



A GUIDE TO
**ADAPTIVE
IMPLEMENTATION**

SEPTEMBER 2024

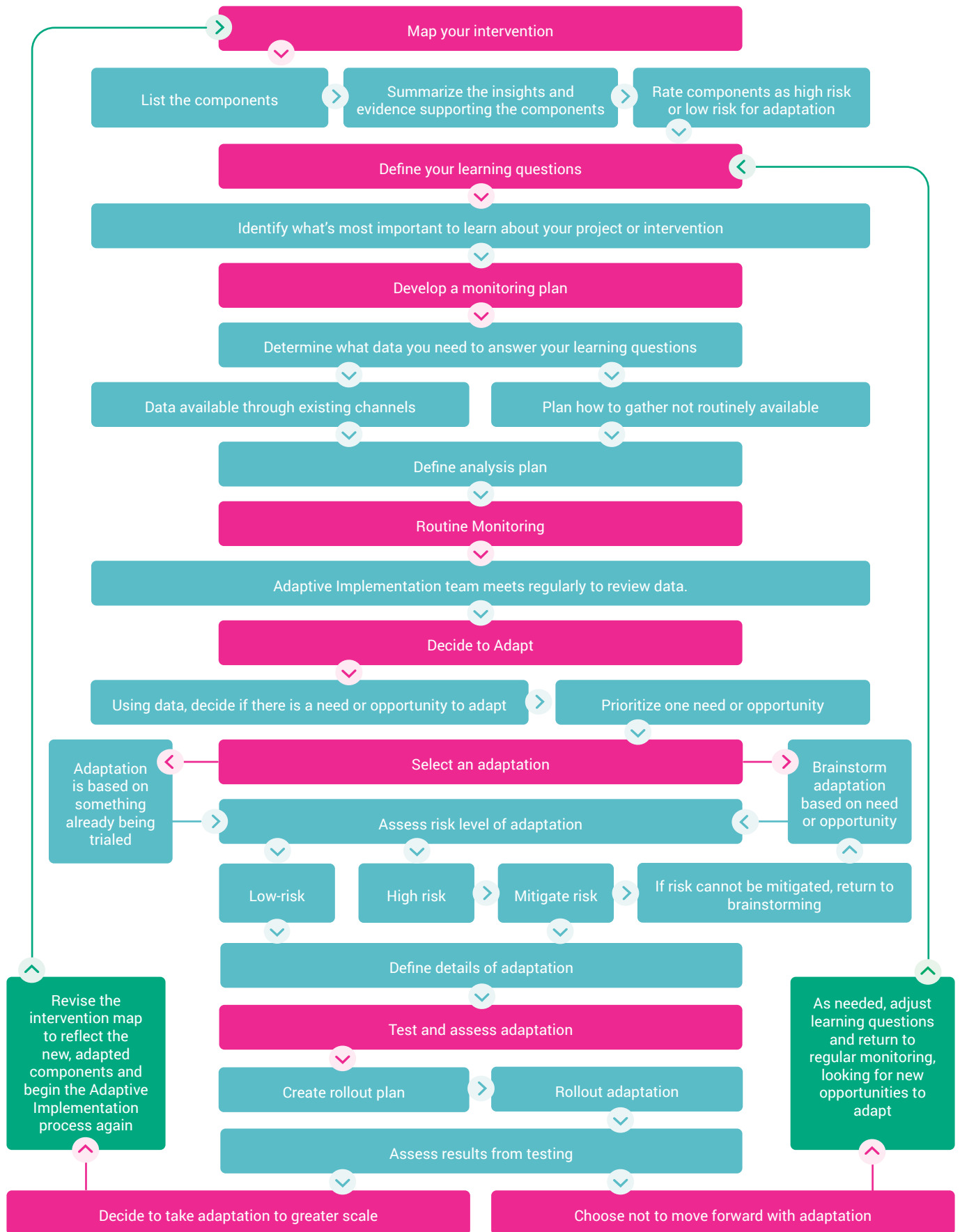


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ADAPTIVE IMPLEMENTATION FRAMEWORK



MODULE 1

ADAPTIVE IMPLEMENTATION

AN INTRODUCTION

OVERVIEW

This module is: an introduction to Adaptive Implementation, including the theory behind it, why to use it, and prerequisites for success in its application.

Use it when: you are just getting started with Adaptive Implementation and want an overview of what it is and why it might be useful to your team.

Who it's for: anyone interested in learning more about Adaptive Implementation, leadership or management considering applying Adaptive Implementation.

WHAT IS ADAPTIVE IMPLEMENTATION?

Adaptive Implementation is a part of adaptive management. This is a flexible approach to managing and improving programs or interventions. Adaptive management comprises three components. Adaptive governance, usually the purview of donors, supports programs to balance accountability for results with freedom to pursue adaptations while managing institutional expectations. Adaptive programming, the responsibility of senior program staff, takes into account lessons and patterns from implementation as well as pressures from donors. Adaptive delivery is managed by the implementation team who is responding in real-time to the conditions on the ground. Adaptive implementation encompasses adaptive programming and adaptive delivery. [Insert endnote i] For more about the interactions between these components, see Figure 1.

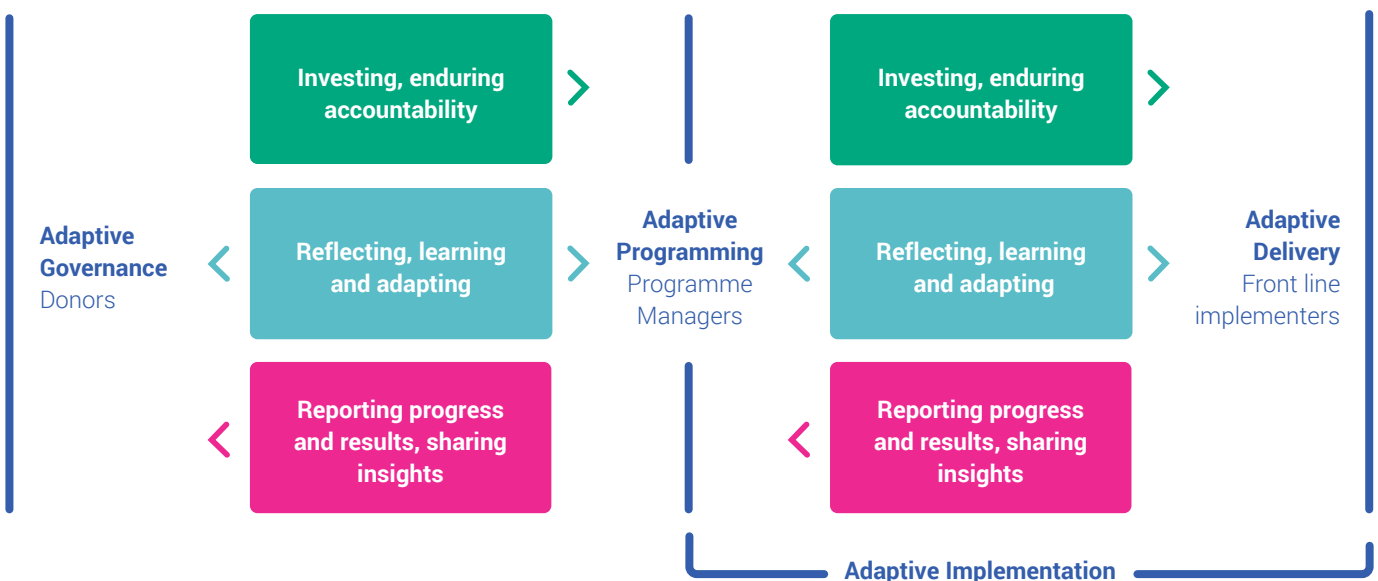


Figure 1: Adaptive management, adapted from Christie and Green (2019)

Adaptive management posits that interventions cannot be optimized at the outset. Instead, interventions need to be responsive to emerging evidence, insights, and the challenges presented by emerging contexts.

Adaptive Implementation encourages:

- Acknowledgement of the complexity and fluidity of real-world contexts and development challenges.
- A move away from rigid linear approaches to designing, budgeting, and implementing interventions.
- Embracing a flexible, responsive, and iterative approach.

Adaptive Implementation provides a framework for empowering multidisciplinary teams of stakeholders to systematically identify challenges and opportunities and make evidence-based adaptations to optimize interventions while maintaining fidelity to the essential tenets of the intervention's design.

WHY ADAPTIVE IMPLEMENTATION?

Adaptive Implementation is a useful tool for continuous improvement and addressing complex implementation challenges. It can be especially helpful as a complementary approach to programs that have been developed using human-centered design. Many of the mindsets and skill sets overlap, and Adaptive Implementation provides a framework for responding to new insights as they emerge.

Adaptive Implementation supports organizations to optimize their interventions, even as services continue. This allows interventions to:

- Remain responsive to users' evolving needs, desires, and aspirations.
- Deliver cost-effectiveness at scale.
- Ensure clinical and programmatic quality.
- Maximize the chances of scalability and sustainability in the long-term.
- Maintain fidelity and avoid drift¹, i.e., deviations from the intervention's original design that can change the essence of the intervention and compromise its outcomes.

