

ADAPTING THE TOOLKIT MATERIALS



Guidance on Adapting the Toolkit Materials

Below are 10 key steps recommended to adapt and roll out the Toolkit in specific country and/or program settings. ICAP welcomes any feedback and experience-sharing on the Toolkit adaptation process, from which other organizations and countries may learn.

For more detailed guidance on adapting, pretesting, and printing materials, see:

- WHO/HHS-CDC (2004, updated in 2008). *Prevention of mother-to-child transmission of HIV infection (PMTCT) generic training package. Adapting the package*. Available at: <http://www.pmtct.org/wchiv?page=gtp-02-00>
- Podhurst, LS, Pemberton, G. (2006). *Step-by-step description of the process of country-specific generic training package adaptation*. Newark, New Jersey: François-Xavier Bagnoud Center, UMDNJ. Available at: <http://www.pmtct.org/wchiv?page=gtp-step-00>
- WHO/UNICEF (2002). *IMCI adaptation guide*. Geneva, Switzerland: Department of Child and Adolescent Health and Development, WHO. Available at: http://www.who.int/child_adolescent_health/documents/imci_adatation/en/index.html
- PATH/FHI/USAID (2002). *Developing materials on HIV/AIDS/STIs for low-literate audiences*. Washington, DC: PATH/FHI/USAID. Available at: <http://www.fhi.org/en/hivaids/pub/guide/lowliteracyguide.htm>

Step 1: Establish a Toolkit Adaptation Team

The first step in the adaptation process is to form an adaptation team. The adaptation team should be interdisciplinary and can include: PMTCT experts, trainers, clinicians, PMTCT program managers, and if possible, PMTCT clients, such as peer educators or mother mentors. Members of the adaptation team may be drawn from implementing agencies, national technical working groups, the Ministry of Health, health facilities, and collaborating non-governmental organizations (NGOs). It is important that both the adaptation team and its members are assigned clear roles and responsibilities. In addition, a single person should be appointed to coordinate the entire adaptation process.

Step 2: Develop a Workplan and Budget

The adaptation team should develop a detailed workplan and budget for the adaptation and materials rollout processes. The workplan should map out the adaptation process, a specific time line for each activity, and the person/people responsible for implementing each activity. The workplan should also include activities to monitor and evaluate the rollout and use of the Toolkit materials (see Step 10 below). The workplan activities should be linked to a detailed budget for the adaptation and distribution processes.

Step 3: Adapt the Materials

The adaptation team should first collect and review country-specific PMTCT materials, including national guidelines and protocols, as well as tools, registers, and forms currently in use at the district and health facility levels. The adaptation team should meet to review the Toolkit materials and discuss specific areas to be adapted.

Questions for the adaptation team to consider when reviewing the Toolkit materials include:

- *How do the materials need to be revised to align with country-specific PMTCT policies, guidelines, and needs?*
- *How do the materials need to be adapted to reflect the local situation and context?*
- *Which materials will be adapted (all, some)?*
- *Is the language and wording in the materials appropriate?*
- *Will the materials need to be translated into local language(s)?*
- *Is the information and language conveyed in the materials culturally appropriate?*
- *Do the illustrations reflect the local context?*
- *Are the training methodologies used appropriate for the intended audience?*
- *Are the instructions and participant exercises easily understandable?*

Specific areas of the Toolkit requiring adaptation include:

- The PMTCT prophylaxis regimen (“option A” or “option B”). The adaptation team should revise the materials, selecting only one of the PMTCT prophylaxis options, according to the national PMTCT guidelines. Discussion of PMTCT prophylaxis and regimens should be updated accordingly in the implementation workshop curriculum (Trainer Manual, Participant Manual, and slide set) and counseling cue cards.
- The national infant feeding strategy. The adaptation team should revise the materials, based upon the country’s infant feeding strategy for mothers living with HIV. Discussion of safe infant feeding should be updated accordingly in the implementation workshop curriculum, counseling cue cards, and relevant tools.
- Case studies throughout the implementation workshop curriculum may be adapted to better reflect the local context.

