Harnessing Innovation

How MAKLab is Accelerating Progress for Health Services

Webinar | September 25, 2024

SECTION 01

Welcome

Viewing Slides in English or French

- To view the French version of the presentation, go to the top middle of the screen where it says, "**View options.**" Select the option that says "**Diapos en français.**"

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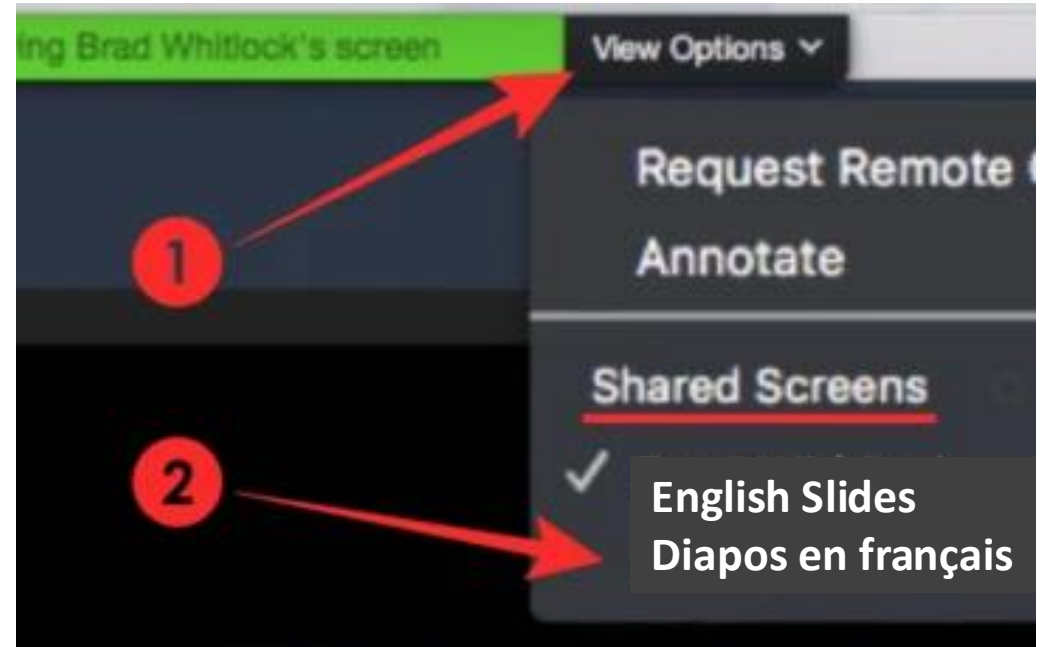
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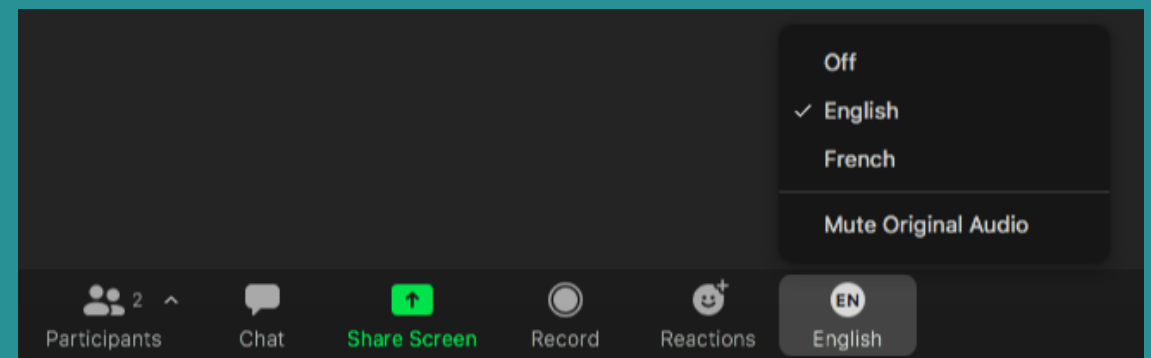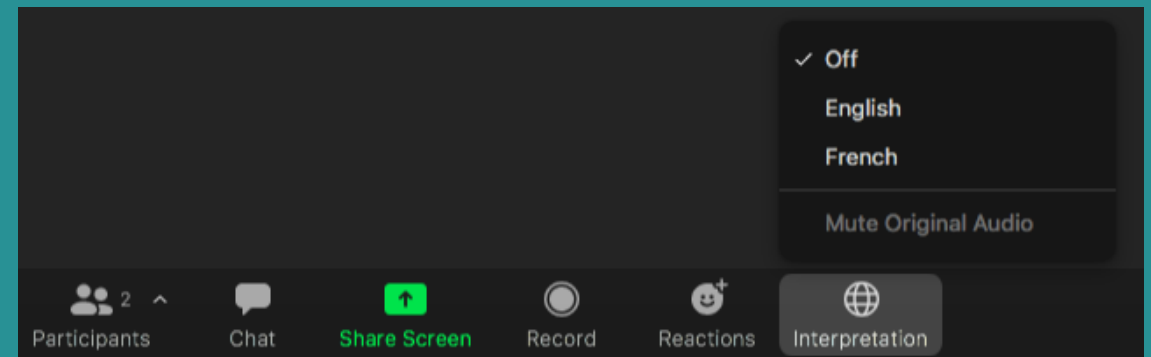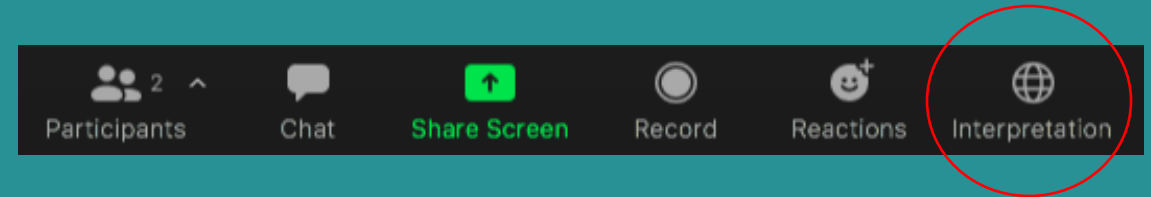
Housekeeping Announcements