HOW ADAPTIVE IMPLEMENTATION DIFFERS FROM TRADITIONAL APPROACHES

Table 1 below compares traditional and adaptive approaches to designing, budgeting, and implementing interventions. Traditional approaches are characterized as rigid and linear, whereas adaptive approaches are characterized as flexible, responsive, and iterative. In practice, the approaches taken by most interventions fall somewhere between the two.ⁱⁱ

TRADITIONAL APPROACHES	ADAPTIVE APPROACHES
Implicitly assume that causal pathways are linear and can be identified and planned for in advance.	Recognize that reality is often complex and 'messy', and interventions often do not go according to plan. Believe implementation teams are best positioned to succeed when they have systems in place to detect, make sense of, and respond to unexpected complexity as it arises.

¹ Program drift is the phenomenon whereby deviation from the original "script" in real-world delivery of interventions is expected to yield decreasing benefits (adapted from Chambers et al., 2013).

Implicitly assume the context for which interventions are designed will remain static during program implementation.	Acknowledge the context will evolve during implementation.
Adopt a one-size-fits-all approach	Believe that what works and what does not work depends on the specific context in which an intervention is applied and recognizes the complexities of the local context, which can themselves change over time.
Implicitly assume problems can be easily identified, and that solutions to problems can be designed well by someone who is removed from and not in partnership with those operating in the local context.	Are more 'locally led.' Leadership and decision-making are participatory and sit more with field-level implementers who know the local context best.
Use pre-set, linear tools such as log frames and results frameworks as the key sources of guidance for project management and monitoring. These often become the main static reference documents through which projects hold themselves accountable to outside decision-makers such as donors.	Theories of Change or User Journeys are central sources of guidance for decision-making, and they are "living documents". ⁱⁱⁱ They are flexible tools that stakeholders periodically interrogate to determine whether assumptions and program strategies still hold. ^{iv} For this process to be transparent, teams are prepared to engage with donors on real-time learning and course-corrections.

Table 1: Traditional versus adaptive approaches

In recent decades, a multitude of adaptive approaches has emerged from the recognition that development happens through complex, context-specific, non-linear pathways that are politically informed, locally led, and responsive to changes in policies and institutions.^{2, v} While each of these approaches highlights slightly different elements of working adaptively, they share the following core features.

- **Participatory and multi-disciplinary:** Adopting participatory processes of inquiry, trialing, learning, and experimentation that foster the inclusion of local partners, service users, and various stakeholders, striving for continuous program improvement.
- **Locally led:** Development interventions should begin with a locally defined problem rather than an externally prescribed solution. This results in shifting power and ownership to local stakeholders.
- **Responsive:** Detecting, making sense of, and responding to changes in the socio-economic and operational landscape in which interventions operate as well as its political and institutional system.
- **Curiosity and iterative problem-solving:** Fostering a culture of curiosity, creativity, and problem-solving across teams and at the frontlines of implementation: including investing in team-owned systems and processes. Through these, teams detect changes and challenges as they arise and address them in ways that work for them and fit within their existing management processes.
- **Politically smart:** Decision-making must be based on the understanding of embedded power structures, informal institutions, and relationships, and it must use such knowledge to seize windows of opportunity for change.

² Examples of these approaches include: Collaborating, Learning, and Adapting (CLA), Doing Development Differently (DDD), Problem-Driven Iterative Adaptation (PDIA), Thinking and Working Politically (TWP), and Responsive Feedback (RF).

WHAT DOES ADAPTIVE IMPLEMENTATION REQUIRE?

Adaptive Implementation is a different way of working and may require changes in the organization's operating environment. These prerequisites are detailed in Table 2.

CULTURE	A willing culture: Institutional cultures must facilitate adaptive ways of working, including the willingness to take risks, acceptance of a certain degree of uncertainty, safety of team members to question and trial ideas, as well as a commitment to a learning culture.
STRUCTURES	Agile structures and systems: Small, cross-functional teams; and adaptive procurement, contracting, and financing approaches. ^{vi}
ITERATION	An iterative guiding framework: The framework that guides the intervention (for example, the Theory of Change) will be iterative and will capture assumptions and drivers of change as the intervention adapts.
DATA	Good data: ³ Good data is the essence of good decision-making. Since Adaptive Implementation requires continuous decisions as to whether to change course or pursue a given opportunity, monitoring and learning systems must generate timely, relevant information. Monitoring and learning need to be well-resourced to provide the data required to input into needed 'pause-and-reflect' moments for collaborative analysis and adaptation decision-making.
RESOURCES	Adequate time and money: It is possible to pursue an Adaptive Implementation approach with a modest resource envelope; however, the expectations and design will have to be scaled accordingly. Greater resources will allow for more, higher quality adaptations.
DONORS	Conducive donors: Donors must support a culture of learning and adapting. This means accepting both uncertainty and the risk of failure, which are critical for Adaptive Implementation to be successful. Donors' procurement procedures, governance and accountability procedures, payment triggers, and risk aversion constrain support for adaptive management. ^{vii}

Table 2. Prerequisites for Adaptive Implementation

³ Good data is defined as the data that is relevant and responsive to the central learning questions (not just performance data against key indicators). Data should reflect diverse perspectives on implementation and be timely, understandable, and useful to implementation teams.

WHAT'S NEXT?

Now that you understand the theory behind Adaptive Implementation and why it might benefit for your team, you might be ready to start doing it yourself.

Check out Module 2: Assembling your team to see what kind of human resources you need to get this work started.

Want to learn more about what Adaptive Implementation looks like in practice? Check out Module 3: Mapping your intervention for guidance on the first activity required to begin Adaptive Implementation.

REFERENCES

- i Teskey and Tyrrel (2021) *Implementing adaptive management: A front-line effort. Is there an emerging practice?* (p. 10)
- ii Bond (2016) "Adaptive management – what it means for CSOs"
- iii Peek, N. and Starr, L. (2019) *Theory of Change Review as an Adaptive Management Tool*.
- iv INTRAC (2018) *Adaptive Management*, and Valters et al., 2016. E.g. USAID Wildlife Asia as a case study in adaptive rigour: monitoring, evaluation and learning for adaptive management <https://www.usaidwildlifeasia.org/news/all-news/usaid-wildlife-asia-as-a-case-study-in-adaptive-rigour-monitoring-evaluation-and-learning-for-adaptive-management-1>
- v This list is adapted from Itad (2016) *Norwegian Aid and Adaptive Programming*, Teskey and Tyrrel (2021) *Implementing adaptive management: A front-line effort. Is there an emerging practice?*, and Boot and Unsworth (2014) *Politically smart, locally led development*. ODI discussion paper.
- vi Pett, J. (2020) *Navigating adaptive approaches for development programmes*. A guide for the uncertain.
- vii MEL in Adaptive Programming: Expanding the State of the Art; two-day Practitioners Forum on Monitoring, Evaluation, and Learning (MEL) in adaptive programming.

MODULE 2

ADAPTIVE IMPLEMENTATION

ASSEMBLING YOUR TEAM

OVERVIEW

This module is a guide to assembling your Adaptive Implementation team, a key first step in starting work to optimize and improve interventions.

Use it when:

- You feel that Adaptive Implementation could be a good tool for your intervention, and you want to assemble an all-star team.
- You are still exploring the utility of Adaptive Implementation and want to understand the human resources required.

Who it's for:

Leaders and managers who will oversee Adaptive Implementation teams, and are either looking to hire staff for future teams, or who are responsible for identifying team members from an existing staffing pool

Assembling a team is the first step in initiating Adaptive Implementation work in your own context. Before doing any work, you must identify the people to be tasked with optimizing and adapting. Adaptive Implementation cannot be done by one person. Ideally, the work is best done by a multidisciplinary team. Bringing together different skill sets, perspectives, and experiences allows you to benefit from a diverse range of opinions, draw on various expertise, view problems from different perspectives, be confident you have eliminated blind spots in your thinking, and reduce bias in your interpretation of data and generation of solutions.

Some things to consider:

- **Size:** Think big enough to bring in multiple disciplines, but not so big that it is difficult to convene the group. Four to six people is generally adequate.
- **Time:** Adaptive Implementation requires time to do well. Consider who can contribute consistently and where possible, explore shifting the responsibilities of those who are too busy, or invite them to participate only during key moments.
- **Functions:** Bring in a mix of job types, including implementers, front-line workers, and monitoring and evaluation staff.
- **Levels:** Incorporate people with different levels of seniority, such as senior leadership, mid-level managers, and junior staff.

- **Stakeholder groups:** Invite representatives of the group your project is trying to serve such as young people, government representatives, teachers, or service providers.
- **Power dynamics:** Consider conditions required for everyone to participate equally. You may need to do some work upfront to set expectations about sharing power and respecting the opinions of all team members.

