Life & Love first→Informational session re: contraceptive methods→ Anonymous Question box → 1:1 Opt-Out Health Counseling and Method Provision)	Existing observation and implementation experience suggests that the order currently used is optimal for girls' comfort and uptake of methods. It is possible that teams may wish to continue adapting this, but this should likely be done with careful consultation with girls to determine how to adapt it, and to assess the effects of an adaptation to monitor for decrease in girls' comfort and/or method adoption.
Content of Skills classes (<i>e.g. necklace making, bag making, etc</i>)	Experience has already shown this is a helpful component to adapt to ensure it best meets teams' logistical and cost needs, and classes are desirable to girls. Don't forget to document any changes and check in with girls to understand their perspectives before and after changes are made
Young Provider Network engagement	Adaptations are welcome to support optimal youth friendly, sustainable service provision. Be sure to vet adaptations with youth and MOH partners, set benchmarks for success, and assess whether and why changes are yielding desired results!
Social Media Outreach (e.g. website and Facebook)	Adaptations are welcome to support optimal youth friendly, sustainable service provision. Be sure to vet adaptations with youth and document effects!
Yellow light components	
(Brand) Visual elements of the 9ja girls brand (e.g. fonts, colors, etc)	Prior to adapting these, we suggest to review and test changes with girls. It has been noted that it will be important to avoid changes in ways that are not uniform across sites. This is to prevent loss of trust in the brand, by introducing possibility of the brand being seen as having "knock offs"/ counterfeit versions.
(Brand) Changes to the 9ja girls mantra or its use	While there is a belief that the mantra is meaningful to girls, there isn't evidence yet of this. If teams want to adapt this, it's recommended to draft changes with girls, and to collect qualitative evidence with girls to understand if there are effects on the resonance and attractiveness of 9ja girls when the mantra is changed
Provider training curriculum	Any changes to provider training curriculum should be done in consultation with the MOH to ensure alignment with national standards and policies and international WHO recommendations wherever possible.
Data systems and monitoring processes	These are welcome and always a great idea. A360 can learn from your adaptations in this area too. It will be great to check that changes are done with advanced notice for all who will be

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		effected, and documented so that the project can learn with you.
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