Introduce yourself in the chat! (name, organization, and location).

If you have any questions, please submit them through the **"Q & A" function.**

Feel free to share reflections and comments in the **chat** at any point!

The MOMENTUM Suite of Awards

USAID's flagship suite of interconnected projects working in more than 40 countries to:

- Accelerate reductions in maternal, newborn, and child mortality and morbidity.

- Improve equitable access to high quality voluntary family planning and reproductive health care.

Integrated Health Resilience

Routine Immunization Transformation and Equity

Mission-Issued Awards Malawi: **Tiyeni Tikweze Umoyo**

Country and Global Leadership

Mission-Issued Awards India: **SAKSHAM SAMVEG**

MOMENTUM

Safe Surgery in Family Planning and Obstetrics

Private Healthcare Delivery

Mission-Issued Award Yemen: **Strengthening Healthcare Access Activity in Yemen**

Knowledge Accelerator

Agenda

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SECTION 03

Featured Resources

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2. Factors Associated With Uptake and Use of Immunization Toolkits and Guidance
3. Blended Learning Technical Brief

SECTION 04

Moderated Discussion

Presenters

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Intro to MAKLab

MAKLab

MAKLab works with MOMENTUM awards to spread promising solutions to persistent, shared, or complex challenges by leveraging expertise in measurement, adaptive learning, and knowledge management.

MAKLab focuses on **one or more** of the following:

Diagnosing: Unpacking or understanding challenges.

Finding: Looking for existing solutions and supporting MOMENTUM awards to choose the right solution for a specific context.
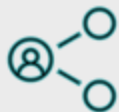
Developing: Creating new or improved solutions to challenges identified by one or more MOMENTUM awards.

Adapting: Modifying a solution to work in a specific MOMENTUM context.