POSSIBLE ROLES IN YOUR ADAPTIVE IMPLEMENTATION TEAM

The categories below provide suggestions for the unique roles that your team members will play as part of the Adaptive Implementation team. You'll see that the team roles are not usually a perfect match for someone's job title, although there is some overlap. Some individuals may fulfill more than one role, depending on their experience and skillset. As you think about bringing in a diverse team using the criteria above, also ensure you have the essential skillsets to complete the work using the positions below. Given the competing priorities of the different individuals whose perspectives you seek, consider having a "core team" of dedicated members who contribute to the bulk of the work while periodically inviting the rest to give feedback or share their perspectives. The goal is to have a variety of perspectives while remaining lean enough to keep the work moving. Not all roles are necessary on every team. Adapt this list to fit your needs.

TEAM ROLE	RESPONSIBILITIES	TYPES OF PEOPLE WHO MIGHT BE A GOOD FIT FOR THESE ROLES
FACILITATOR / GROUP LEADER	This person is comfortable facilitating conversations among the team, resolving disputes, and identifying frameworks and approaches to synthesize the information that the team will be reviewing. He or she will work closely with the Project Manager to keep the group on track and ensure progress.	Managers and Team Leaders, Trainers, Coaches, Strategy Experts
PROJECT MANAGER	This person is the primary point of contact for the Adaptive Implementation team. Keeps the group on task, leads work planning, tracks progress made, and follows-up as needed to ensure work moves smoothly.	Managers and Team Leaders; Program or project managers, coordinators, or administrators
DATA LEAD	This person is comfortable working with monitoring data and can quickly perform different analyses as needed. Knows the established metrics for the project well and can quickly spot shifts and trends over time.	Monitoring and evaluation team members

TOOL BUILDER	This person is comfortable creating new monitoring and evaluation tools to answer questions that arise. They can build questionnaires or semi-structured interview guides. Bonus points if he or she is comfortable with more participatory tools for data collection as well.	Monitoring and evaluation team members; Project Managers
SUBJECT MATTER EXPERT	This person is very familiar with local and global best practices on your topic of interest. He or she will be able to quickly guide the team toward smart ways of working or help the team avoid ideas that seem promising, but which evidence says are unlikely to work	Technical Advisors; academics
KNOWLEDGE MANAGER	This person loves documentation and wants to make sure everything gets recorded. He or she will take notes at meetings, organize a storage system for data, discussions, and decisions so that nothing gets lost. Ideally, he or she will also have an eye toward sharing the knowledge generated with a larger audience.	Knowledge managers; communications leads; program coordinators
BUILDERS / TINKERERS	This person is not afraid to take action. He or she is comfortable trying to bring ideas to life through prototypes and other trials. He or she can help the entire team identify practical solutions when the current approach is not working.	Engineers; Designers; Architects
INSIDER	This person knows the system and / or context in which you are working well. Depending on the project, this might be someone who is familiar with how the public hospital system functions, how to push forward change among local government, or has insight into how young people think about a particular social issue.	This will depend on your project, but consider including anyone from the stakeholder group above (i.e. young people, government representatives, providers, teachers, local advocates, etc.)

Table 1. Roles on an Adaptive Implementation Team

SELECTING TEAM MEMBERS

If you are ready to start assembling a team, use the following steps as a guide:

Decide the right size and composition of your team

- Size and composition will depend on:
 - The amount of Adaptive Implementation work you anticipate.
 - The current workload of your team and its ability to dedicate time to Adaptive Implementation.
 - Your ability to engage non-staff (i.e. members of stakeholder groups) to participate consistently.
 - The existing mix of skills you have among your current pool of human resources.
- Using the list of roles above as a guide, decide which ones are essential to your team based on the anticipated work and tasks.
- Quantify the number of core team members who will make up the team.

Invite individuals to join the team

- Using your list of desired roles, nominate specific individuals to fill each role.
- It may help to create a short job description or terms of reference with the expected time commitment and responsibilities to share with candidates.
- If there are roles you cannot fill internally, consider other ways of engaging people, such as partnerships with other organizations, short-term consultancies, or hiring new staff.

Orient the team to Adaptive Implementation

- You can share Module 1: An Introduction to Adaptive Implementation and other resources from this series.
- Ensure that you leave time to answer people's questions and give clarity on expectations for the team.
- As suggested above, power-sharing exercises or team building exercises may help cultivate team cohesion, especially if the team members occupy very different levels of the organizational hierarchy.

WHAT'S NEXT?

If you have your team in place, go on to Module 3: Mapping your intervention for guidance on the first activity required to begin Adaptive Implementation.

Still want to know more about the kind of work done Adaptive Implementation teams? Read Module 4: Defining your learning questions to see how to craft the questions that will direct the team's efforts.

MODULE 3

ADAPTIVE IMPLEMENTATION

MAPPING YOUR INTERVENTION

OVERVIEW

This module is a guide to mapping your intervention, an essential step in creating shared understanding of your intervention so that the team can monitor for adaptations and optimizations.

Use it when:

- Your Adaptive Implementation team is in place and ready to start the work.
- You are still exploring the utility of Adaptive Implementation and want to understand the work the team will engage in.

Who it's for:

Leaders and managers who will oversee Adaptive Implementation teams and members of Adaptive Implementation teams.

Before you can begin adapting and optimizing your intervention, it's important to have a clear understanding of your intervention and the assumptions that underpin each component. This helps everyone on the team understand what smooth implementation looks like, and what is expected from each component. Only once you have this clarity will it be possible to diagnose problems and identify solutions for improvement.

Use the following guide to create your intervention map.

STEP 1. LIST THE INTERVENTION COMPONENTS

Create a list of all the intervention components. It may help to approach this through the lens of a customer/user journey map, in which you consider all the ways your user will interact with your intervention.¹ There may also be essential elements of the program which the user does not experience directly, such as an introduction meeting with local government stakeholders. To guarantee you do not leave out any steps, reference program documents such as the theory of change, logic model, or project proposal. As you create your list, consider including the following details:

¹ For more resources on journey mapping see: [Interaction Design Foundation's Customer Journey Maps](#) or [The UX Design Institute's How to Design a Customer Journey Map](#)

- **What is done:** The activities, session content, etc.
- **How it is carried out:** Who delivers it, format and set-up
- **Who is involved:** Types of clients, service providers, etc.
- **Frequency:** When and how often this activity is undertaken

In Figure 1 see an example journey map from A360’s sexual and reproductive health intervention for adolescents in Ethiopia, Smart Start.