The adaptation team should work together to draft the adapted materials. The most efficient way to go about doing this is to begin by adapting the specific counseling cue cards and other tools, then adapting the implementation workshop Trainer Manual and slide set, and finally by adapting the Participant Manual. It is important that any changes are made consistently throughout all of the Toolkit materials. A thorough review of the adapted materials should then be conducted.

Step 4: Translate and Back-Translate the Materials

At this stage, if determined to be important for use in health facilities, the materials should be translated (by qualified translators). Once translated, the materials should then be back-translated into English in order to check the quality of the original translation and to ensure that the simple, non-clinical, and client-friendly tone of the original materials is preserved. If the back-translated version does not match the original sufficiently, the translation will need to be revised. It is recommended to include members of the target audience (e.g. health workers, PMTCT clients) as part of the translation process.

Step 5: Review the Adapted Materials

The adaptation team should conduct a final review of all of the materials in order to ensure that they are responsive to national guidelines and that the translation is appropriate. At this stage, additional reviewers may also be incorporated, such as members of national technical working groups, project managers, and others.

Step 6: Copyedit and Layout the Materials

The Toolkit materials should be copyedited (for grammar, spelling, typing, etc.), formatted, and sample copies printed in preparation for the pilot test. This draft of the Toolkit should be treated as a near-final draft and should therefore be as polished and professional as possible. It is recommended that a professional designer be brought on to format and layout the materials, if possible.

Step 7: Pilot Test the Materials

Once printed, the Toolkit should be piloted in an agreed upon district and/or health facility with a group of health workers and PMTCT clients who are representative of the intended audience. The purpose of the pilot test is to gather information on how the materials (counseling cue cards, tools, implementation workshop curriculum) perform in real-world conditions, resulting in a detailed list of suggested revisions for the final drafts of the Toolkit materials. For more information on piloting methods, see the suggested resources at the beginning of this section.

Step 8: Revise, Finalize, and Print the Materials

The adaptation team should synthesize and discuss results of the pilot test and then revise the materials accordingly. If substantial changes are made after the initial pilot test, it is recommended that a second pilot test be conducted with the revised materials.

The final drafts of the materials should be reviewed one last time by the adaptation team and the Ministry of Health (or other key stakeholders) for sign off.

The adaptation team should oversee the final formatting and layout of the materials and plan for printing, including careful review of all proofs received from the printer. Sufficient numbers of materials should be printed in order to carry out the rollout strategy detailed in the adaptation workplan and budget. Keep in mind that it is often more economical to print larger volumes at one time instead of smaller volumes.

Step 9: Roll Out the Toolkit According to the Workplan

Once the materials have been finalized and printed, the Ministry of Health PMTCT Team, PMTCT technical working group and/or PMTCT Coordinator should ideally take full ownership of the materials and their distribution, with support from implementing partners. Orientations on the Toolkit and its contents should be held with all the national, district, organizational, and/or health facility-level trainers who will be leading implementation workshops and assisting sites to incorporate and use the Toolkit materials. Once the trainers have been oriented, site-level implementation workshops can be organized to launch the Toolkit materials.

Step 10: Provide Ongoing Mentoring and Monitor and Evaluate the Use of the Toolkit

As one aspect of a larger focus on improving retention, adherence, and psychosocial support within PMTCT programs, ongoing mentoring and supervision should be provided to health workers on using the Toolkit materials. Ministry of Health mentors and supervisors, supported by implementing partners, should follow up regularly with managers and staff at each of the sites using the tools, including one-on-one and group precepting and facilitating multidisciplinary team meetings to discuss any challenges with the materials and to review progress on the action plan created during the implementation workshop.

The Ministry of Health and its implementing partners should routinely revisit the monitoring and evaluation plan developed during the workplanning process. Monitoring and evaluation should determine whether the implementation workshops and materials:

- Are being rolled out as planned
- Are meeting the stated goals and objectives
- Are effectively improving retention, adherence, and psychosocial support within PMTCT programs
- Require modification to better meet the needs of health care workers and clients
- Require follow-up via more intense on-site mentoring, or refresher or advanced training