Testing: Understanding whether a solution is feasible and acceptable to one or more contexts within MOMENTUM.

Spreading: Moving solutions into new settings within and beyond MOMENTUM.

How does MAKLab operate?

Initiate
MAKLab **initiates** work via direct requests from MOMENTUM awards, through suite-wide working groups, or through active outreach by MAKLab.

Triage
MAKLab **triages** activities based upon relevance and potential to achieve MOMENTUM-wide impact and identifies intersections with other MKA or MOMENTUM-wide work.

Engage
The MAKLab core team **engages** with MOMENTUM award stakeholders to co-design the MAKLab activity, choose a method of technical support, and assemble an appropriate cross-award activity team.

Execute
The team **executes** activities such as evidence and practice reviews, coaching, or consultation to generate or spread a solution.

Learn
MAKLab drives **learning and spread** by developing new knowledge and implementation products shared both within and beyond MOMENTUM. MKA will also continuously monitor and adapt the MAKLab model.

MAKLab works with MOMENTUM awards to spread **PROMISING SOLUTIONS** to **PERSISTENT, SHARED** or **COMPLEX CHALLENGES** by leveraging expertise in measurement, adaptive learning, and knowledge management

DRIVING

Improved MOMENTUM impact on high-quality, equitable, and effective MNCHN/FP/RH care delivery and outcomes

INITIATE
Challenges and solutions for spread are identified

TRIAGE
Challenges are prioritized

ENGAGE
Work is organized

EXECUTE
Services are provided to work on challenges or spread solutions

LEARN
Learning is packaged and shared

INITIATE

MOMENTUM
- Working groups
- Learning agenda
- Direct requests
- Office hours/consultations

- Communities of practice
- Emerging global evidence

TRIAGE
- Prioritize and understand challenges
- Build a team
- Establish a shared workplan and timeline

EXECUTE
- Coaching
- Consultation
- Evidence or practice reviews
- Tool adaptation or development
- Testing
- Linkages

LEARN
- Packaging and sharing learning within MOMENTUM
- Spreading new knowledge to global community
- Adaptive learning for MAKlab

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What kinds of support does MAKLab provide?

TECHNICAL SUPPORT	EXAMPLES OF MAKLAB ACTIVITIES
Coaching or Consultation	Coaching teams on using adaptive learning approaches (e.g., pause and reflect) within their programs.
Evidence or Practice Reviews	Conducting a rapid review to identify best practices when adapting an existing training to a blended learning format with a digital component.
Links to Expertise or Experience	Identifying experts in Safe Childbirth Checklist implementation to advise on the adaptation of the checklist to a specific context.
Tool Adaptation or Development	Developing new vignettes to assess provider competency managing hypertensive disorders during pregnancy for a health facility assessment.
Spread of Solutions or Learning	Facilitating manuscript writing with a team to share findings from a collaborative activity.

MAKLab Activity Summary

Training or Technical Assistance

1. Blended learning training on adaptive learning (MCGL)
2. Training and TA in implementing the Safe Childbirth Checklist in fragile settings (MIHR)
3. Adaptive learning "Training of Champions (MIHR)

Evidence or Practice Review

1. Best practices and recommendations for blended learning (MSSFPO)
2. Landscape review of existing tools and guidelines for safe cesarean delivery (MSSFPO)
3. Desk review of best practices when implementing immunization-related toolkits and guidance (MRITE)
4. MAKLab spread strategy (MKA)
5. Landscape analysis for Safe Childbirth Checklist redesign (MSSFPO)

Tool Development

1. Health facility clinical training vignettes (MKA)
2. Small and sick newborn care facility readiness assessment tool (MCGL, MIHR, MPHD)
3. Faith engagement typologies (MCGL)
4. Documenting adaptive learning toolkit (MCGL, MRITE, MIHR)

Spread

1. Manuscript on immunization-related toolkits and guidance activity (MRITE)

Featured Resources

Documenting Adaptive Learning Toolkit

EXAMPLE 1

Documenting Adaptive Learning Toolkit

SUMMARY

- **October 2023:** Initial request
- **November 2023:** Activity start
- **April 2024:** Completion date

Participating Award(s): MKA, MCGL, M-RITE, MIHR

Intended Audience: MOMENTUM awards and external audiences

Services Offered: Research support, expertise, capacity to lead work

INITIATE

- Multiple awards reported challenges with documentation of and communication about adaptive learning.