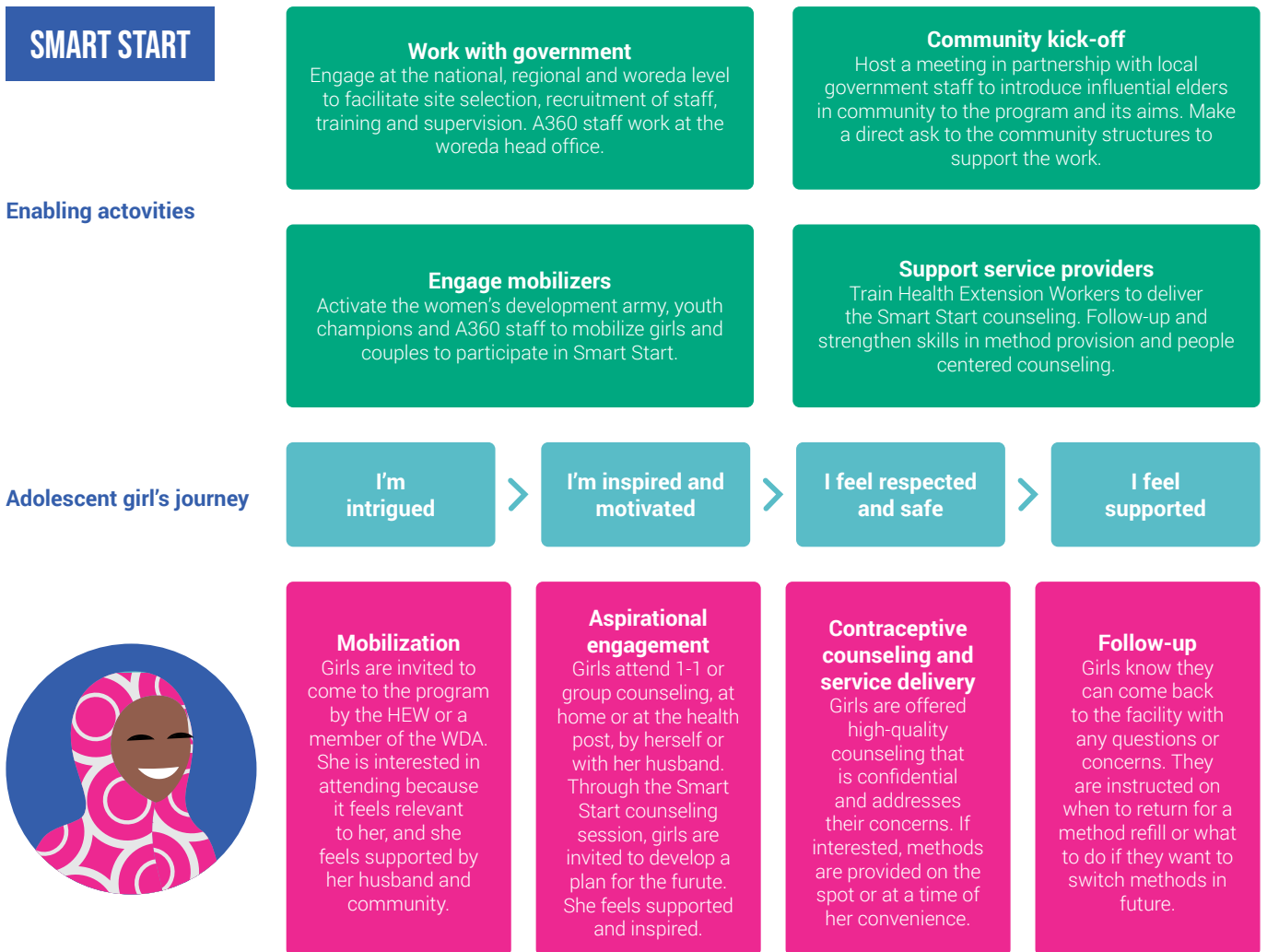


Figure 1. Journey Map for Smart Start, a contraceptive uptake program for married adolescents in Ethiopia

Tips: As you map out your intervention, you may find gaps or areas of uncertainty. That’s ok. Note them and assume they are areas that will need to be optimized through doing and learning. You will want to include these gaps as areas of focus for the learning questions you will be developing in the next module. There may also be elements that are very important to the program that don’t fit neatly into the journey map or theory of change. That’s all right, too. List them separately. The most important thing is to capture the key components of what makes your intervention unique and describe what is essential for its implementation.

STEP 2: SUMMARIZE THE EVIDENCE OR INSIGHTS BEHIND EACH INTERVENTION COMPONENT

Once you have all the components listed, take some time to describe the evidence or insight that justifies the inclusion of each. You may need to include the people who helped design the intervention if the Adaptive Implementation team was not involved in its creation. Some components will likely be based on global best practices or standard procedures in your operating environment. If the intervention was developed using human-centered design or a similar approach, some elements will be predicated on user insights. Other elements may be a combination of more traditional evidence and insight-driven evidence.

See Table 1 below for a selection of insights from A360's Smart Start program.

INTERVENTION COMPONENT	EVIDENCE / INSIGHT
Mobilization by the Women's Development Army	Insight: Adolescent girls did not consider themselves family planning clients and therefore did not come to the facility for services. Concentrated attention needs to be given to identify adolescent girls eligible for contraception and encourage them to attend.
Contraceptive Counseling by the Health Extension Worker	Evidence: Contraceptive counseling is delivered through the Ministry of Health, so the approach follows their standard of care: REDI counseling. Insight: Girls often feel rushed or forced into a particular method, so encouraging the provider to slow down and ask girls questions about their preference can be a way to create a more positive experience.

Table 1. Insights from Smart Start

Tip: If it seems like some elements have no evidence or insights backing them up, then one of two things may be happening.

- The approach selected for the program makes sense operationally given the context (i.e. hours of services align with clinic opening hours)
- The program may have adopted practices already in use without exploring other approaches.

That's fine. Sometimes tried and tested processes are best, or there may be ways to optimize. As with gaps in your journey map, note areas of uncertainty and regard them as important topics for future learning.

Although this step may feel like a lot of work and can be very theoretical, it's worth it. When you create a shared understanding of not just what the intervention does but why it does it, you become true experts of your intervention. This expertise allows the team to be much quicker at diagnosing problems and knowing how to use emerging evidence to optimize the intervention.

STEP 3. RATING INTERVENTION COMPONENTS

Now that you have your list of components and understand why they have been included in the intervention, it's time to rate the components based on whether changing them risks compromising the core outcomes of the intervention. Rate each component as high or low-risk to change. At A360, we use two main considerations when it comes to risk ratings:

1. Will this change negatively affect the user's intended experience?
2. Will this change compromise the intervention's ability to be effective?

If the answer to either of these questions is "yes" then the component should be considered high risk to change. Note that this does not mean you can never change these components. However, you should be more cautious when making such changes. For example, the threshold of evidence required to make the change should be higher. You would need to provide new information that suggests the assumptions you held about the component, the evidence or insights supporting its inclusion, may no longer hold true, and change is required. For example, the team would need to demonstrate that user preferences or the implementation context have changed.

See Table 2 for examples of a high and low-risk component from Smart Start in Ethiopia.

COMPONENT	CATEGORIZATION	WHY
Mobilization by the local health development volunteer corps	Low-risk	While mobilization is essential, this cadre may not be the best or only resource to support mobilization. It would be acceptable to shift the mobilization strategy if the evidence suggests this approach is not working or a more efficient approach is identified.
Contraceptive counselling by the Health Extension Worker	High-risk	The program explored other service delivery models, but given the remote, rural nature of the client base, the HEWs were the only practical option. If another, higher-level cadre were given responsibility for counseling then girls would probably not be able to access services. This compromises girls' experience and the program's ability to be effective.

Table 2. Examples of high and low-risk program components

Tip: Rating can be challenging. As you can see in the examples above, sometimes you must be very specific about what sub-elements within your components can and cannot be changed. For instance, in the example above it has been noted that while mobilization is essential, it is reasonable to change the mechanism by which mobilization happens. You may determine you need to revisit your journey map to be more specific in articulating the elements that are unique to your program. If you get stuck in this exercise, you can step back and ask yourself: What could I change that would make the whole intervention fall apart? Consider creating a list of high-risk changes based on your answer to the question rather than systematically rating everything.

Once you have completed these three steps, you will have detailed documentation of the intervention in the form of the intervention map. You can create this map using any tools that make sense to your team. Some teams prefer to work on paper and then transfer to PowerPoint or online whiteboards such as Miro or Mural. Others may opt to document their map in Excel. Ensure that the map exists in a digital format that can be shared. You may need to update the map through your implementation journey – that's encouraged. You may want to delegate one of your team members to be responsible for the map and update versions as the work evolves. This task is best suited to the Knowledge Manager role.

WHAT'S NEXT?

If you have created your implementation map, go on to [Module 4: Defining Learning Questions](#) to see how to craft the questions that will direct the team's efforts.

You may also want to check out [Module 5: Creating a Monitoring Plan](#) to see how the Adaptive Implementation team will use routine data and flexible inquiry approaches to answer the most important questions about the intervention.

MODULE 4

ADAPTIVE IMPLEMENTATION

DEFINING YOUR LEARNING QUESTIONS

OVERVIEW

This module provides a process for defining your learning questions or the key areas of inquiry that will guide the work of the Adaptive Implementation team.

Use it when:

- You have completed the intervention map and are ready to define the areas of inquiry for the team.
- You want a better understanding of the sorts of questions that the Adaptive Implementation team can answer.

Who it's for:

Leaders and managers considering incorporating Adaptive Implementation; Adaptive Implementation teams.

Once your team is in place and has a clear understanding of the existing intervention, you can turn to developing your learning questions. Learning questions define what you most want to know about your project or intervention. The learning questions are the heart of the Adaptive Implementation team's work. Answering the questions will direct the focus of the team, so it's important to spend some time crafting questions that matter most in your context.

TYPES OF LEARNING QUESTIONS

In general, Adaptive Implementation seeks to answer questions about:

- Whether the intervention is working
- How and why the intervention is working
- How context influences the way the intervention works
- How the intervention can be optimized
- Specific topics of interest to your project

Let's explore each of these areas and corresponding learning questions in more detail.

Whether the intervention is working: These big picture questions explore whether the intervention is having the desired effect.

Outcome level: Is your intervention accomplishing what it was designed to accomplish? Is the intervention having a positive outcome in its intended area of focus?

Examples from A360:

- Are the paid mobilizers successfully recruiting adolescents between the ages of 15-19?
- Are health providers able to consistently deliver the new counseling approach?

How and why the intervention is working: If you had gaps in your comprehension of the evidence underlying the intervention components as you created your intervention map, questions of this type allow you to deepen your understanding.

Confirm assumptions: During your design phase, you may have developed a hunch about why something works but not have had time to confirm it. You can use the Adaptive Implementation period to prove or disprove your assumptions.

Examples from A360:

- Do husbands need to be present at contraceptive counseling sessions for married young women to take up a contraceptive method or can they hear about it later from their wives?
- Is a youth-friendly provider enough to make adolescent clients feel welcome at the health facility or is a separate entrance really needed?

Strengthen weaker areas: Interventions are complex and multi-component. During the design phase, you may have chosen to focus on certain aspects of the intervention at the expense of others. Adaptive Implementation gives you time to better explore these areas where your understanding of the mechanisms of change is weaker.

