ChangeAble Person-Centered Care©
Design and Implementation Process

The ChangeAble Person-Centered Care © Design and Implementation 5- Step Process provides step by step guidance for planning, designing, implementing and assessing approaches to improving client-centered care in health care settings. The process incorporates guidance on how and when to apply proven behavior change tools ("Existing Resources") and is integrated with change management strategy to improve organizational and management capacity to support providers in each step. In some cases, as noted in "Potential Resources to be identified or Sourced" Changeable will develop these resources as needed and in collaboration with partners.

Activity	Steps	Existing Resources	Potential Resources to be Identified or Sourced	Outputs
Step 1: Planning and Preparing				
Establish expectations with funder/partner: What is the scope of work? Is it within Changeable's area of expertise and manageable interests? Is it feasible given budget and timeline?	• Present Changeable core competencies and propose areas of work • Review proposed SOW • Meet with funder/partner to discuss SOW and negotiate revisions as necessary	• Changeable pitch deck/core competency documents	• N/A	• Agreed-upon scope of work
Align Expertise with Scope: Which staff members or consultants are best suited for the scope of work, in terms of skills and availability?	• Define skills and time required to complete SOW • Identify staff and consultants with requisite skills and availability	• N/A	• Staff and consultant roster and skill matrix	• Team CVs or bios as required by funder/partner • Introductory email to funder/partner
Develop Activity Workplan and Build Excitement Among Team: What activities are required to complete the SOW? What is the timeframe for implementing them? Who will be responsible for implementing each activity?	• Activity lead to draft workplan • Review of workplan by Changeable team • Presentation of workplan to funder/partner	• Sample workplan	• N/A	• Finalized workplan
Gather Information: What research exists relative to providers and the health area of interest? What programmatic resources (models, materials, reports) exist?	• Define search terms • Search research databases • Review SBC resource collections and websites of key partners • Conduct bibliographic back-referencing of resources • Present resource list to funder/partner	• COMpass • BA/BR website • Align MNH website (MCH only) • ideas42 website (see FP/RH, MNCH, and Infectious Disease sections) • PrEP Watch (HIV PrEP only)	• N/A	• Articles and programmatic resources to inform strategy • Bibliography of resources

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Identify stakeholders/expanded design team: Who is best placed to help us design and implement this intervention?	• Meet with funder/partner to discuss stakeholders, with attention to both SBC and service delivery professionals and members of priority client population • Define roles and responsibilities of stakeholders • Prepare and distribute invitation to design events	• N/A	• Illustrative list of key stakeholders	• List of key stakeholders
Set the stage: What do stakeholders/expanded design team need to know, expect, and do to work together effectively?	• Introduce stakeholders/expanded design team and establish trust • Introduce key concepts: QoC, experience of care, provider behavior change • Present generic model of provider behavior • Introduce way of working	• [Provider behavior ecosystem](#) • PRECEDE model	• Sample trust-building activities	
Synthesize information: What do we know about provider behavior and the health area of interest? What interventions have been implemented, and what is known about their effectiveness?	• Review available documents, summarizing key findings • Generate insights and gaps • Develop summary slide deck	• Sample desk review	• N/A	• Desk review slides, with insights and gaps clearly defined
Orient Public Sector Allies: Who are the key public sector entities active in SBC? What are their current or planned activities in the health area of interest? What are their potential concerns and motivations regarding the proposed work?	• Meet with stakeholders and orient them to PBC and articulate benefits beyond traditional QI or SBC activities • Describe process for intervention design and testing • Establish key point(s) of contact and define cadence for engagement	• Example: RISE Ghana Briefer	• N/A	• Contact information for key point of contact
Step 2: Problem Definition				
Define the problem: How is provider behavior influencing client behavior and health outcomes?	• Review what is known about the relationship between provider behavior and client health outcomes • Use root cause analysis techniques to clarify the problem(s)	• [ideas42 blog: problem statements](#) • [Root cause analysis toolkit](#)	• Sample problem statements	• Problem statement • Conceptual framework (draft)

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	• Confirm that problem is amenable to intervention (with consideration of project scope, budget, and timeline) • Develop problem statement			
Segment and profile providers: Which cadre of providers will we address? What are their characteristics and values?	• Define the cadres of providers involved the health service of interest. • Review what is known about these providers (demographics; training and professional experience; knowledge, attitudes, and behaviors) and determine what is NOT known. • Design formative research study brief to inform partner's study protocol and/or study guides • Segment providers as appropriate • Draft provider archetype(s)	• [Model Provider Research Approach](#) • [Beyond Bias Segmentation Approach](#) • [Segmenting Malaria Health Providers](#) • [Changing the Behavior of Private Sector Providers](#) • [A360 Formative Research Guide for Providers](#)	• Sample research instruments • Sample archetype	• Provider archetypes
Describe Provider Behaviors and their Drivers: What specific behaviors will we change? What factors influence those behaviors?	• Define relevant provider behaviors, including intermediary behaviors/steps. • Prioritize behaviors for intervention based on level of influence on client outcomes and potential for change. • Review what is known about the drivers of these behaviors • Determine whether additional information is needed. • Design rapid formative research as needed/feasible. • Identify most influential drivers of provider behavior(s)	• [Provider behavior ecosystem](#) • [Provider behavior change toolkit](#) • [Behavioral profile: providers](#) • [Provider behavior assessment](#)	• Study designs and research methods. • Sample research instruments	• Conceptual framework (final)

