



Adaptation of the Most Significant Change Technique

*A Participatory Monitoring, Evaluation and Adaptive
Management Tool for Complex Situations*

Technical Brief

JUNE 2019

What is the Most Significant Change Technique?

The Most Significant Change (MSC) technique is a form of participatory monitoring and evaluation that was initially developed to evaluate social-change initiatives operating within complex community systems¹. It is **participatory** because many stakeholders are involved in the process. It is a form of **monitoring** because it occurs throughout the project life-cycle, which informs ongoing course corrections. MSC contributes to **evaluation** because it provides data on impact and outcomes, which can be used to help assess the performance of an initiative as a whole.

At its essence, MSC consists of four basic steps:

1. Collecting stories of significant change
2. Selecting the most significant stories
3. Feeding back (or sharing) selected stories with stakeholders
4. Using the stories (along with other quantitative and qualitative data) to improve the initiative

"The world cannot be understood without numbers. But the world cannot be understood with numbers alone."

– Hans Rosling, *Factfulness*

The Challenge Initiative (TCI) has selected MSC as its primary qualitative data collection method to help monitor and evaluate the impact of the initiative on the scale and sustainability of proven family planning and adolescent and youth sexual and reproductive health approaches in service delivery, demand generation and advocacy in poor urban areas of low- and middle-income countries.

Why MSC?

TCI is a continuous learning platform, consistent with its Theory of Change (**Figure 1, next page**) that emphasizes the use of data to iterate, learn and adapt across poor urban areas of East Africa (Kenya, Tanzania and Uganda), Francophone West Africa (Benin, Burkina Faso, Côte d'Ivoire, Niger and Senegal), Nigeria and India.

Using principles of learning organizations, adaptive management and implementation science as the foundation, TCI employs a mixed-methods approach, using both qualitative and quantitative data, to capture, analyze and share learnings among TCI stakeholders at three different levels – the local city, the national or regional hub, and the global level– about the TCI model and its outcomes across different locations.

The **global** level, as custodian of the TCI model, provides a platform for coordination, learning and sharing among all three levels and with the broader global health community. At the **national/regional** level, TCI works through "Accelerator Hubs" – led by Jhpiego in East Africa, IntraHealth International in Francophone West Africa, the Johns Hopkins Center for Communication Programs (CCP) in Nigeria and Population Services International (PSI) in India – with a core group of staff who has technical expertise in proven reproductive health approaches. These hubs are the local champions of the TCI model, providing support to **local** city managers and implementers as they design, implement and scale up family planning interventions.

TCI has adapted MSC as its primary qualitative data collection approach for several reasons. First, the method is known to make sense of complex program impacts in dynamic contexts, such as the ones in which TCI operates. It also has been shown to capture differences in outcomes across sites and time. This is especially important for TCI since it currently works in four different regions, with the potential to expand to additional areas in the future. In addition, since it is meant to be used on an ongoing basis,

¹ Davies R, Dart J. The 'Most Significant Change' (MSC) Technique: A Guide to Its Use, 2005. <https://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>. Accessed June 13, 2019.

the method helps support adaptive management by tracking changes as they are emerging rather than waiting until the end of the program cycle when it may be too late to make improvements. Finally, MSC asks project stakeholders and beneficiaries three broad and simple questions: What do you think was the most significant change? Why was this significant to you? What difference has this made now or will make in the future? By deliberately framing these questions broadly, the method ensures TCI does not overlook intangible and unexpected outcomes and it allows for different perspectives from its diverse stakeholders.