Examples from A360:

- Once an adolescent client has taken up a method, what support does she need to continue using her method for 12 months or longer?
- What kind of follow-up support do providers need to maintain high-quality service delivery?

How context influences the way the intervention works: As you expand the geographic scope of your intervention, you will find that your operating environments differ. This line of questioning allows you to explore how those variations affect program operations and outcomes. The Adaptive Implementation team will likely have a good sense of the differences that matter most to your intervention, but some things to consider are:

Differences in the background demographics of the population: wealth, religion, geography, education levels, etc.

Differences in the infrastructure or delivery mechanisms supporting service: private vs. public health facilities, regional variations in the strength of the sector, and cadres of service providers available.

Other differences: variations in local practices, exposure to further interventions, management styles, and alternative staffing structures.

Examples from A360:

- Will we see the same levels of contraceptive uptake in isolated, rural communities as in communities near big towns?
- What differences will there be in contraceptive uptake levels between Muslim and Christian communities?

How to optimize the intervention: As noted in Module 1, Adaptive Implementation assumes that interventions must be tested in real-world settings to identify opportunities for improvement or optimization. With these questions, you can explore ways to make your intervention as effective and functional as possible. You may explore optimization questions with an eye to:

Efficiency: How can you deliver your intervention faster to more people?

Cost-effectiveness: How can you reduce the cost of delivering your intervention?

Scalability: How can you shift the operating model to improve the likelihood of greater reach?

Quality: What can be done to achieve high-quality outcomes more consistently?

In practice, you may find that you can use the same questions for different optimization aspects as efficiency, cost-effectiveness, and scalability are often related.

Examples of questions from A360:

- Can we eliminate any components that are not essential for program outcomes?
- Can we improve efficiency during mobilization so that more adolescent girls visit the clinic?
- Are there any roles that can be shifted from project-paid employees to government-paid staff who are mandated to do similar work?

Specific topics of interest to your intervention: You may wish to consider additional lines of inquiry relevant to your project's goals or areas of interest. Such questions are an opportunity to explore sub-themes, secondary goals, or areas of interdisciplinary interest. Put another way, these are different "lenses" that provide additional perspectives and lessons about the intervention that cannot be captured in the question themes listed above. Possible lenses include:

Gender: Gender norms affect individuals' ability to participate in and benefit from interventions. To what extent does your intervention support, effectively work within, or challenge gender norms?

Disability: As with gender, disabilities affect individuals' ability to participate in and benefit from interventions. To what extent does your intervention support participation by people with differing abilities? What accommodations could be made to make your intervention more inclusive?

Equity: Very often, interventions designed to reach vulnerable populations fail and instead reach those with more resources. Within the population you are trying to reach, are you getting to those most in need? Learn more about the population accessing your program and consider various dimensions of equity such as wealth, age, urban/rural location, and ethnic or religious identity.

Climate Change: Interventions in low-income countries are increasingly being affected by the impacts of climate change and the uncertainty and upheaval environmental disasters and changing weather patterns bring. To what extent is your intervention supporting climate change adaptation? Does your intervention contribute to or mitigate against climate change?

Examples from A360:

- Are there any undue burdens on married young women accessing our programming, such as needing their husbands' permission or childcare that we can eliminate to increase attendance?
- What can be done to increase attendance among 15–17-year-olds (vs. 18-19-year-olds), who may be less inclined to access services when they need them?

Whether or not you include these types of questions depends on your unique project and what is most important for your team to learn. The lenses listed above may or may not be relevant to your project or you may decide that others warrant inclusion.

CHOOSING YOUR LEARNING QUESTIONS

Step 1: Together, review the types of questions listed above.

Step 2: Review your intervention map to remind everyone what is known and unknown about the intervention. Make sure all team members are clear on the intervention's overall objectives.

Step 3: Ask each team member to silently brainstorm their response to the question: What do we most need to know to ensure our intervention's success? Team members should strive to identify 3-5 questions and write each of them down so their thoughts are clearly articulated and shareable with the entire team.

Step 4: Review the questions. Ask team members to post their questions around the room so that everyone can review. Combine very similar questions. (Hint: It may make sense to re-word the questions when combining similar responses.) Together, aim to identify 3-5 priority questions among the different options. You may find that there is consensus among your team members about the most crucial questions. If so, proceed to Module 5: Developing a Monitoring Plan. If there is no consensus, complete the prioritization exercise in step 5.

Step 5: Prioritize questions by ranking each question on a 1 to 3 scale (1 = no, not at all, 2= somewhat, 3 = yes, very) using the following criteria:

- Does this question help us assess if the project is achieving its goals?
- Does this question address key areas of risk/uncertainty for the project?
- Will this question be feasible to answer? Will it be realistic to measure and track?
- Will answering this question align with stakeholder priorities and interests?
 - Government
 - Our organization
 - Donors
- Will answering this question contribute to vital questions in the field or global literature?

You can add other criteria that are important to your project. You can either discuss each question as a group or have team members individually rate each question, prioritizing the questions with the highest scores for discussion. Remember to aim to have 3-5 questions to keep the focus manageable.

WHAT'S NEXT?

Once you have defined your learning questions, go on to Module 5: Developing a Monitoring Plan to see how your team will get answers to the questions you have asked in this section.

If you are eager to see what the work of adaptation looks like, go to Module 6: When to Adapt to learn how the preparation work from previous modules comes together to guide decision-making around changing the intervention.

MODULE 5

ADAPTIVE IMPLEMENTATION

DEVELOPING A MONITORING PLAN

OVERVIEW

This module is a guide to developing a monitoring plan so that you can answer the learning questions you established in the previous module.

Use it when:

You have clearly defined your learning questions and are ready to create a plan to guide the learning of the Adaptive Implementation team.

Who it's for:

Leaders and managers who will oversee Adaptive Implementation teams, Adaptive Implementation teams, and M&E experts who are curious about how their skills can be applied to Adaptive Implementation.

After you have defined your learning questions, you need to create a plan for answering those questions. In the monitoring plan you will outline the data and information required to answer the questions and identify how to gather and analyze that data. Wherever possible, you should take advantage of the project's routine monitoring processes to answer your learning questions. Adaptive Implementation does not require a separate workflow and should build on what is already being measured.

STEP 1. DETERMINE THE DATA REQUIRED TO ANSWER EACH QUESTION

For each of your learning questions, consider what information you will need to answer the question. The answer to a single question may require several individual metrics.

Examples of questions from A360:

Learning Question: Can the introduction of program-branded materials into government-run health centers increase contraceptive uptake rates among adolescent girls aged 15-19?

Information needed to answer this question:

- Number of adolescent contraceptive uptake users per month before the introduction of the branding (Ideally, trends over a 3–6-month period).
- Number of adolescent contraceptive uptake users per month after the introduction of the branding (Ideally, trends over a 3–6-month period).
- Are there other activities at the clinic besides the introduction of branding that might influence contraceptive uptake rates among adolescents?

STEP 2. DETERMINE WHAT DATA IS AVAILABLE THROUGH ROUTINE OR EXISTING MONITORING CHANNELS

Now that you know what information you need, think through what data is already available. It may be helpful to invite members of the broader monitoring and evaluation team to participate in this discussion if there are gaps in the Adaptive Implementation team's knowledge of what metrics are routinely monitored. Determine whether the information you need is already gathered regularly. If it is, note the specific indicator being measured, where it is available (i.e. through your program's monitoring systems, government systems, partner systems, etc.), and with what frequency

Tip: As you complete this exercise, you may observe that the existing information is close but not a perfect match for what you want to find. Discuss as a team whether it's acceptable to use the data you already have. Given the resources required to gather data, it's often better to use existing routine data, even if it's not perfect, rather than to create an additional burden of data collection.

At this point, it may be helpful to start organizing this information into a chart.

LEARNING QUESTION	INFORMATION REQUIRED	IS THERE EXISTING DATA TO PROVIDE THIS INFORMATION?	IF YES, WHAT IS THE INDICATOR? WHERE IS IT AVAILABLE? HOW OFTEN?
Can the introduction of program-branded materials into government-run health centers increase contraceptive uptake rates among adolescent girls aged 15-19?	Number of adolescent contraceptive uptake users per month before the introduction of the branding (Ideally, trends over a 3–6-month period).	Yes	Government centers track contraceptive uptake each month, disaggregated by age. We can get this through the monthly DHIS2 report.
	Number of adolescent contraceptive uptake users per month after the introduction of the branding (Ideally, trends over a 3–6-month period).	Yes	Government centers track contraceptive uptake each month, disaggregated by age. We can get this through the monthly DHIS2 report.
	Clinic or community-level activities (other than the introduction of branding) that might influence contraceptive uptake rates among adolescents.	No	

Table 1. Example chart from A360 for organizing available data

STEP 3. MAKE A PLAN FOR COLLECTING THE DATA THAT IS NOT ALREADY ROUTINELY AVAILABLE

Some information you seek will not be available through routine monitoring systems. In this case, consider different options for sourcing the information. For example:

- Introducing the new metric into your routine monitoring**
 This may be feasible if your organization oversees the data collection, and the new information is small in scale, such as introducing age or gender-disaggregation.
- One-time data collection efforts, such as surveys or questionnaires**
 This can be resource-intensive but allows the team to gain in-depth knowledge on topics of interest. However, it's not ideal for tracking trends over time, as it's likely to be too expensive to repeat.
- Survey a small sample of sites**
 Identify a few sites at which to introduce new monitoring tools or visit regularly to collect additional data. Although the scale is small, the relatively lower costs and ability to collect more detailed information can provide insights that are applicable more widely.

