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

Overview | Claire B. Cole, Implementation Science & Learning Advisor, 2019
In the next slides…

• Background – Why?
• Adaptive Implementation- Overview & Excerpt of Tools
• What makes it ‘work’
• The Landscape
• Further resources & contact information
Hi!
Mental Warm Up + A Nerd Alert
What’s the common creation story of interventions?
Intervention design

(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!”)

Fidelity (only)
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...”

Adaptation is healthy (& inevitable)

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

Adaptive Implementation under 360° ADOLESCENTS
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

### EVIDENCE-BASED ADAPTIVE IMPLEMENTATION

**SHARE YOUR LEARNING**
Adaptive implementation will generate rich programmatic evidence and insight.

**REMEMBER**
Sharing with our global community means that we can all advance AYSRH solutions that are responsive to and led by young people.

**APPLY**
Apply your adaptations in context-sensitive ways.

**REMEMBER**
Not all adaptations work in all places.

**AHA!**
Focus your collaborative analysis to find useful adaptations for optimization.

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**Ask!**
How do we optimize our intervention as we scale?

**REMEMBER**
Our aim is to have a system to help us see changes happening, learn their value, and act to continuously improve our interventions!

**Diversity is key**
A motley crew provides critical diversity of perspectives on implementation:
- Implementers
- Local partners
- Project managers
- M&E
- MOH
- Facility managers & Providers
- Youth

**Plan & Collect Information**
Use quantitative and qualitative data to understand whether, how, and why your interventions are working, and in what contexts.

**REMEMBER**
Convene your team to decide:
- What's the data we need?
- What methods will we use to collect it?
- Who will collect it?
- With what frequency?

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Adaptive implementation works through collaborative critical thinking. This means creating the right space for all team members to think, address power dynamics, pause for questions, and make sure everyone can fully engage.

And **HAVE FUN**
It’s worth the investment.

Look for trends and learn from outliers.

[Diagram shows various elements such as hands, world maps, and data analysis tools related to the above text.]
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
<table>
<thead>
<tr>
<th>Stoplight System</th>
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</table>

**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 Mjanya

<table>
<thead>
<tr>
<th>Core Components of Kuwa Mjanya</th>
<th>Adaptable Components of Kuwa Mjanya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red light components</td>
<td>Green light components</td>
</tr>
<tr>
<td>Opt-out private moments for</td>
<td>Out-of-clinic “Pop up” locations</td>
</tr>
<tr>
<td>contraceptive counseling</td>
<td>Wherever is feasible and meets girls’ needs!</td>
</tr>
<tr>
<td>Availability of on-site</td>
<td>Leveraging public sector providers and staff for outreach efforts and social franchise teams</td>
</tr>
<tr>
<td>contraceptive method provision</td>
<td>Whatever arrangements work well for A360, girls, providers, and the health system!</td>
</tr>
<tr>
<td>Kuwa Mjanya should continue to make contraceptives available on site for girls who desire methods, without referral, wherever 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.)</td>
<td></td>
</tr>
<tr>
<td>Counseling protocol</td>
<td>Attached-to-clinic Mobile Outreach events</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Referral systems for in- and out-of-clinic services</td>
<td>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!</td>
</tr>
<tr>
<td>In general, informed choice, counseling for continuation, confidentiality, non-coercion, and infection prevention practices should always be upheld</td>
<td></td>
</tr>
<tr>
<td>Girl-identified youth friendly providers</td>
<td>Youth clubs, and other ways to ensure continuous engagement with girls, beyond initial Kuwa Mjanya events</td>
</tr>
<tr>
<td>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”)</td>
<td></td>
</tr>
<tr>
<td>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 Mjanya’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 in partnership with youth to ensure optimal engagement and linkages to service uptake, counseling for side effects, support for continuation, and removals when desired. Please be sure 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</td>
<td></td>
</tr>
</tbody>
</table>
**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.

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

**Data/ information we already collect**

<p>| |</p>
<table>
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</table>

**New data/ information we will collect**

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<td></td>
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</tbody>
</table>
# Event Set Up & General Observations

<table>
<thead>
<tr>
<th>DATE</th>
<th>Your Name (Zonal Site Coordinator)</th>
<th>SITE</th>
<th>REGION</th>
<th>EVENT TYPE</th>
<th>SET UP FEATURES</th>
<th>ANY CHANGES TO ORIGINAL DESIGN? (Y/N)</th>
<th>If &quot;Yes&quot; re: changes to original design, please describe any changes to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>1-Jun-18</td>
<td>Sera</td>
<td>Kalenaganda, Moranga</td>
<td>POP-UP</td>
<td>Removed welcome table to reduce waiting time.</td>
<td>Y</td>
<td>Confidentiality is not being protected - girls are being called to see the provider by their names. The mobiles went to schools to mobilize girls, and they also had a governmental partner set up the event and provide all materials.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Time to start a new Site Supervision workbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Kuwa Mjanja Site Supervision Tool

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Your Name (Zonal Site Coordinator)</th>
<th>SITE</th>
<th>Beneficiary Perspectives</th>
<th>Provider Perspectives</th>
<th>Partner Perspectives</th>
<th>KuwaMjanja Queen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Respondents (3-5 per site)</td>
<td>Provider (1 per site)</td>
<td>Government Partner (1 per site)</td>
<td>Entrepreneurial Trainer Perspective (1 per site)</td>
</tr>
</tbody>
</table>

**Example**

<table>
<thead>
<tr>
<th>ID</th>
<th>Site</th>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Site1</td>
<td>Ben/5</td>
<td>Site1Beneficiary1A1 Site1Provider1A1 Site1GovPartner1A1 Site1Entrainer1A1 Site1Mobilizer1A1</td>
</tr>
<tr>
<td>2</td>
<td>Site2</td>
<td>Ben/5</td>
<td>Site2Beneficiary1A1 Site2Provider1A1 Site2GovPartner1A1 Site2Entrainer1A1 Site2Mobilizer1A1</td>
</tr>
<tr>
<td>3</td>
<td>Site3</td>
<td>Ben/5</td>
<td>Site3Beneficiary1A1 Site3Provider1A1 Site3GovPartner1A1 Site3Entrainer1A1 Site3Mobilizer1A1</td>
</tr>
<tr>
<td>4</td>
<td>Site4</td>
<td>Ben/5</td>
<td>Site4Beneficiary1A1 Site4Provider1A1 Site4GovPartner1A1 Site4Entrainer1A1 Site4Mobilizer1A1</td>
</tr>
</tbody>
</table>

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

- Escaping Capability Traps through Problem-Driven Iterative Adaptation (PDIA)
  - https://usaidlearninglab.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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ccole@psi.org