EXECUTE

- Designed and deployed a survey to understand award teams' experience.

- Completed a desk review → 31 relevant templates or guidance documents

EXAMPLE 1

Documenting Adaptive Learning Toolkit

Outputs

- Toolkit

  - Describes the goals of documenting adaptive learning, the various purposes, and users for these tools.

  - Offers 13 editable templates to support the documentation of adaptive learning pause and reflect activities:

    - After-action reviews

    - Data reviews

    - Learning meetings

    - Quality improvement initiatives.

Use Case

Documenting the use of the Adaptive Learning Toolkit in Eastern Europe

Context: COVID-19 vaccines became available in the region in late 2020. By March 2022, less than 50% of the population had received a full course of vaccination in Moldova, North Macedonia, and Serbia

Project goal

Increase demand for COVID-19 vaccination in priority populations by implementing behavior change interventions

Key populations

- Pregnant women
- People with chronic diseases who are 45+

Approach

- Increase providers' recommendations of the COVID-19 vaccine to key populations through the implementation of **Continuing Medical Education (CME) trainings for medical providers**
- Encourage key populations to get the full course of the COVID-19 vaccine through the implementation of **collective engagement (CE) workshops**

Receive Real-Time Feedback: Using a Note-Taking Tool for CME and CE Activities Implementation

Challenge:
Quickly and systematically capture learnings from fast-paced implementation of project activities across countries

- 65 CME trainings and 265 CE events held from August 2023 - April 2024

Solution:
Adapted after action review tools into note-taking tool for CME and CE facilitators to use continuously to document reflections from events

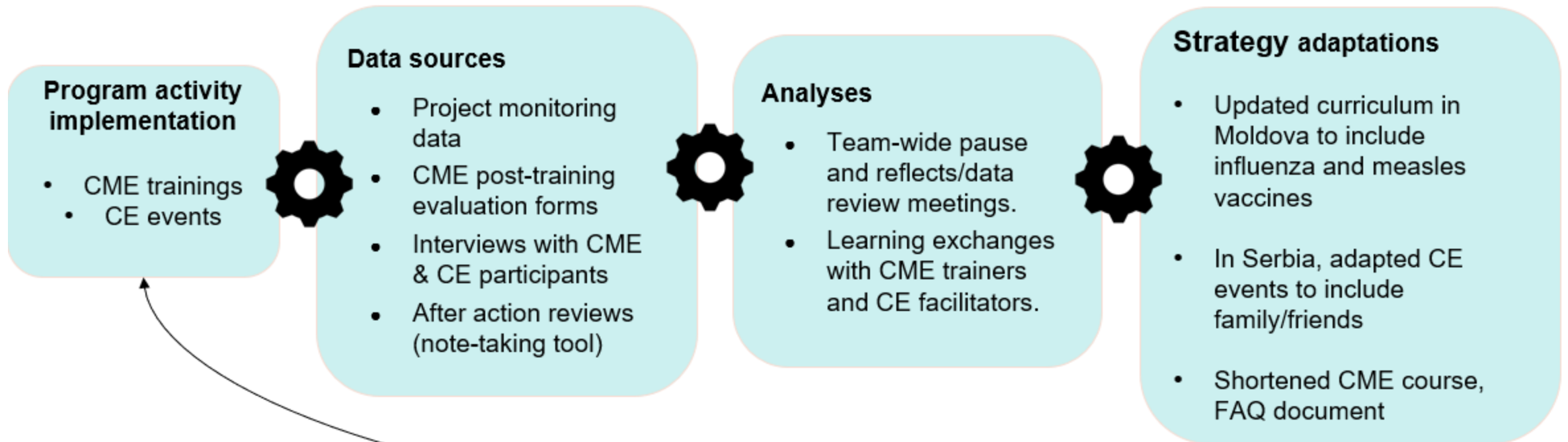- GoogleSheet for immediate data availability