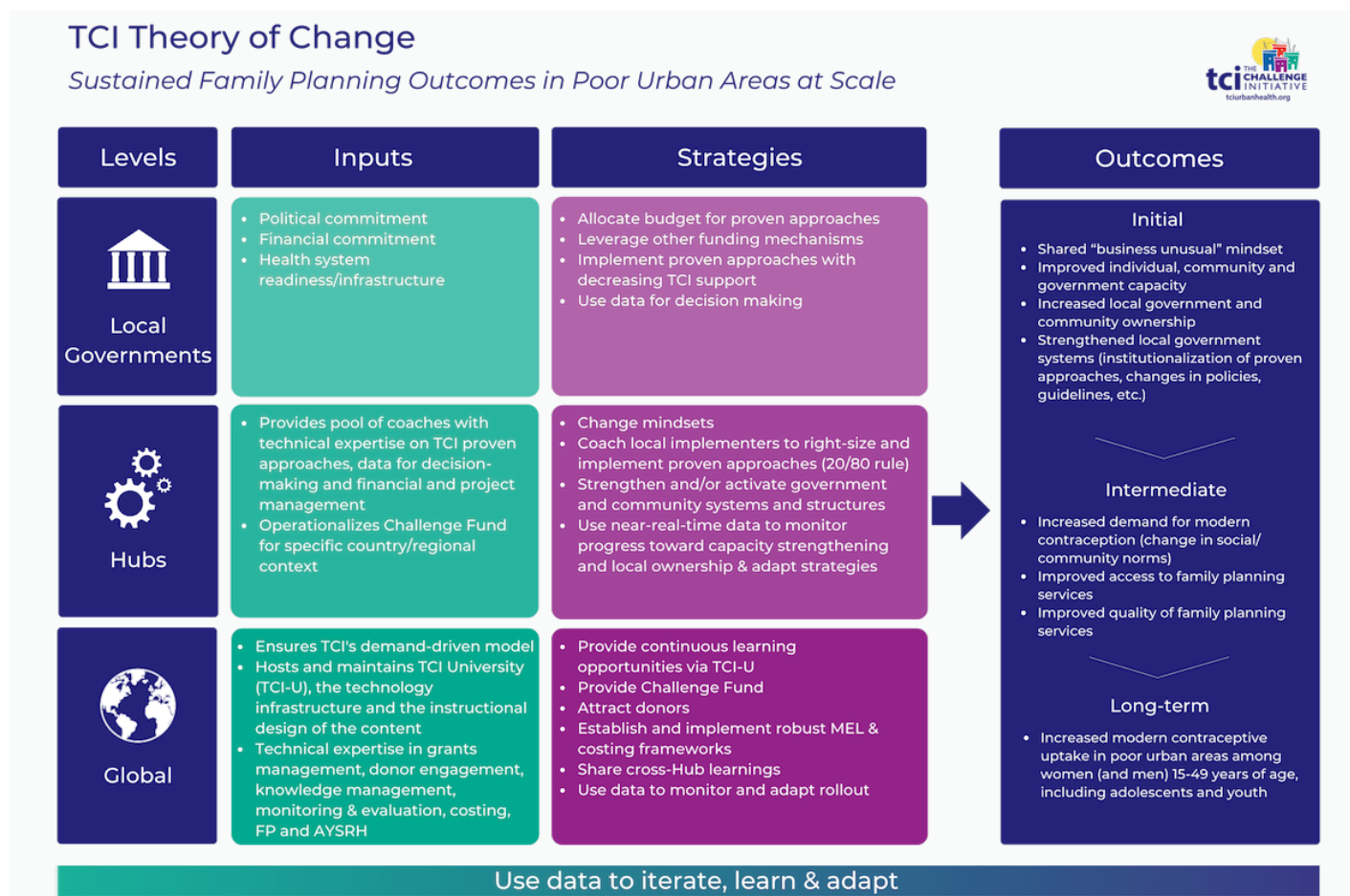


Figure 1: The Challenge Initiative’s Theory of Change.

How Has TCI Institutionalized MSC?