- **In-depth interviews**

Some information required might require qualitative approaches, such as in-depth interviews with key participants. This can be resource-intensive but useful if you need information on why or how something works.

- **Observations or site visits**

For some information, the best approach is to visit in person to observe what is happening. This can be a way of gauging if interventions are being delivered with fidelity, to rapidly gain information on how the operating environment influences program delivery, and much more. A few site visits will often suffice – there is no need to visit all sites or even a statistically representative sample.

There are many other methods your team may choose to employ as well. Work with your M&E team to decide the most appropriate way to answer your specific questions.

Tip: Keep in mind that the goal of this monitoring plan is to answer your learning questions. Therefore, strive to keep your additional data collection efforts as simple and small-scale as possible. As noted, many of these approaches can take a lot of resources (human and financial), and it can quickly become impractical to collect everything that is planned. This information is not being used to formally evaluate the program. Instead, it’s being employed to guide real-time, practical adaptation. You should strive to get “just enough” information, rather than too much. For qualitative questions in particular, you may be able to speak with program managers or site leaders (people who regularly observe the intervention) and ask them your key learning questions.

Regarding non-routine data, you may need to develop new tools (surveys, questionnaires, observation rubrics, etc.) to guide data collection. Developing these tools is a great job for your “Tool Builder” team member. Account for the time required for tool development as you consider deadlines and work plans.

Define your data collection method for the questions not available through routine monitoring, and determine who will collect the data, and with what frequency.

LEARNING QUESTION	INFORMATION REQUIRED	DATA COLLECTION METHOD	PERSON RESPONSIBLE	FREQUENCY
Can the introduction of program-branded materials into government-run health centers increase contraceptive uptake rates among adolescent girls aged 15-19?	Clinic or community-level activities (other than the introduction of branding) that might influence contraceptive uptake rates among adolescents.	Calls with each site supervisor to ask them about other activities happening at the clinic. All supervisors will answer a short 3-question survey.	All Adaptive Implementation team members will speak with 3 sites.	1 time in the first three months of implementation.

Table 2. Example plan from A360 for organizing non-routine data collection

STEP 4. DATA STORAGE AND MANAGEMENT

For all data collected, make sure you have a plan for how to store the data safely and securely. This is especially important if you are collecting any sensitive or identifying information. Data should, at the very least, be password protected, and there should be established protocols for who can access the information. Your M&E team should be able to help you create an approach to safe and responsible data management and storage.

You can add this information to the monitoring plan chart (in the examples above) or create a separate document outlining your team's protocols.

STEP 5. PLAN FOR ANALYSIS

It does no good to collect data unless you have a plan for review and have considered action to take based on the findings.

One helpful approach is to consider possible answers to your questions and what you might see in the data to support those answers. Revisit your learning questions and the proposed data sources and brainstorm different possibilities.

Example from A360:

Question: Can the introduction of program-branded materials into government-run health centers increase contraceptive uptake rates among adolescent girls aged 15-19?

POSSIBLE ANSWERS	WHAT THE DATA MIGHT SHOW
Yes	We see marked increases in contraceptive uptake among the target audience (20% or more).
No	We see no change in contraceptive uptake among the target audience.
No (and we may be making things worse)	We see a decrease in contraceptive uptake among the target audience.
Unclear	Contraceptive use has gone up among the target audience, but there is evidence to suggest the branding is not the cause.

Although you will not be able to accurately predict what the data will show, starting to imagine the possibilities will prime the team to look for patterns and trends to aid analysis. This exercise will help you refine your analysis plan by identifying the most relevant information to answer your learning questions. You can do this activity informally through discussions with the Adaptive Implementation team.

Use this conversation to guide the analysis plan and document how the data will be displayed for the team's review. As you develop your plan, consider incorporating the following details.

The types of analysis you will run:

- Quantitative analysis: changes over time, disaggregation by location/gender/age/trends, etc.
- Qualitative analysis: Case studies, thematic analysis, defining outliers, etc.

For quantitative data, set thresholds to define high, medium, and low performance and agree on actions whenever results dip into low performance. (Hint: discuss disaggregation as well – the overall picture might look strong, but certain areas could be experiencing low performance. Consider ahead of time if this is a concern for the team). Define the thresholds for positive deviants, or sites that are performing above average. There is often a lot to learn from these sites as well. Doing this work in advance will prepare the team to look for patterns in the data and make the most of your analysis meetings.

Consider how the data analysis will be managed and reviewed:

- Who will be responsible for preparing the analyses?
- How frequently will the team meet to review the analyses?
- How can you ensure equal participation from all Adaptive Implementation team members?

Be sure to record your analysis plan in a way that makes sense to the team. You can build on the chart you created to define the monitoring plan or develop a separate document with these details.

STEP 6. START MONITORING

Once you have your monitoring plan in place, you are ready to put it into action. Begin routinely monitoring your intervention based on your plan. At your first analysis meeting, have your learning questions front and center and use the data you have collected to try and determine the answers. It is acceptable and even expected if, at your first meeting, you cannot answer every question. Some lessons will only become clearer over time. Be sure to keep a record of the data, key discussions, and major decisions made. Feel free to adjust your monitoring plan if it is not providing the information the team requires. Continue meeting to review and collect data as per the plan.

WHAT'S NEXT?

Once you start monitoring, you may realize there are areas of the intervention where adaptation is required or beneficial. Go on to [Module 6: When to Adapt for guidance on using your monitoring plan to decide when changes are necessary.](#)

To better understand the changes your team might want to make once an opportunity or need for adaptation arises, you can also look ahead to [Module 7: Selecting an Adaptation.](#)

MODULE 6

ADAPTIVE IMPLEMENTATION

WHEN TO ADAPT

OVERVIEW

This module is a guide to identifying and prioritizing needs and challenges using your learning plan and monitoring data.

Use it when:

Your monitoring plan is complete, you have collected at least one round of data, and need guidance on how to use the information to guide adaptation.

Who it's for:

Leaders and managers who will oversee Adaptive Implementation teams and Adaptive Implementation team members.

Once routine implementation is underway, the Adaptive Implementation team should execute the monitoring plan. As discussed in Module 5, the purpose of this routine monitoring is to be able to answer your learning questions and identify ways to optimize the intervention. Optimizations may be prompted by a range of factors, such as:

- Poor performance of the intervention against its key performance indicators
- Positive deviants, or sites that are outperforming the average
- New insights gained into the complex problems you are trying to solve
- Changes in the operational context which present challenges or opportunities

As you review data program implementers can help shed light on the “why” behind what certain sites are doing (or not doing) that result in high or low performance. **During these review meetings, be on the lookout for the need or opportunity to adapt the intervention.**

The **need** to adapt may arise from problems or challenges – when the intervention is not performing as expected.

The **opportunity** to adapt may stem from unexpected successes or very high performance – when the intervention performs better than expected.

Both provide chances to learn and improve **the** overall implementation.

Examples of adaptation prompts from A360:

LEARNING QUESTION	NEED TO ADAPT	OPPORTUNITY TO ADAPT
<p>Is the intervention responsive to girls' evolving needs, desires, and aspirations?</p>	<p>Contraceptive uptake rates are dropping rapidly. It looks like the intervention may no longer be meeting girls' needs. There is a need to adjust the implementation strategy.</p>	<p>In one region, contraceptive uptake rates are significantly higher than in other regions. There may be an opportunity to try the approach in other areas.</p>
<p>Does the intervention deliver cost-effectiveness at a large scale, achieving more with less?</p>	<p>Based on current spending, the project will not be able to reach its annual targets with the current budget. This requires finding ways to be more efficient.</p>	<p>There is interest from a new region to adopt the program, but the local government wants to run it using its existing infrastructure. There may be an opportunity to adjust the service delivery model so they can take it up on their own.</p>
<p>Does the intervention ensure clinical and programmatic quality?</p>	<p>The latest round of <i>client exit interviews</i> showed that the majority of girls are not satisfied with the contraceptive counseling they received, pointing to the need to improve quality.</p>	<p>The recent pilot of a new approach to contraceptive counseling was very well received by girls and providers. There may be an opportunity to introduce this approach in more areas.</p>
<p>Does the intervention maximize the chances of scalability and sustainability in the long term?</p>	<p>After a few months, monitoring data show that health providers are no longer paying attention to the program. This suggests the need to optimize the approach for sustained engagement.</p>	<p>In one part of the country, health providers are spontaneously training their peers on A360's approach. There may be an opportunity to support this in a systematic way to increase the speed at which the program expands.</p>

STEP 1. REFLECT ON THE POTENTIAL NEED TO ADAPT

Individually, or as a group, the Adaptive Implementation team should answer the following questions using monitoring data to justify the answer:

- Is there anything in the data to suggest that the intervention is not operating as planned?
- What are the ways is the intervention is struggling?