Step 3: Program Design

Adapt existing interventions or develop new interventions: Have interventions have been used to address the behaviors of interest? If so, how might we adapt them to be relevant to our audience or setting?	• Revisit existing interventions: are there promising or proven interventions addressing the same behaviors and drivers in a similar setting? • If so: gather program tools and work with stakeholders to adapt them as needed	• [Provider Behavior Change Toolkit: Action Tools](#) • [Insights from Provider Behavior Change Research and Practice](#)	• Summary: what works in provider behavior change? • Sample workshop script(s)	• Prototypes

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	• If not: convene stakeholder and (after reviewing problem statement, archetypes, conceptual framework, and insights), ideate new intervention components • Crosswalk proposed intervention(s) against socio-ecological model and PRECEDE model, identifying imbalances or gaps	• [Adapting Evidence-Based Interventions](#) • [Adapting Interventions to New Contexts - the ADAPT Guidance](#)		
Trial and modify interventions: Are the prototypes usable, appealing, and relevant to the behavioral problem at hand?	• Crosswalk proposed intervention against CFIR constructs to identify potential gaps. • "Test" prototypes in a workshop or (preferably) field setting • Refine tools based on results of prototyping • Present finalized tools to funder/partner and other stakeholders as appropriate	• Ghana/RISE workshop script	• Prototyping guidance	• Finalized tools
Assess Client and Partner Readiness and Build Capacity Plan	• Assess capacity gaps among team and organization • Apply ChangeAble Change Management Assessment to assess baseline readiness against Awareness, Desire, Knowledge, Ability, Reinforcement	• ChangeAble Assessment Tool • JSI Capacity Assessment Tool	• Adapted C-CAT	• Priority Direction for Change Strategy

Step 4: Implementation and Change Management

Train and Prepare: Align training materials and skills building resources with identified capacity gaps and developing training and coaching plan	• Together with implementing partners, delegated stakeholders, develop work plan and timeline for skills and capacity strengthening including adult learning techniques, online training and coaching • Identify specific tools, resources to meet specific capacity gaps • Conduct coaching support throughout program implementation as needed	• [COMPass](#) • [BA/BR Website](#) • [GHEL](#) • Others		• Coached Team Members/ Project lead

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Roll out intervention: What is the timeline for the intervention and its component steps? How will we train providers and/or community members to implement intervention activities? How will we know if the intervention is working?	• Together with stakeholders, develop timebound implementation plan, including approach for initial roll-out (e.g. training), results review, revision, and scale up. • Develop guidance for ongoing results review and quality improvement at sub-project (district, facility) levels. • Crosswalk proposed intervention against CFIR constructs to identify potential gaps	• PDSA (1) or PDSA (2) • Building trust and empathy around COVID-19 in Nigeria: What have we learned? • CFIR constructs	• Sample implementation plan. • Sample process plan, including agreed-upon metrics for assessing progress. • Sample training script(s)	• Implementation plan • Process plan • Training script
Assess progress: What's working well (producing the desired results)? What's not working well? How might we improve upon our efficiency or impact?	• Design progress assessment • Identify assessment team • Conduct assessment • Prepare assessment report • Present assessment results to project team, including both funder/partners, expanded design team, and sub-project leadership • Present assessment results to other stakeholders as appropriate	• N/A	• Sample assessment plan • Sample research instruments	• Assessment plan • Research instruments • Assessment report
Refine interventions	• Refine intervention/tools based on assessment results • Establish metrics and timeline for assessing correction/improvement • Distribute refined tools and orient project team and stakeholders as needed	• N/A	• N/A	• Revised tools and/or implementation plan
Step 5: Measure and Share				
Measure results: Do the intervention produce the expected results? Did it produce unexpected results? How cost-effective was it?	• Together with funder/partner, develop M&E plan for intervention • Provide support to funder/partner in conducting M&E • Review results with funder/partner • Generate lessons learned and recommendations for future programming • Celebrate wins with team and stakeholders • Document 'failure' and lessons learned	• Forthcoming indicator set (Breakthrough Action) • How to Measure PBC Impact • Online course: Measuring Provider Behavior Change • Using the Provider Authoritarian Attitudes Scale • Measuring Client Experience of Care	• Sample M&E plan	• List of key indicators • M&E plan • Lessons learned

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Tell the story – all of it: What did we learn from the intervention? What is new or important about this intervention? How might other partners replicate this intervention?	• Generate insights briefs (short research reports) and case studies. • Identify opportunities for knowledge management and dissemination of results	• Review existing materials for good examples of insights, briefs or case studies	• Sample insights briefs • Sample case studies	• Insights briefs • Case studies

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