

# CONCERNS-BASED ADOPTION MODEL

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MAKING  
RESEARCH  
RELEVANT

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# Concerns Based Adoption Model

An implementation approach that :

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- **Focuses on both readiness and change within the context of implementation, not necessarily sequentially**
- **Examines and addresses the role of the individual in the change process**
- **Creates a clear picture of implementation, addresses concerns, and assesses behaviors**

# The Change Process per CBAM

## Change is:

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- A process, not an event
- Made by individuals first, then institutions
- A highly personal experience
- Entails developmental growth in feelings and skills
- Best understood in operational terms

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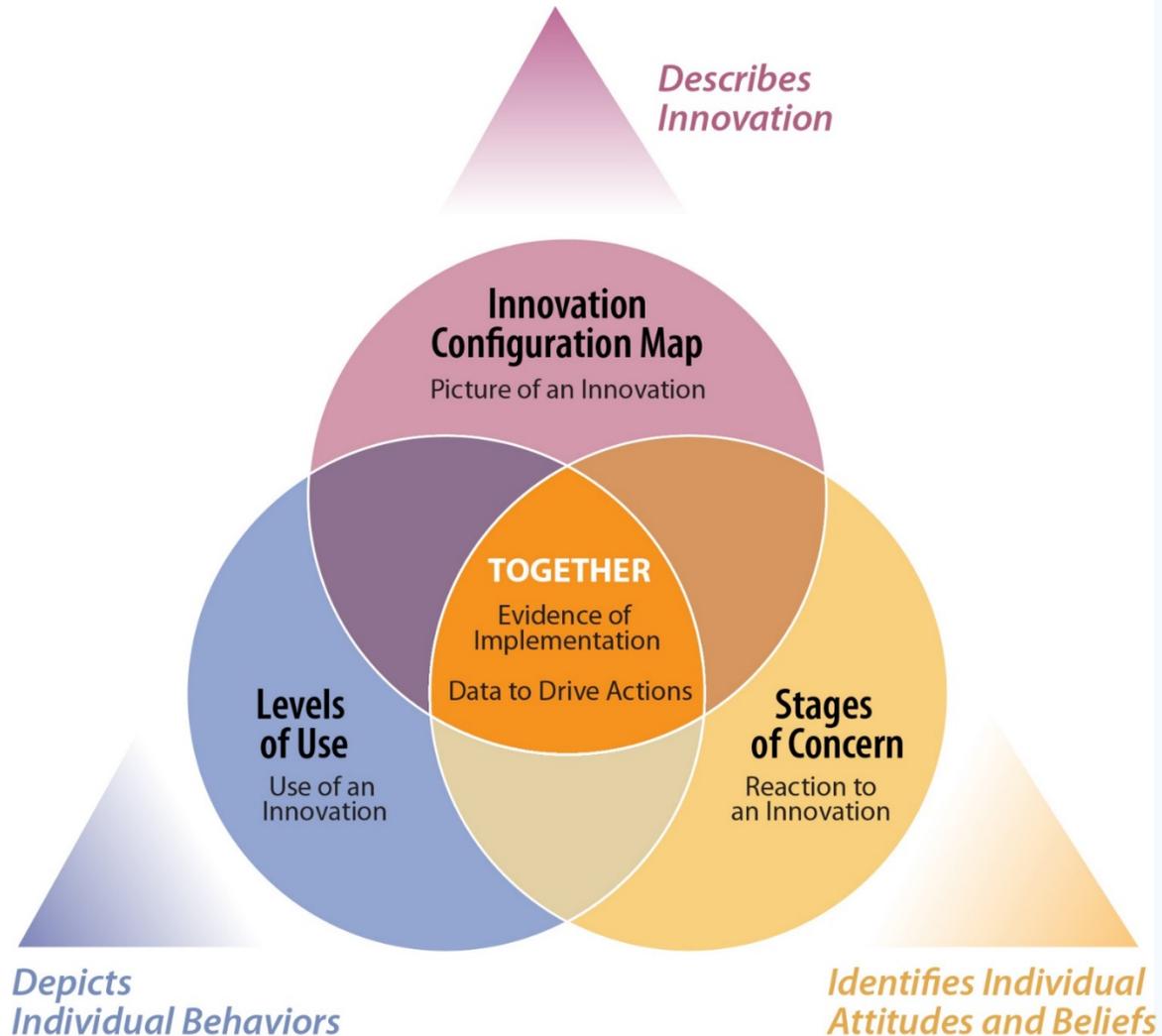
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## Supportive actions must be related to:

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- People first
- The innovation second

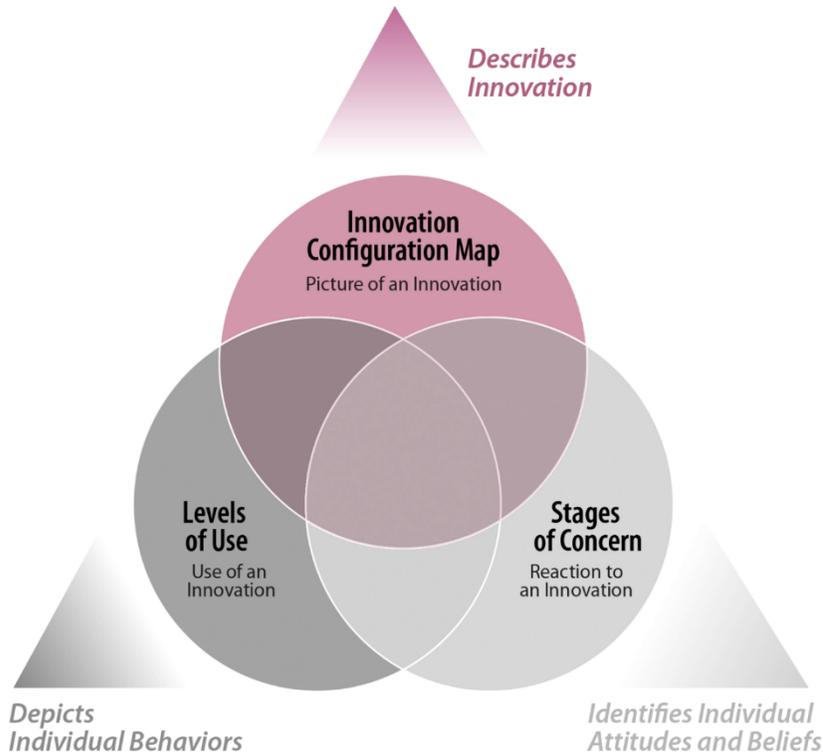
# The Concerns-Based Adoption Model



## Provides Evidence on

- Readiness to implement
- Level of implementation
- Ongoing support needed

# Innovation Configuration Map



Provides a word picture of what the innovation looks like in practice

Provides spectrum of what implementation looks like from ideal to non-ideal

Supports leaders and staff preparing to implement by giving an idea of the destination for their roles

# Innovation Configuration Map - Example

**Component 1: Educators know their own cultural and racial lens and understand the impact that their biases, prejudices, and beliefs have on students' safety, sense of belonging, and academic success.**

<b>Role: RP Associate to Educators</b>				
<b>Full Implementation</b>			<b>Not Yet Begun</b>	<b>Not Observed</b>