Make a list of the challenges the team sees. Now, determine how serious of a threat each challenge is to the overall program, considering:

- How widespread is the problem?
- What is the likelihood of it spreading?
- Is it affecting key program metrics?

You can assess whether each challenge is a high, medium, or low threat using the following rubric. Adapt the rubric as needed to make it useful to your team.

QUESTION	HIGH THREAT	MEDIUM THREAT	LOW THREAT
How widespread is the problem?	Very widespread	Somewhat widespread	Contained to a small area
What is the likelihood of the problem spreading?	Already present in most areas OR High likelihood of spreading	Potential to spread	Unlikely to spread
Is it affecting key program metrics?	Yes	Possibly	No

If most of the challenges are low or medium threats, there is no need to take immediate action. The team can agree to continue to monitor the situation and review the updated data at the next meeting. If you have several high ranked threats, you may want to prioritize the greatest threat and focus adaptation work on solving the highest priority issue.

STEP 2. REFLECT ON THE POTENTIAL OPPORTUNITIES TO ADAPT

Individually, or as a group, the Adaptive Implementation team should answer the following questions using monitoring data to justify the answers:

- Is there anything in the data to suggest that the intervention is performing better than planned?
- In what ways is the intervention exceeding expectations?

Make a list of each of these opportunities and then determine the potential of this opportunity to improve the overall program, considering the following:

- How transferable is this opportunity to other areas (geographies, other intervention components, etc.)?
- Does this opportunity have the potential to improve key program metrics?

You can assess whether each opportunity is high, medium, or low potential using the following rubric. Adapt the rubric as needed to make it useful to your team.

QUESTION	HIGH POTENTIAL	MEDIUM POTENTIAL	LOW POTENTIAL
How transferable is this opportunity to other areas?	Very transferrable	Somewhat transferrable	Unlikely to be transferrable
Does this opportunity have the potential to improve key program metrics?	Yes	Possibly	No

If most opportunities are low or medium potential, there is no need to take immediate action. The team can agree to continue to monitor the situation and review the updated data at the next meeting. If you have several high-opportunity areas, you may want to prioritize the opportunity with the highest potential and focus adaptation work around expanding, optimizing, or better understanding this opportunity.

STEP 3. DECIDE ON A PRIORITY ACTION

Decide as a group if the more pressing concern is addressing the highest need or the highest opportunity. In the next section, you will make an adaptation plan based on your selected priority. If nothing feels pressing, you don't have to take any action following the meeting. Adaptations can be labor intensive to trial and scale, so Adaptive Implementation teams must be strategic about the level of adaptation feasible given program resources. For instance, some teams may decide to adapt only when the program is at risk, or there is potential for a marked improvement. Other programs may have more resources for adaptation and choose to take advantage of adaptation opportunities expected to result in more limited improvements. You may opt to "wait and see" whether needs or opportunities persist over several months. If this is the case, continue with the routine data review meetings until the need or opportunity to adapt arises.

WHAT'S NEXT?

Once you have a priority action, you are ready to start planning your adaptation. Go on to *Module 7. Selecting an Adaptation* for guidance on how to turn your opportunity or need into a concrete adaptation.

If you are eager to get to the testing phase, you can also read ahead to *Module 8. Testing and Assessing Your Adaptation*.

MODULE 7

ADAPTIVE IMPLEMENTATION

SELECTING AN ADAPTATION

OVERVIEW

This module is a guide for turning your prioritized need or opportunity into a specific adaptation to test.

Use it when:

You have identified a need or priority and are ready to decide what adaptation to trial.

Who it's for:

Leaders and managers who will oversee Adaptive Implementation teams and Adaptive Implementation team members.

Once the Adaptive Implementation team has prioritized a challenge to solve or an opportunity to seize, you need to determine exactly how you will adapt the program to solve the challenge or take advantage of the opportunity. There are several ways to approach identifying your adaptation. Consider the following:

IF YOU HAVE A CHALLENGE TO SOLVE

Adapt national or global best practices. If your challenge is well understood in your field, there is no need to reinvent the wheel. Speak with experts and look at the literature to see how others have addressed the challenge.

Example: If the method mix is poor, try using an improved contraceptive counseling approach.

Take a Human-Centered Design approach and “ideate” to create a potential adaptation. You can use the How Might We approach to frame a challenge and generate many possible solutions. Then, the team identifies the most promising idea based on what is desirable and feasible in your context. Additional guidance on facilitating brainstorming sessions is provided below.

Example: How Might We improve girls' attendance at outreach events?

Brainstorming might produce the following ideas: offer incentives for attendance, combine with other health events, partner with businesses that girls already frequent, shift the timing so that events are more convenient for girls, strengthen advertising before events, etc.

IF YOU HAVE AN OPPORTUNITY TO SEIZE

Copy successful practices from other sites within the program. You are likely to have identified an opportunity based on high performance or innovative approaches already happening. This work can guide your approach to adaptation.

Example: One community mobilizer has found that calling clients the night before an outreach event improves turnout.

Hint: You may find that you must employ a combination of those approaches to get to an adaptation that is appropriate for your context. Existing best practices may still need to undergo some creative brainstorming to be adapted to your context. Alternatively, global best practices might inform the best way to operationalize an approach that has been spontaneously trialed in the field. To systematically determine testing and rollout plan for your adaptation, follow the process below:

STEP 1. SELECT YOUR ADAPTATION

The Adaptive Implementation team should review the approaches to determining your adaptation as listed above. Based on the data from the monthly review, it may feel obvious to the team how to adapt the intervention. If that's the case, skip to Step 2.

However, if there is no clarity on what changes to the intervention are required, go through a collaborative process to select your adaptation.

If proceeding with brainstorming:

- Give all team members a few minutes to brainstorm adaptations they believe could solve the challenge or take advantage of the opportunity.
- Review all inputs and group similar ideas together.
- Have each team member silently vote (using markers such as dots or stars) on their top 3 ideas.
- Review the results of the vote. If you have a clear winner, move forward to the next step. If the group is divided, involve a "super voter" (for example the team lead, the program manager, or someone who has a good sense of the larger objectives of the project) to make the final call.

When voting, ask the team to assess the adaptations against the following criteria:

- Ease of effort, low cost
- Safety for end users, key stakeholders, and the system
- Acceptability in the operating environment
- Benefits to the overall intervention

Hint: Try not to spend too much time in discussions or debate. There will be opportunities to refine the adaptation before you test it. Make use of the "super voter" as needed to keep the group moving forward. You may also find that you can blend elements of different ideas into a single idea for an adaptation that combines the best aspects of the joint brainstorm. Feel confident editing your brainstormed adaptations and move forward with the strongest ideas.

Hint: Seek help and input from local and global technical advisors. They may have seen your challenge in other contexts and can contribute ideas on how to solve it.

STEP 2. ASSESS THE ADAPTATION'S RISK LEVEL

Once the Adaptive Implementation team has prioritized an adaptation, review the intervention map to determine where the adaptation will fit within the intervention. Identify whether the adaptation will be made to a high- or low-risk component. If the intervention component is categorized as low-risk, the Adaptive Implementation team can proceed with designing, planning, and implementing the trial (Step 4). However, if the intervention component is categorized as high-risk, the team must review it further (Step 3).

STEP 3. CONDUCT A REVIEW IN THE CASE OF HIGH-RISK CHANGES

If the adaptation is being made to a high-risk component, the Adaptive Implementation team must document the reasons they believe the adaptation will be:

- Easy (low cost, low effort)
- Safe (for the key stakeholders and the system)
- Acceptable (to key stakeholders)
- Beneficial (likely to help optimize the intervention)

Be sure to formally record the team's responses to the four prompts above. If necessary in your operating context, share the documentation with your leadership team and receive their approval to move forward. If the Adaptive Implementation team can justify that there is limited or no risk across the four categories above, it can proceed to designing, planning, and implementing the trial.

If doubts remain in any of the four categories, then the Adaptive Implementation team should adjust the proposed adaptation. Take steps to improve the ease, safety, acceptability, and benefits of the proposed adaptation. Rely on technical advisors and global literature if the team is uncertain about how to make these changes. If, however, it is impossible to meet acceptable levels for any of the criteria, the team should return to the brainstorming list and choose another adaptation.

Example of a high-risk review from A360:

Proposed Adaption: Reduce the length of the counseling guide to make it easier for health providers to use and more likely for them to consistently share core messages with adolescent clients.

