

OVERALL AIM: To identify successful strategies for integrated implementation of Adapted Resource and Implementation Application (ARIA) and hospital-based cancer registries (HBCRs) in resource-limited settings utilizing implementation mapping

Inputs	Activities	Outputs	Outcomes	Impact
- Hospital leadership - Staff / expertise - Technologies (ARIA, SJCARES, REDCap version registry, computers) - Implementation frameworks - Funding award	- Develop CFIR construct - Conduct small group discussions and consultative participatory workshops - Identify barriers and enablers for ARIA and HBCR implementation at Jimma University Medical Centre (JUMC) and St. Paul Hospital Millennium Medical Center (SPHMMC) - Pilot the implementation of ARIA and HBCRs at JUMC and SPHMMC pediatric oncology units - Develop blueprint materials and outcome measures to support the efficient and integrated implementation of ARIA and HBCR in resource-limited country contexts	- Co-designed strategies for implementation - Engaged stakeholders and trained staff at JUMC and SPHMMC - Ownership of intervention by local leadership - Identification of barriers and enablers - Established monitoring and evaluation protocol and checklists - Publication of implementation findings	Short-term - Establishment of HBCRs at two POUs in Ethiopia - Integration of ARIA and HBCRs at JUMC and SPHMMC Intermediate - Established baseline for implementation of ARIA and HBCRs across sub-Saharan Africa Long-term - Availability of childhood cancer registry data for Ethiopia - Utilization of treatment guidelines for childhood cancer care - Improved monitoring and evaluation of pediatric oncology programs	Demonstration of a feasible, scalable model for digitizing and standardizing pediatric oncology care in a low-resource, public hospital setting Increased equitable access to care for children with cancer through childhood cancer registration - Increased participation (number of centers and proportion of cases registered) in HBCRs - Evidence-based decision-making - Improved continuity of care through better tracking Improved quality of care through implementation of treatment guidelines (ARIA) - Expanded implementation (number of centers, proportion of cases, types of diseases) - Decreased cognitive burden for staff - Decreased medication errors Generation of evidence for the joint implementation of ARIA and HBCR Improved morbidity/mortality for children with cancer