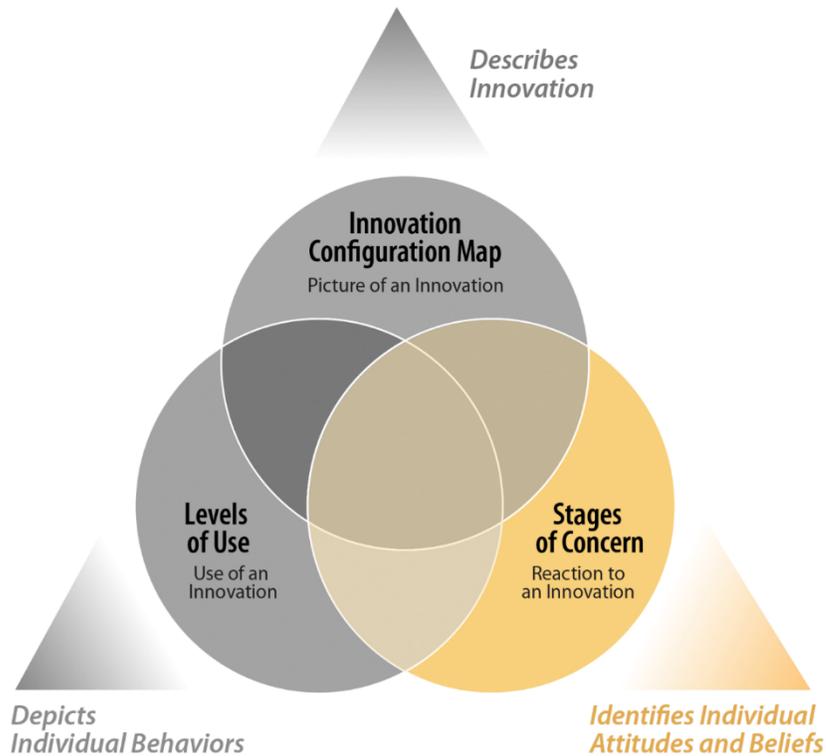
<b>Role: Educators to students</b>				
<b>Full Implementation</b>			<b>Not Yet Begun</b>	<b>Not Observed</b>

# Innovation Configuration Map - Example

**Component 1: Educators know their own cultural and racial lens and understand the impact that their biases, prejudices, and beliefs have on students' safety, sense of belonging, and academic success.**

<b>Role: RP Associate to Educators</b>				
<b>Full Implementation</b>			<b>Not Yet Begun</b>	<b>Not Observed</b>
The RP associate presents self as a racial being, serving as a model for initiating conversations about race with educators.			The RP associate engages in relationship building with educators with a focus on attributes other than race.	

# Stages of Concern

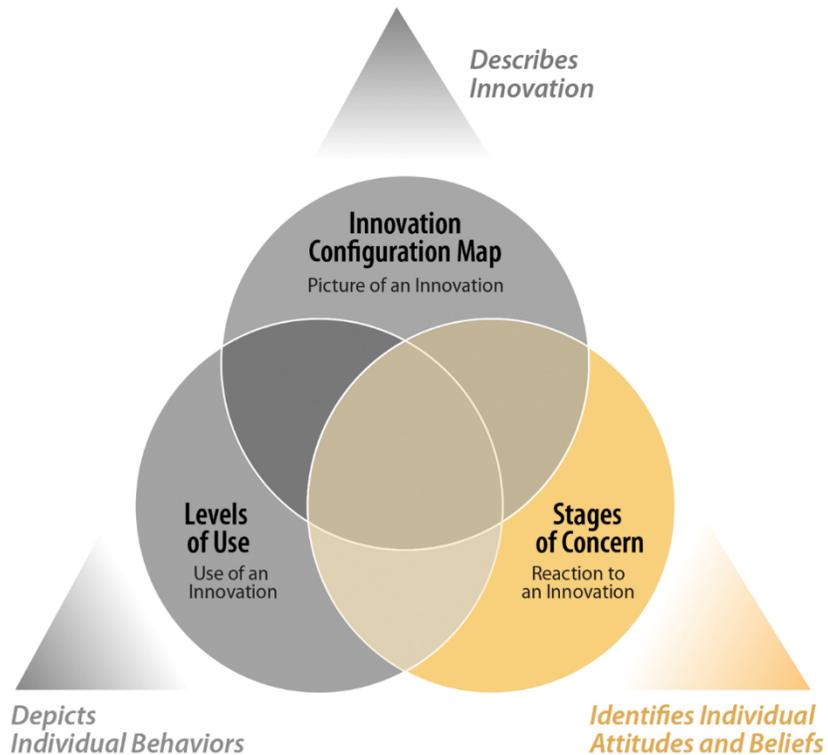


What are the **key issues** confronting staff (as they prepare to implement something new) and how can leadership **address them?**

