PURPOSE

This kit is designed to help VMMC implementers understand and improve the effectiveness of demand creation interventions. More specifically, the intervention improvement tool uses information from the Intervention Design Tool's Intervention Idea Cards, and guides the iterative improvement of each component of an intervention idea. This tool can also be used to improve a planned or existing intervention, so long as that intervention can be described in the format of an Intervention Idea Card.

HOW TO USE

This tool leverages a qualitative approach optimized for small-scale Human Centered Design simulation and fast improvement cycles. The tool enables an intervention to be improved by guiding the users through the following process:

1. simulate intervention with members of target audience
2. improve intervention based on feedback from simulation
3. simulate the latest version with members of target audience
4. improve intervention based on feedback from simulation
5. repeat as needed until the intervention demonstrates strong ability to achieve the desired response (addressing a barrier to VMMC uptake)

This cycle of improvement is critical to maximize return on intervention investments by focusing on barriers to VMMC. The central theme of this process is to use very early stage/rough draft intervention mock-ups/simulations, and then gradually refine the intervention in response to participant feedback, so that you have high confidence that the final intervention design will achieve the desired response. Note that this approach is not related to longer term measurement and evaluation or randomized controlled trials that are more familiar in this sector.

The Intervention Improvement Tool contains three components that will be referenced throughout the instructions:

1. **Simulation Participant Screener**: provides questions to determine whether an individual is well suited to participate in intervention simulation or not.
2. **Simulation Discussion Guide**: provides questions to ask and topics to discuss with men and influencers after they have gone through a simulated intervention.
3. **Intervention Improvement Card**: provides a framework to capture summarized simulation insights and direct the improvement of the intervention.

A typical improvement cycle should take no more than a week to execute. It includes six steps outlined below.

1 ESTABLISH THE SIMULATION PLAN

A plan can help organize and streamline the execution of intervention simulation. There are 4 key elements of a simulation plan to define:

1. WHO
    a. Who will recruit and screen individuals to participate in/observe the simulation?
    b. Who will observe the simulation?
    c. Who will interview participants after the simulation?
    d. Who will be involved in executing the simulated intervention?
        i. Do we need to train them? To do what?
        ii. Do they represent the typical people that would be executing this intervention if it was fully scaled? If not, why?
    e. What are the criteria for the individuals we want to participate in/observe the simulation? A useful reference for these criteria would be the information described in a persona/segment of a target group. Examples: age range, location, occupation, etc.

2. WHAT
    a. What intervention is being simulated?
        i. What specific barrier is it intended to resolve?
        ii. What version is this? (Example: 3rd version of this intervention in a series of improvement cycles)
        iii. What channel is it leveraging? (service facility, IPC, etc.)
        iv. How is it delivered? (health care workers, brochures, flip charts, materials used in the intervention, etc.)
    b. Which questions need to printed from the simulation participant screener based on the barrier it intends to resolve?

3. HOW
    a. How will the intervention be simulated?
        i. What is the simplest (“quick and dirty”) simulation you can execute to provoke responses from simulation participants?
    b. How many individuals will you expose to a simulated intervention?
        i. 12-15 participants are recommended; this is a typical sample size in Human Centered Design prototype evaluation cycles and generates the desired results while minimizing logistical burden
    c. How will the discussion guide questions be customized based on the specific barrier the intervention intends to resolve?

4. WHERE
    a. Where will participant recruiting take place?
    b. Where will the simulation be performed? (See tips for simulating interventions for more on location)

   i. Do we need approvals from anyone to perform simulation here?
c. If simulating intervention for VMMC-eligible males and their influencers, will the simulations and interviews occur separately? Often, it's better to interview people separately so they don't influence what each other says. We will likely get more truthful responses. However, if the intervention prototype is dependent on a specific interaction between a man and an influencer, then we may choose to interview them together.
d. Where will participants be interviewed after the simulation? (ideally a private location)

TIPS FOR SIMULATING INTERVENTIONS:

- Start by conducting simulation in one location only. Once the simulation performs well in that location, then you can scale to other sites. This minimizes financial and time investment until a concept begins to prove effective.
- When possible, use the actual setting / environment where a fully scaled intervention would be deployed
- As best as possible, simulate the experience the man would go through if the intervention were fully scaled
- Use people and resources to simulate the intervention that represent the typical skill sets and qualities you would expect to see across a fully scaled intervention. Do not use the best ("super star") people and resources.
- Only produce the minimum quality materials necessary to run the simulation. For example: it is fine to use hand drawn posters or to verbalize a radio spot or key messages. Do not invest in trying to make materials perfect until you are confident they are effective. This also minimizes financial and time investment until a concept begins to prove effective.

2 IDENTIFY AND SECURE SIMULATION PARTICIPANTS

Successful intervention simulation is dependent upon only recruiting individuals with a baseline a high intensity score for the specific barrier the intervention intends to resolve. In this step you will be talking to people to see if they qualify for the simulation. By asking them one question, we are able to get a sense for how intense a specific barrier is. The higher the score, the more intense the barrier.