Justification: Although the counseling guide was originally considered a high-risk component to change, the Adaptive Implementation team believes new evidence justifies making this change. During site visits, we have observed that when health workers conduct counseling sessions, many skip pages in the counseling guide, jumping to the ones they deem the most important. When asked why they do this, they share that the complete counseling guide is too long, elements are repetitive, or the materials (especially regarding specific contraceptive methods) are covered in other counseling tools. The Adaptive Implementation team has assessed the adaption using the following criteria:

- ✓ **Easy:** Reducing the number of pages in the counseling guide will make it easier for health providers to use and less expensive to print.
- ✓ **Safe:** Reducing the counselling guide pages poses no safety risk to patients, providers, or the health system.
- ✓ **Acceptable:** We have reason to believe that reducing the counseling guide pages is acceptable to the providers and girls, who have both said that the complete counselling package is too long, and they would like it reduced. Providers are already shortening the guide on their own.
- ✓ **Beneficial:** We have reason to believe that shortening the guide will not impact the delivery of the core message, since we will be cutting repetitive material. We are optimistic that by reducing the number of pages, we will increase the likelihood of providers using the guide and boost the number of clients who hear the program's key messages. This is something we will closely track during the adaptation rollout.

STEP 4. DEFINE THE DETAILS OF THE ADAPTATION

It is likely that until now, conversations about the adaptation have been more general than specific. To properly test your adaptation, you will need to specify the details of the changes. What is required depends on the proposed change. You may, for instance, need to develop new promotional materials, training guides, key messages, or standard operating procedures. Use the questions below to prompt your thinking.

ADAPTATION DESCRIPTION

What is the objective?

Who is it for?

What needs to be developed or built?

What changes are required operationally?

Example from A360:

Adaptation Description: Cut the counseling guide down to just the most essential content.

What is the objective? Eliminate redundancy and decrease counseling time while retaining core messaging.

Who is it for? Health providers and clients.

What needs to be developed or built? Review the counseling guide, propose the pages to be cut, make sure logical flow is maintained with the cuts, and the counseling guide meets clinical and quality standards.

What changes are required operationally? Print copies of the new guide and re-train program managers and providers on how to use it.

While the questions above are a guide, feel free to adjust them to your needs. If there are other important considerations for your adaptation, remember to capture them. Document your adaptation details, including deadlines, roles and responsibilities for any preparatory work. Seek approval from leadership or technical reviews to ensure quality and safety.

WHAT'S NEXT?

Once you have determined the details of your adaptation, go on to *Module 8. Testing and Assessing Your Adaptation* to try out your adaptation in the real world and determine whether it improves the intervention.

MODULE 8

ADAPTIVE IMPLEMENTATION

TESTING AND ASSESSING YOUR ADAPTATION

OVERVIEW

This module is a guide for planning to test your adaptation and assess the results of the test to determine whether your adaptation has successfully optimized the intervention.

Use it when:

You have captured the details of your intervention and are ready to make a plan for testing it in the real world.

Who it's for:

Leaders and managers who oversee Adaptive Implementation teams, Adaptive Implementation team members, M&E team members supporting Adaptive Implementation teams.

Now that you have selected the adaptation, the Adaptive Implementation team needs to introduce, test, and assess the adaptation to gauge whether it is yielding the desired changes.

STEP 1. CREATE A ROLLOUT AND TESTING PLAN

Once the Adaptive Implementation team is clear on the details of the adaptation, it's time to strategize how to implement the adaptation and assess the impact of the change. Create a rollout and testing plan using the following guidelines:

PLANNING CONSIDERATIONS

WHERE WILL WE TRIAL THE ADAPTATION?

- Can the adaptation be introduced everywhere at once, or does it require discrete trialing first?
- If a trial is necessary, are there particular sites that would be more appropriate? Consider the context: not all sites are alike. Trial the adaptation in places where the challenge is present, or the conditions make the adaptation likely to succeed.
- If a trial is necessary, what is the minimum number of sites required for testing?

HOW LONG WILL THE TRIAL LAST?	<ul style="list-style-type: none"> • What is the minimum amount of time needed to assess results? Consider the adaptation: some changes may yield very quick results while others may take more time.
WHO IS IN CHARGE OF OVERSEEING THE ROLLOUT?	<ul style="list-style-type: none"> • Can the Adaptive Implementation team roll-out this adaptation or will additional members of the program or implementation teams need to be brought on board? • Will additional follow-up or support be needed on the ground to make sure the adaptation is being implemented as planned?
HOW WILL WE KNOW IF THE TRIAL IS SUCCESSFUL?	<ul style="list-style-type: none"> • What indicators will point to the adaptation working? Do you expect to see increases in service uptake? Greater client satisfaction? Higher attendance? • What indicators will point to the adaptation struggling? • What indicators will point to the adaptation failing? • What data will be used to assess effectiveness? Are new monitoring tools required or can existing tools be used? • When can we expect to review the first round of results? • Who is responsible for data collection and analysis? <p><i>Hint:</i> Refer to Module 5 for additional guidance on monitoring.</p>

Completing this planning process helps support the smooth rollout and testing of your adaptation.

STEP 2. ROLL-OUT THE ADAPTATION

Using your plan as a guide, launch the implementation. This may require input and support from not only the Adaptive Implementation team, but also the wider program team. Here are some tips for a smooth launch.

- Help other team members understand the value of the adaptation. It can be challenging to change ways of working mid-stream, so communicate clearly about the need for change and the potential benefits of making the shift. Look for champions who are open to the change and are ready and eager to support the adaptation work.
- Have your monitoring system in place before beginning the rollout. Make sure you know how you will collect data on the impact of the adaptation. If you don't have the structures in place to learn from your adaptation, it's not worth the effort of launching!
- Plan a site visit. If possible, ensure members of the Adaptive Implementation team visit the program site to see the adaptation in practice. This will support rapid learning from the intervention and allow the team to make real-time course corrections.

STEP 3. ASSESS THE ADAPTATION

After the trial period has ended, review the data and lessons learned from the adaptation rollout. You can use the Adaptive Implementation team's regular data review meetings or choose to have a special meeting dedicated to assessing the adaptation. Revisit your rollout plan and the criteria that was set to determine whether or not the adaptation was successful. Discuss as a team what you think the results suggest about the benefits of the adaptation.

Answer the question: should this adaptation become the standard operating procedure?

As needed, revisit the criteria discussed in both:

Module 4 around optimizing the intervention:

Efficiency: Does this adaptation support delivery of the intervention to more people or faster?

Cost-effectiveness: Does this adaptation reduce the cost of delivering your intervention?

Scalability: Does this adaptation shift the operating model to improve the likelihood of greater reach?

Quality: Does this adaptation help achieve high-quality outcomes more consistently?

Module 7 on the qualities of a strong adaptation:

Easy: Is this adaptation low cost and low effort?

Safe: Does this adaptation pose any risk to the key stakeholders or system?

Acceptable: Is this adaptation acceptable to key stakeholders?

You may prefer to have a more holistic conversation about these elements or to take a more systematic approach and address the criteria one by one. If using a systematic approach, you can use the following template to record your thinking and make your recommendation.

CRITERIA	ASSESSMENT	EVIDENCE / DATA	NOTES
List each criterion in its own box in this column.	Be as objective as possible. Responses include yes / maybe / no or likely / uncertain / unlikely.	Provide data from your test to justify your response in the assessment column. You may provide quantitative or qualitative data.	Add any important points from the team's discussion. This could include important questions that remain, conditions required for success, divisions within the team about the way forward, etc.
Recommendation: State the team's final recommendation for the future of the adaptation here. You may choose to scale-up, stop the adaptation, continue testing to gather more data, make changes and re-test, or another option that makes sense in your context.			

Once the team has discussed their assessment of the adaptation's performance, be prepared to present a recommendation to the leadership on whether or not to continue with or scale the adaptation. Make sure to document this decision and the evidence to support it.

It may be that the evidence is not strong enough to justify scaling at this time. That is fine. The goal of Adaptive Implementation is to be open to improving the intervention. If the adaptation has not resulted in significant improvements, or if those improvements are outweighed by drawbacks, especially around cost, sustainability, or safety, the most prudent approach is to stop the adaptation. Even if the team decides the adaptation is not worth continuing, you will likely have learned many lessons. Remember to document these – they may help spark ideas for future adaptations.

If the Adaptive Implementation team recommends moving forward with scaling-up the adaptation, additional work may need to be done to prepare the adaptation for the scaling process and priming the program, staff, and organization to accept the adaptation. This moves out of realm of Adaptive Implementation and into the scope of program implementation and management.

WHAT'S NEXT?

Once the Adaptive Implementation team has successfully introduced an adaptation, it's time to restart the Adaptive Implementation cycle. Start again at *Module 3* and update your intervention map to include the new adaptation and its supporting evidence. You can then repeat the cyclical process of defining learning questions, developing a monitoring plan, and looking for opportunities to adapt.

By treating Adaptive Implementation as a cycle, rather than a one-off approach, you will grow the skills of your Adaptive Implementation team and continuously improve your intervention.