Notetaking tool for CME & CE Activities Implementation				
Describe your overall reflections about the CE event. *(describe what happened at the training in general)*	**What went well and why?** *(briefly describe what steps or aspects of the CE activity worked well, and why)*	**(Important learning question)** **How well are participants responding to the different activities in the CE events?** **Are some activities working better than others? If so, why?**	**What barriers or challenges were encountered during the CE activity?**	**How can we make the CE activity better? Can you give some examples?**

Adaptive Learning Toolkit supported ongoing strategy adaptations

Quantitative and qualitative data generated through multiple adaptive learning approaches informed adaptations to program implementation

Program activity implementation

- CME trainings
- CE events

Data sources

- Project monitoring data
- CME post-training evaluation forms
- Interviews with CME & CE participants
- After action reviews (note-taking tool)

Analyses

- Team-wide pause and reflects/data review meetings.
- Learning exchanges with CME trainers and CE facilitators.

Strategy adaptations

- Updated curriculum in Moldova to include influenza and measles vaccines
- In Serbia, adapted CE events to include family/friends
- Shortened CME course, FAQ document

Ongoing Adaptive Learning

Factors Associated with Uptake of Immunization Toolkits and Guidance

EXAMPLE 2

Factors Associated with Uptake of Immunization Toolkits and Guidance

SUMMARY

- **July 2022:** Initial request
- **September 2022:** Activity start
- **December 2022:** Completion date

Participating Award(s): M-RITE

Intended Audience: M-RITE and country-level stakeholders

Services Offered: Evidence review, linkages to expertise, and implementation science support

INITIATE

- Identify evidence-based factors that should be considered when evaluating implementation of new or existing resources.

EXECUTE

- Desk review of relevant gray and published literature and key information interviews with practitioners.

- List of factors associated with uptake/use of immunization-related resources.

EXAMPLE 2

Factors Associated with Uptake of Immunization Toolkits and Guidance

Outputs

- Easy-to-read set of tables that summarized the findings from both the desk review and key informant interviews. Findings were organized into two tables:

  1. What to consider when <u>choosing</u> a resource.

  2. What to consider when <u>implementing</u> a resource.

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FACTORS ASSOCIATED WITH RESOURCE UPTAKE AND USE

Promoting implementation of immunization-related toolkits and guidance

This report summarizes findings from a review to identify factors that support uptake and use of immunization-related resources. The term "res... support a specific immunization-... promote uptake and use. Table 2...

CHARACTERISTICS OF THE RESOURCE	WHAT RELATED STRATEGIES COULD IMPROVE UPTAKE AND USE?	WHY IS THIS CHARACTERISTIC IMPORTANT? *WHAT DOES THE LITERATURE TELL US?*
Relative advantage The resource is perceived as an alternative that improves existing ways of working and is complementary, not in opposition, to existing interventions and programming.	☐ Evaluate the resource for relative advantage using criteria including... Better than alternatives Helps improve work Compatible with work responsibilities Not duplicative of other resources ☐ Pilot test the resource with local workflows.	• Participant perception that a resource was better than alternatives facilitated resource use.[1] • When health care workers (HCW) perceived that a resource helped them do their jobs better, they were more likely to use it.[2] • When a resource was not compatible with other work responsibilities (e.g., the resource did not fit into busy schedules), implementation was not as successful.[3] • When a resource was duplicative to those already in use, the new resource was less likely to be used.[3]
Effectiveness The resource should be developed or supported by a trusted source. It should	☐ Evaluate the resource for effectiveness using criteria including... Content is supported by evidence Resource developed by a credible	• Users preferred resources that provided strong recommendations based on high quality evidence.[1] • When the resource content was developed by credible and representative developers, it was