# Seven Stages of Concern

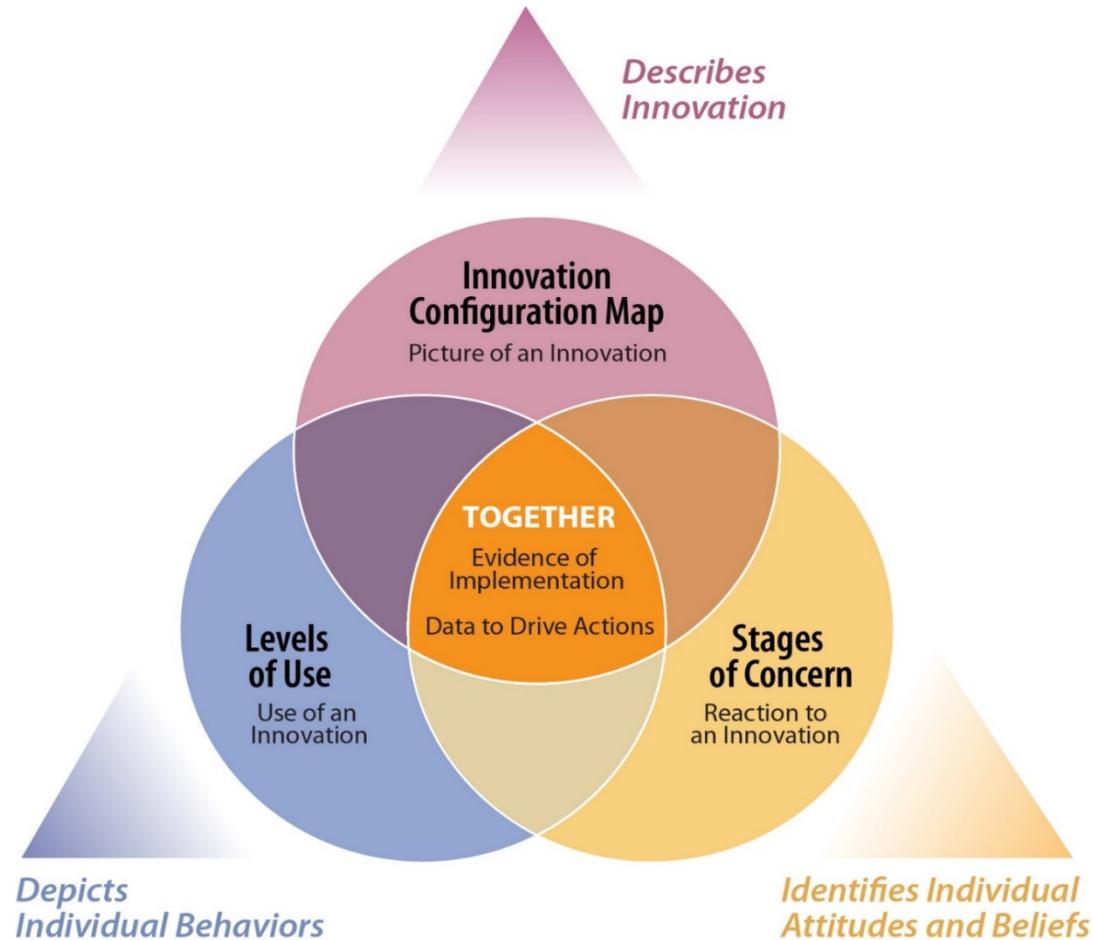
- **Unrelated:** Other things are more important.
- **Informational:** Tell me more about it.
- **Personal:** Will this affect my job?
- **Management:** How can I best do this?
- **Consequence:** How will this impact my students?
- **Collaboration:** How do I use this with others?
- **Refocusing:** How might I change this to make it better?

# Stages of Concern



What are the **key issues** confronting staff (as they prepare to implement something new) and how can leadership **address them?**

# The Concerns-Based Model



Visit: <https://www.air.org/resource/cbam-concerns-based-adoption-model>

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# Discussion Questions

- In your experience, how has readiness played a role in projects that were successful?
- In your experience, how has readiness played a role in projects that were *unsuccessful*?
  - For unsuccessful projects, can you identify any strategies that if implemented, could have built readiness for innovation implementation?
- How do concepts (components and subcomponents) in R=MC2 resonate for you?
- How do concepts in CBAM resonate for you?