TCI has adapted and institutionalized the MSC technique at each level that it operates under:

- At the city level:** TCI is most interested in understanding from its stakeholders how TCI has contributed to changes in knowledge, attitudes/mindsets and practice; political and financial commitments; health systems; and service access and quality (see **Appendix A** for definitions of TCI’s MSC Domains of Change). As a result, TCI hub staff collect monthly MSC stories (i.e., conduct individual interviews) from stakeholders who have self-selected to join TCI or are implementing the proven approaches.
- At the hub level:** TCI is interested in understanding more about the hub’s interactions with the city and the significant changes they have witnessed as a result of TCI, reflecting on strategies that led to those changes as well as challenges faced in operationalizing the model. They then discuss whether or not they should continue, improve or abandon a strategy. This information is collected and discussed at their quarterly hub team meetings, usually using a focus group discussion (FGD) format

with staff representing different levels and functions within the team. At these meetings, a hub-level MSC selection committee also often selects most significant stories from the stories collected at the city level.

- **At the global level:** TCI is interested in reflecting on the underlying assumptions of the model, its functions relative to the hubs and how it can better support the hubs. As a result, the team based in Baltimore conducts a quarterly focus group discussion, coinciding with reporting periods, with staff representing different levels and functions within the team. As with the hub quarterly team meetings, at these global team meetings, a global-level MSC selection committee also often selects most significant stories from the stories selected at the hub level.

In keeping with the spirit of adaptive management, a standard questionnaire initially developed and used for the FGDs has been adapted from quarter to quarter to reflect and learn from the different stages of TCI implementation and functions of each level.

The focus of the remainder of this document is on how each hub has operationalized and institutionalized the four steps of the MSC technique for city-level data collection.

Step 1: Collecting Stories of Significant Change

Between June 2018 and March 2019, TCI held two- to three-day workshops with the hubs to introduce the MSC technique and provide the team with an interview guide (**Appendix B**) and practical interviewing tips to review. Workshop participants also discussed and practiced interviewing each other and recording the interviews. In addition, they tested out different techniques for selecting the most significant stories from the stories – for example, majority rules, iterative voting, scoring or secret ballot – to identify culturally appropriate techniques in their unique contexts. Finally, the last portion of the training was dedicated to action planning, which looked at each step and how it would be best operationalized within the hub's structure and existing meeting schedules and platforms for interacting with city-level stakeholders.

In addition to the longer interview guide, TCI developed cue cards (**Figure 2**) summarizing the interview questions and domains of change for easy reference by hub staff when they are in the field.

Most Significant Change Technique

We are looking for stories that focus on:

1. Sustainability, scale, and impact of TCI proven approaches;
2. System-level changes in terms of government ownership, financing, policy, guidelines, etc.;
3. Increased access to FP, transformed social norms about FP, and improved quality of FP services;
4. Improved knowledge, attitudes, and skills for designing and implementing TCI proven approaches.

KEY QUESTIONS

1. In the last month/quarter, what was the most significant change that occurred as a result of TCI?
 - a. What was the situation like prior to TCI?
 - b. What happened as a result of TCI's involvement?
 - c. What is the situation like now?
2. Why do you think this is significant?
 - a. What has been the effect of this change at the individual, community, or city level?
3. What challenges have you faced in implementing TCI proven interventions?

Figure 2: Most Significant Change cue cards.

In Nigeria and East Africa, the hub teams interview TCI stakeholders during their regular engagements – either during coaching sessions or existing meeting platforms. In Francophone West Africa, TCI Country Coordinators submit their stories via an online form and then they are selected for further development, follow-up and validation.

In India, the hub team has incorporated the technique as part of its state-level review meetings in Uttar Pradesh (UP), Madhya Pradesh (MP) and Odisha. Locally, the adaptation of the MSC technique is referred

to as *Bus do minute aur* ("Just two more minutes") whereby every quarter the identification of stories of change from TCI City Managers is a standing agenda item at the monthly state review meetings. This allows TCI City Managers, who serve as master coaches to city implementers on the ground, to learn from each other in a safe space, which has been particularly helpful as TCI has expanded into new cities and recruited and hired new City Managers. The approach has also helped in not only orienting the new staff but also applying learnings from more experienced City Managers so that new cities can more quickly overcome similar challenges.

Step 2: Selecting the Most Significant Stories

Because TCI works at three levels – the local city, the national or regional hub, and the global level – selection of most significant stories happens at a minimum of two levels (the hub and global). In East Africa and India, three levels of selection occur (**Figure 3, next page**).