Use Case

Guidelines for immunization in urban areas
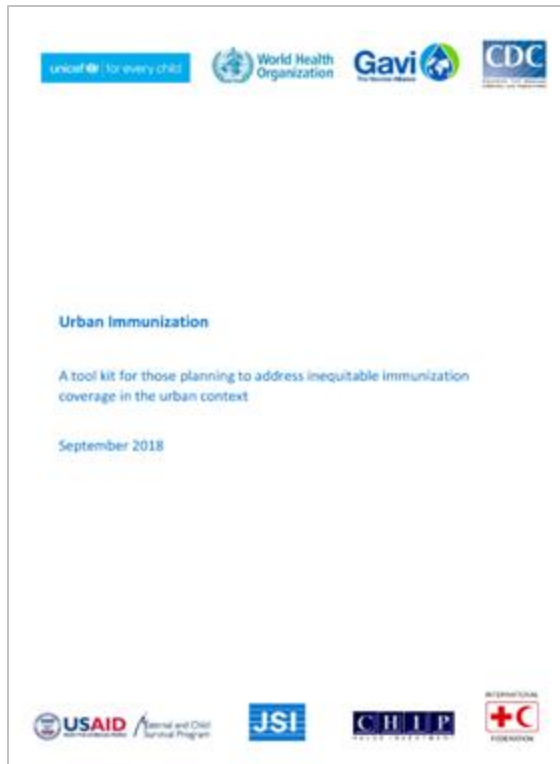
UIWG developed a <u>toolkit</u> for urban immunization in 2018.

Toolkit Overview

- The toolkit is primarily **intended for district-level** immunization managers.

- The toolkit can/should be used as a **supplementary resource** to aid in tailoring strategies for disadvantaged urban contexts.

- The toolkit is organized based on the five components of the **Reaching Every District** strategy.

- The toolkit was primarily developed from a **desk review** and input from in-country development partners or the government.

*The toolkit is available in English and French. The UIWG includes representatives from global development partners and international non-governmental organizations (NGOs) (United Nations Children's Fund, Bill & Melinda Gates Foundation, John Snow Inc, Centers for Disease Control and Prevention, The London School of Hygiene & Tropical Medicine, Gavi, Save the Children, United States Agency for International Development, and PATH)

Overview of the project's implementation research

Issue: The **actual use** of the **Urban Immunization Toolkit** remained **unknown** at the beginning of spring 2023.

OBJECTIVES

Document lessons learned from using the toolkit.

Apply a **human-centered design** lens to understand users' needs and map out use cases for the toolkit.

OVERVIEW

Phase 1: Global interviews to document experiences with using (or not using) the toolkit.

Phase 2: Country-level co-creation workshops in local governments of Nigeria to identify pathways for addressing needs of urban health immunization stakeholders, using the Urban Immunization Toolkit as a key resource.

OUTPUTS

Recommendations for improving the toolkit.

Develop (or revise) 1 or 2 modules for the Urban Immunization Toolkit based on research results.

Conceptual framework-guiding research activity

Key considerations for designing or selecting a resource:

EFFECTIVENESS

The resource provides evidence-based recommendations and is viewed as a trusted resource.

ADAPTABLE TO LOCAL INPUT

The resource acknowledges the need for context-specific changes, allows modifications, and provides guidance.

VALUE-ADDED

The resource is seen as an improvement over current options and complements existing guidance.

EASE OF USE

The resource is user-friendly and engaging, promoting easy understanding and encouraging use.

These factors informed a conceptual framework for this activity's research questions and data collection and analysis.

Survey overview

Respondents rated each statement on a **5-point Likert scale**, ranging from **1 (strongly disagree)** to **5 (strongly agree).**

Domain	Statement
Adaptable with Local Input	• The toolkit and its resources allow for adaptations to be made to fit the local context. • The toolkit includes processes that allow users to provide feedback. • The toolkit's implementation approach can be modified.
Ease of Use	• The language in the Urban Immunization Toolkit is simple and easy to read. • The content of the toolkit is simple/not overly complex. • The format/structure of the toolkit seems easy to follow.
Effectiveness	• I believe the urban immunization strategies discussed in this toolkit are supported by high-quality evidence. • The toolkit provides a clear connection to the evidence or rationale for the content. • The toolkit aligns/fits in with other work responsibilities.
Relative Advantage "Value-added"	• The toolkit would help us improve our work in urban immunization. • When I think about other options to implement urban immunization strategies, this toolkit has advantages over those other options. • This toolkit provides the content I need to carry out my work.