*Readiness to Address “Wicked” Problems*  
*Presented at the*  
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# Maternal Health Care in Nigeria

- Quality and effective maternal health care- as a fundamental human right affords women an opportunity to life, health and meaningful development.<sup>1</sup>
- There were proliferation of Maternal health interventions since the 2000 in Nigeria, which resulted into a gradual reduction in Nigeria's MMR from 1200/100,000 lb in 1990, to 576/100,000 lb in 2013 and up until 2014.<sup>2</sup>
- However, an increase to 814/100,000 lb was reported in 2018, and Nigeria ranked 4<sup>th</sup> in Africa, after Sierra Leone, Central African Republic and Chad, an increase of almost 50% in 5yrs.<sup>3</sup>
- It became needful to account for the cause of this rise in MMR.

# Maternal Health Care in Nigeria...

- There have been some identified challenges that could have accounted for the poor maternal health indices in Nigeria
  - Unattended home deliveries accounting for 50% of deliveries
- Efforts to increase skilled attendants at birth (SBA) in health facilities with the Midwives Service Scheme in 2009 was made. <sup>4</sup>
  - However, the challenge of low utilization of health facility delivery services persisted.
- Globally, a critical review found that beyond attendance by SBA, the experience of care if respectful or not is critical to reducing MMR. <sup>5</sup>
- Hence, the global campaign to promote a respectful maternity care practice.

# Disrespectful and Abusive Care (DAC): Wicked Problems in Maternal Health Care in Nigeria.

## Outline

- Burden of DAC in Nigeria
- Efforts at Implementing Respectful Maternity Care (RMC) in Nigeria
  - Information from literature review
- Cost Readiness in addressing wicked problems
- Determining the cost implications of readiness
  - Items to be costed to assess readiness

# Burden of disrespectful and abusive care in Nigeria during Childbirth

- High burden of Disrespectful and abuse (DAC) or mistreatment of women has been reported globally, with Nigeria inclusive.<sup>6</sup>
- These include physical and emotional abuse of women, neglect of care, inadequate information for informed consent, lack of privacy and confidentiality, denial of rights of choice in decision making
  - With resultant negative effects on the mother and newborn.<sup>6</sup>
- Prevalence of at least an experience of one type of DAC during childbirth in Nigeria ranged from 11-71% between 2004-2015,<sup>7</sup> from a systematic review. A sole author also reported 98% in 2012.<sup>8</sup>

# Efforts at Implementing Respectful Maternity Care (RMC) in Nigeria

- The white Ribbon Alliance <sup>9</sup> and JHPiogo MCHIP <sup>10</sup> with support from USAID have supported the implementation of RMC in Nigeria
  - Adapted the RMC training guide to a Nigerian focused version
  - Conducting pre- and in-service trainings on the Training guide
  - Conducted community mobilizations on their rights to respectful care
  - Introduced hotlines for victims of mistreatment to call
  - Facilitated the adoption of the RMC Charter by the National Council on Health,
  - They standardized the RMC Charter to fit the Nigerian language and cultural context <sup>9</sup>
- Yet the adoption of RMC practice is almost non-existent in public health facilities in Nigeria.

# Cost Readiness in addressing wicked problems

- Assessments of readiness for change at organizational and individual levels have been done for several health and non-health programs using different tools, such as the Heuristics Model,<sup>11</sup> the ORIC tool,<sup>12</sup> and so on.
- However, is the assessment of readiness for change complete without an assessment of the cost-implications of the change?
- Assessment of the cost implications of readiness has been grossly overlooked and a topic for discourse by delegates as implementation experts.
  - There is the need to situate assessment of cost implications within readiness to change frameworks.
  - There is a need to develop a generic tool that may be applicable in most instances to determine the cost-implications of readiness.