First, open the simulation participant screener to identify and print the appropriate qualification image, scenario and question(s) to ask individuals based on the specific barrier the intervention intends to resolve.

When screening potential participants, performing qualification, ask the individual if they meet the minimum demographic characteristics you are looking for (e.g., age, or in the case of influencer, age of male partner/family member). If they do not meet those criteria, they should be thanked for their time and dismissed. If they meet criteria, then hand them the story image that aligns with the screening question, read the scenario and ask the question. The story image is a general illustration that will allow the participant to better imagine a situation – there are six of them included for use. Individuals with a qualifying score of 8 or greater should be told to remember their score and sent to the location where the simulated intervention is being performed. Those that score 7 or lower should be thanked for their time and dismissed.

In order to qualify 12-15 individuals, appropriate for a simulation, it will likely be necessary to find and screen 25 to 50 people. Each screening engagement should take no more than two minutes.

3 OBSERVE SIMULATIONS & DISCUSS WITH EACH PARTICIPANT

As each participant arrives for the intervention simulation, be sure to capture their name, age and barrier intensity score from the qualification step at the top of your notes.

OBSERVE THE SIMULATION AND TAKE NOTES

Run each person one by one through the simulated intervention and observe. As you observe the simulation, try not to be visible to the participant. They will display more realistic behavior and reactions the less they believe they are being observed. Your primary objective of observation is to form an opinion on the people delivering the intervention and the context in which it is being delivered:

- Are people executing the intervention correctly?
- Is their skill set appropriate for the task?
- Are they able to relate to and converse with participants?
- Do they use supporting materials correctly?

Your secondary objective of observation is to gain an understanding on the capabilities of any production resources required to design and produce materials used in the intervention (i.e. could this be executed at scale with acceptable quality?):

- Can the materials be produced and delivered to locations at scale within your target budget?
- Do the resources have the skills and capability to produce the right quality of materials?

The 3rd objective of observation is to gain an understanding of the context or environment in which the intervention is being executed. This is particularly crucial with IPC, service and community interventions:

- Is the context impacting the participant's behavior and reactions?
- Is the context impacting the people executing the intervention?

Be sure to take copious notes on your observations. For this portion, it is appropriate to combine or build on notes from simulation to simulation. See Figure 1 below for an example of how to structure notes:

Figure 1: INSERT TITLE

Intervention name
Specific barrier the intervention focuses on
Version # of the intervention
Channel it leverages (service facility, IPC, etc)
How it is delivered (health care workers, brochures, flip charts, conversation, video, materials used in the intervention, etc)

PEOPLE:
Take copious notes on observations of the people executing the intervention simulation. What social or intervention delivery skills are needed to deliver this intervention effectively? Are those skills present or missing? How might you close any skill gap? Are these the right people to deliver the intervention?
PRODUCTION RESOURCES:
Take notes on observations of the resources required to design and produce any supporting materials. Can you scale support material production within your budget? Are the materials useful and usable in the intervention? If not, why? What would have to change to meet quality, usability and budget constraints?

CONTEXT / ENVIRONMENT:
Take notes on observations of the impact of the environment in which the intervention is executed in. Is this the right place to deliver the intervention? If not, why?

DISCUSS THE SIMULATION WITH EACH PARTICIPANT
After each particinapt completes the simulated intervention, take them to a nearby space suitable for a private conversation. Follow the discussion guide for a ~20 minute debrief discussion. Make note of each participant's responses. To make the next steps easier it is best to structure your notes in alignment with the discussion guide. Each participant should have their own section of notes - do not capture notes for multiple participants in the same space. See Figure 2 below for an example of how to structure notes:

Figure 2: INSERT TITLE

Intervention name
Specific barrier the intervention focuses on
Version # of the intervention
Channel it leverages (service facility, IPC, etc)
How it's delivered (health care workers, brochures, flip charts, conversation, video, etc)

Participant 1: Moses **Qualifying barrier intensity score: 9**

POST SIMULATION BARRIER INTENSITY
Score: 7
Why: Take copious notes to accurately capture his response to this set of questions

EXPERIENCE
Score: 5
Why: Take copious notes to accurately capture his response to this set of questions

CALL TO ACTION
Score: 8
Why: Take copious notes to accurately capture his response to this set of questions

CONTENT
Score: 3
Why: Take copious notes to accurately capture his response to this set of questions

DELIVERY
Score: 1
Why: Take copious notes to accurately capture his response to this set of questions

ROLE
Score: 6
Why: Take copious notes to accurately capture his response to this set of questions