Surveys completed

Respondent type	Surveys completed
Phase 1: Government staff and development partners (Global)	23
Phase 2: Co-creation workshop participants (Nigeria)	44
Total	**67**

Topline recommendations

1 **Effectiveness**

Provide **evidence on the effectiveness of strategies.**

2 **Ease of Use**

Improve **presentation of the materials** for broader access/use.

3 **Value-added**

Add **new modules or topics** in the toolkit.

4 **Adaptable to Local Context**

Include **guidance on how to adapt strategies** to various contexts.

5 **Iteration**

Maintain the **toolkit as an up-to-date, living document.**

6 **Accessibility**

Make the **toolkit accessible** to broader audiences.

Two additional factors influence the uptake of resources like toolkits: ongoing **iteration** and **accessibility**.

Blended Learning Toolkit

EXAMPLE 3

Blended Learning Toolkit

SUMMARY

- **October 2021:** Initial request
- **January 2022:** Activity start
- **March 2022:** Completion date

Participating Award(s): MSSFPO

Intended Audience: MSSFPO staff

Services Offered: Evidence/ resource review, connection to digital health experts, training adaptation

INITIATE

- Ensure adherence to best practice in adapting an existing family planning curricula to a blended format with a digital self-directed component.

EXECUTE

- Landscape analysis with examples from existing resources and guidance from experts to support the tender process for contracting a digital heath partner.

EXAMPLE 3

Blended Learning Toolkit

Outputs

1. List of best practices for adapting family planning training materials to a blended learning format.

2. Annotated list of existing digital and blended family planning training materials. Incorporated in each best practice were tips, considerations, and resources on how to execute it.

DISTANCE AND BLENDED LEARNING
Part 1: An Overview and Introduction to Assessing Resources, Needs, and Capacities

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ADAPTING TRAINING MATERIALS FOR BLENDED LEARNING
A Landscape Analysis of Best Practices

Use Case

Utility of Blended Learning Packages

What is normally happening?

Conventional clinical training approaches: in-person didactic and practical learning

What needed to change?

Clinical training needed to be more resilient toward shocks and stressors given what was learned during/after COVID-19 pandemic.

What did we try to do?

MOMENTUM Safe Surgery in Family Planning and Obstetrics sought to digitalize a family planning clinical training curriculum.

Why MAKLab?

Sought MAKLab technical support to understand:

- Best practices in digitalizing an already existing training package (i.e., videos, interactivity)
- What digital family planning curricula already existed

Engagement with MAKLab and Final Products

Initialized work with MAKLab through intake process

Joint discussion on expectations re: landscape analysis & development of activity plan

Final Products

Annotated list of existing blended and digital family planning training packages
Landscape review of best practices in digitalizing existing family planning curricula

Final products were used in the process of designing RFP to perform the digitalization and pilot digital training

How We Used the Product For Adaptive Management

- Intention was to feed landscape review best practices into RFP design.

- *Adaptation*: We decided against issuing the RFP and against continuing with the activity.

- Country teams indicated that network connectivity would be an issue, that many health workers were exhausted from virtual learning during the pandemic.

  - Conditions not amenable to effective and sustainable distance learning, per best practices.

- Development and maintenance of learning management system meant that there would be high up front and recurring costs.

- Successful instance of adaptive management via collaboration among MSSFPO and MAKLab, and among global and country teams.

SECTION 04

Moderated Panel Discussion

THANK YOU

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement ##7200AA20CA00003. For more information about MOMENTUM, visit usaidmomentum.org. The contents of this presentation are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.

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