# Determining the cost implications of readiness

- To determine the cost-implications of readiness for change using the Nigerian RMC practice implementation as a case study.
- There may be need to ascertain the following types of costs
  - Direct costs (provision of private cubicles) and
  - Indirect costs (additional time to care for a pregnant woman by health provider)
- The direct costs may be include:
  - Capital Costs (Training of providers, infrastructure, redesigning the labour room to suit the pregnant woman's choice of delivery
  - Recurrent costs (cleaning of beddings, provision of consumables)<sup>13</sup>
- *Deliberate on how applicable are these to delegates' projects/ programs and what variables are missing?*

# WHO Recommended Resource Requirements for RMC Practice<sup>14</sup>

Resources	Detailed Description
Staff	Adequate number of competent, trained, supervised and adequately remunerated SBA with an appropriate skills mix
Training	<p><b>Health care facility management:</b> Sensitized and oriented to RMC, and trained to develop and apply RMC policies</p> <p><b>Staff:</b> regular practice-based, in-service training on RMC provision to enable effective delivery of RMC services that meet the social, cultural and linguistic needs of women (cultural competence); pre-service training; and orientation of new staff</p> <p><b>Outreach staff:</b> training for effective community engagement, particularly with a focus on including women's voices and providing opportunities for community interaction with the service management and staff members, e.g. facility open days</p> <p>Other: orientation sessions for service users and companions</p>

# WHO Recommended Resource Requirements for RMC Practice

Resources	Detailed Description
Supplies	<ul style="list-style-type: none"><li>✓ Written, up-to-date standards and benchmarks that outline clear goals, operational plans and monitoring mechanisms for RMC</li><li>✓ Provisions for staff in labour ward, e.g. refreshments</li><li>✓ Health education materials, in an accessible written or pictorial format and available in the languages of the communities served by the health care facility</li><li>✓ A standard informed consent form developed and printed out</li><li>✓ Information (written or pictorial, e.g. as leaflets) for the woman and her companion</li><li>✓ Essential medicines for labour and childbirth care available in sufficient quantities at all times in the labour and childbirth areas</li></ul>
Equipment	<ul style="list-style-type: none"><li>✓ Basic and adequate equipment for labour and childbirth that is available in sufficient quantities at all times in the labour and childbirth areas</li></ul>

# WHO Recommended Resource Requirements for RMC Practice

Resources	Detailed Description
Infrastructure	<p>Enhanced physical environment:</p> <ul style="list-style-type: none"><li>✓ Rooming-in to allow women and their babies to remain together</li><li>✓ Clean, appropriately illuminated, well ventilated labour, childbirth and neonatal areas that allow for privacy and are adequately equipped and maintained</li><li>✓ Continuous energy supply in the labour, childbirth and neonatal areas</li><li>✓ Clean and accessible bathrooms for use by women in labour</li><li>✓ Safe drinking water, and a hand hygiene station, with soap or alcohol-based hand rubs</li><li>✓ Curtains, screens, partitions and sufficient bed capacity</li><li>✓ Facilities for labour companions, including physical private space for the woman and her companion</li></ul> <p>On-site pharmacy and a medicine and supplies stock management system that is managed by a trained pharmacist or dispenser</p>

# WHO Recommended Resource Requirements for RMC Practice

Resources	Detailed Description
Supervision and Monitoring	<ul style="list-style-type: none"><li>✓ Regular supportive supervision by labour ward/facility lead</li><li>✓ Staff meetings to review RMC practices</li><li>✓ Easily accessible mechanism (e.g. a box) for service users and providers to submit complaints to management</li><li>✓ Establishment of accountability mechanisms for redress in the event of mistreatment or violations</li><li>✓ Establishment of informed consent procedures</li></ul>

# Methodology of determining the Cost implications of readiness for Change

- **Documentation Review (Quantitative)**

- Review of service utilization statistics
- Review of policy documents
- Report of similar trainings
- Requisition, Procurement, Inventory and Consumption Records
- Existing Plans- Operational Plans, Work plans.

- **Qualitative Interviews**

- Clients (to ascertain what they would desire)
- Health Care Providers (for gap analysis or needs assessments)
- Health program managers (to identify what is feasible and sustainable without compromising quality)
- Logistics Management Officer
- Data Management Officers
- Other Stakeholders as relevant to the program.

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- Thanks for listening

# Questions/Wrap-Up