4 DISCUSS EXPERIENCE WITH INFLUENCERS

Once all men have completed the simulation, follow the discussion guide for a ~5 minute debrief discussion with each influencer involved in the intervention simulation. As the influencer responds to the questions be sure to take notes. To make the next steps easier it is best to structure your notes in alignment with the discussion guide. Each influencer should have their own section of notes - do not capture notes for multiple influencers in the same space. See Figure 3 below for an example of how to structure notes:

Figure 3: INSERT TITLE

Intervention name
Specific barrier the intervention focuses on
Revision # of the intervention
Channel it leverages (service facility, IPC, etc)
How it's delivered (health care workers, brochures, flip charts, conversation, video, etc)

Influencer 1: Patrick Age 26 Circumcised 2 years ago

EMPOWERMENT
Score: 4
Why: Take copious notes to accurately capture his response to this set of questions

MOTIVATION
Score: 6
Why: Take copious notes to accurately capture his response to this set of questions

5 SUMMARIZE RESULTS AND CAPTURE ON THE INTERVENTION IMPROVEMENT CARD

First, fill out the name of the intervention and version number of the intervention in the space provided. Check the appropriate barrier theme box and write in the specific barrier the intervention intends to resolve in the space provided.

You will notice the intervention improvement card includes **nine components** represented as rows: barrier intensity, experience, call to action, content, delivery, resources, role, empowerment, and motivation. These components align to the Intervention Idea Card and enable implementers to break down the evaluation of an intervention such that any individual component can be isolated, understood, and improved.

Each component is divided into three columns: score, why this score, and action. These columns enable implementers to determine what to do with the intervention, which components to improve (if any), and how to improve them.

While the four sub-steps below may appear to be labor-intensive to complete, it should not require more than a few hours to complete and is critical to direct improvement.

1. DETERMINE SCORES
    a. Determine the average score across the simulation participants for each associated component and enter in the corresponding box under the *score* column.

b. To determine your overall impression of resources, it is best to review your notes and then ask yourself, on a scale of 1-10, how would you summarize the ability to deliver the intervention in a correct and quality manner?
c. For the empowerment and motivation components, determine the average score across the influencers leveraged in the simulation and enter in the corresponding columns.

2. DETERMINE HOW TO PROCEED WITH THE INTERVENTION
For the barrier intensity component, use the scoring under the *action* column to determine how to proceed with the intervention. For example: If the score is 7 continue to repeat and improve the intervention until it achieves a score of 3 or lower in subsequent simulations. If the score is 2, stop repeating and improving the intervention (it is effective and no longer requires improvement). If the score has been 8 or greater over 3 iterations of improvement, kill the concept (it is not effective and a new idea needs to be pursued).

3. DETERMINE COMPONENTS TO IMPROVE
For all remaining components, use the scoring under the *action* column to determine whether to improve or not improve any particular component of the intervention. For example: If the score is 5, continue to improve that component of the intervention until it averages a score of 8 or greater in subsequent simulations. If the score is 9, don't improve that component of the intervention in subsequent iterations (it is effective).

4. SUMMARIZE THE REASONS FOR SIMULATION SCORES: For each component that is indicated to improve, review your notes and responses and summarize why it was given this score under the *why this score* column. It is best to only capture the most common or dominant themes shared by participants. Do this by identifying reasons or ideas that are similar or related to one another and summarizing with a statement or two that captures your observation. Do not dwell on unique or isolated reasons and ideas shared by only one participant. Try to write these sections in a way that clearly articulates the reasons why the component was given the score and what could be done to improve it.

6 IMPROVE THE INTERVENTION

Once you have completed the Intervention Improvement Card, print it out and gather a small group of colleagues who are eager to generate new ideas. For each component to improve, discuss as a team why the component is not working and what could likely be done to make it work better. Reference the "why this score" column for the insight to inform this discussion. This should naturally lead to a discussion of ideas to improve the component.

DIVERGE

As a team, think of as many ideas as possible to improve the component and capture them on sticky notes (or similar format). Spend about 10-15 minutes doing this. It is important not to critique or attempt to make any of the ideas perfect. More ideas is better at this point.

CONVERGE

Once you have a number of ideas captured on sticky notes, go through the ideas as a team and discuss which have the most potential to improve the component. Once you converge on a smaller number of ideas, explore whether some aspects of ideas could be combined to make an even better idea. Capture those on new sticky notes. Finally, narrow down to the idea with the most potential to impact that component score. Based on the resources of your organization, your could pursue multiple ideas at once. However, it's recommended that your team stay focused on pursuing a single idea until you've gained comfort with the process.

CREATE A NEW INTERVENTION VERSION

Open the original latest version of the Intervention Idea Card the simulation was based on and save as a new version. For example "pain-o-meter version 4". For components that have been improved, delete the existing description and describe the new improved component using the idea with the most potential. Ensure the team agrees on the final description of that component before moving on.

Repeat this step for each component indicated to improve. The ultimate goal is to repeat until the barrier intensity score comes DOWN to an effective level, and the component scores UP to an effective level as outlined in the action column.