ABOUT THIS CANVAS

Inspired by the Business Model Canvas, the Adaptation Canvas is a one-page framework intended to help SBC practitioners think through what changes might need to be made when adapting an intervention to new contexts. It is a thinking tool that raises critical questions that that may or may not need answering. Your feedback is welcome!

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Who are the key actors (target audience, influencers, systems, organizations, institutions, etc.) in the original concept? Are they the same or different in the new context? Do they play similar or different roles? (e.g., grandmothers existing in both settings but play different roles). Tip: Map out the key actors and their relationships across the socio-ecological model.

Caregivers

health workers

Community

Caregivers'

SETTING & ENVIRONMENT

Review existing data or evidence from the country or context you are adapting to.
What stands out? Consider changes in setting in the new context. Is it urban or rural? What is the socioeconomic profile of

The solution should be implemented in a rural context

The solution should target vulnerable.

The solution should be deployed offline, as most people don't have access to the internet

The population is majority muslin

CHW level

of literacy

is medium

to low

Caregiver

level of

literacy is

low to none

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What constraints are present in the new context that may need to be factored into the adaptation?

*Tip: Consider these factors but do not

CONSTRAINTS

The description is appreciated, sharing family challenges is not something that is well liked

CHW don't have the ability to make several household visits per month

limit yourself to them.

CHW don't have the ability to make several household visits per month

CHW level of literacy is medium to low

Caregiver resistance to CHW advises

KEY RESOURCES & COSTS

What are the key resources needed for the original concept? Are they also needed in the new context?

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- *Tip: Consider the five S's: "staff, stuff, space. systems, and social support" (Zhang 2021). Are the following resources the same or different in this new context? What are the associated costs?
- Human resources
- Materials and supplies
- Physical space needs
- System(s) access, integration or institutional buy-in
- Social supports (i.e., transportation and meal vouchers)

If we implement empathyway with CHW then they will be more empathetic and mothers will feel comfortable to share their challenges.

If CHW make use of empathyway with caregivers then they will be better listeners and this will allows them to access their knowledge to provide better recommendations

If we implement empathyway with caregivers then they will be vulnerable and this will allow CHW to provider better recommendations

WALUE PROPOSITION & THEORY OF CHANGE

What change are you trying to make by adapting this concept? Does the Theory of Change still hold true?

"If Original: RE Training on how to use it

Nigeria: one-pager Nigeria: Conduct a training

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PROPOSED CHANGES

Given the previous steps, what key changes do you propose making to the concept?

*Tip: List the changes and prioritize them

In this version the rta Add reminders / ma tool is going to be x o for CHW of training to sharing their household visits, "in define what is trainings, as CHW ult experience apt the "Share just For our version, the format cannot latic be a card deck, as the amount of special options can overwhelm CHWs, for training to be composed by a one-pager with the "Share just key questions

> The numbers of questions should be reduced to 5, so CHW can memorize.

enough"

VALIDATION & REFINEMENT

Which of the changes need to be validated? How will you know if the changes are "successful?" With whom do you need to validate and how will you do that?

*Tip: Focus on assessing desirability and feasibility.

The use of empathway in the context of household visits

The new format, one-pager with 5 questions

The concept "Share just enough"

Caregivers reaction to the triggers