In East Africa, the first selection level occurs in the country offices of Kenya, Tanzania and Uganda, respectively. Those selected stories are then forwarded to a core selection group at the hub level, where the second level of selection occurs before those selected stories are forwarded to the global-level selection committee.

In India, first a panel of three judges of TCI hub senior management who are present at the state review meetings score the stories by the following criteria:

- Challenge presented in the story
- Solution taken by the implementer
- Learning occurs in the story
- Impact and whether it can be replicated by others or has the potential to be adopted by the government system

Based on the scoring, three stories from each state (12 total) are selected and shared with TCI's national team in India for further discussion and selection who then selects three to four stories. These selected stories are then delegated for in-depth investigation, at which point most significant change stories are collected via interviews with the appropriate and relevant stakeholders, and the qualitative stories are triangulated with quantitative data from project records and the health management information system.

Although only three to four stories are selected by the national committee, TCI's India team develops further process documentation for those not selected for internal sharing. For example, a recent story that was not selected was still shared via trainings, review meetings and job orientation because it provided a creative solution to address the lack of service providers in Babu Murai Urban Primary Health Center (UPHC) by adopting an "on-call doctor" approach from nearby facilities, which increased service uptake across health areas, including family planning. The India team's selection approach ensures rapid internal sharing and learning among hub team members and that the qualitative stories are validated with quantitative data (whenever feasible) at the time of story collection (see story extract, next page).

MSC Story Extract: Passionate Hospital Security Guard in Tanzania Champions Family Planning

"All clients who come to this hospital must enter through the main gate for security check-up. Most of them are women who are new to the hospital. They always inquire from me first. Where can I get family planning services? Which building? Because of whole site orientation, I am confident and knowledgeable with basic information about family planning services and the location where the service is obtained. I accompany them to the family planning room and I inform nurses in charge that I have brought a client. ... I am now famous in my street, Mwananyamala, because almost everybody who lives around knows that I work for Sinza Hospital and they believe that I know much about family planning. So women who go to the hospital always ask for Afande Amina. I really feel empowered!"

– Amina Juma Hassan
Guard at Sinza Hospital in Tanzania

For Nigeria, all stories collected from TCI-supported cities are collated at the state then national level (TCI operates in 10 states in Nigeria). In Francophone West Africa, the stories are collated at the country level and then selected at the regional level. For both Nigeria and Francophone West Africa, all stories along with the justification for those selected are then shared with the global selection committee. However, the global team makes its selection on only the stories that the hubs identified as most significant stories; the other stories are retained for the annual meta-monitoring and content analysis exercise as well as for inputs into other learning and communications products.

The global-level selection team in Baltimore reads the stories out loud by each domain of change (although there is not always a story within each domain of change that advances to this level of selection) along with the selection justification provided by the hubs. They then discuss the value of each story considering TCI's overarching goals related to scale, sustainability and impact. The committee members then vote by show of hands for what they thought was the top story in that domain, and the votes are tallied. **Figure 3** illustrates TCI's selection processes.

MSC Story Extract: Mapping and Listing Approach Helps Indore, India, More Accurately Allocate Health Resources

"We realized that for maximum coverage, we need to list down the complete slum population residing in the urban areas. The urban settings are entirely different from rural settings ... It becomes difficult to assess the accurate urban boundaries."

"Now [after we completed TCI's proven mapping and listing approach], we will be able to cover the entire slum population as all the facilities have equal distribution of population. ... This model is strengthening all aspects of reporting, services and supplies and it is giving magical results, as there is an 18% rise in MP immunization data during this four-month duration."

"The shifting and distribution of responsibilities within existing service providers has enhanced outreach and service quality. In February 2018, there were merely 82 family planning users. After area segregation, it increased to 1,014 in August 2018. Today, we have baseline data where we can start any program like tuberculosis, malaria, etc."

– Dr. Pravin Jadia

District Immunization Officer of Indor, MP

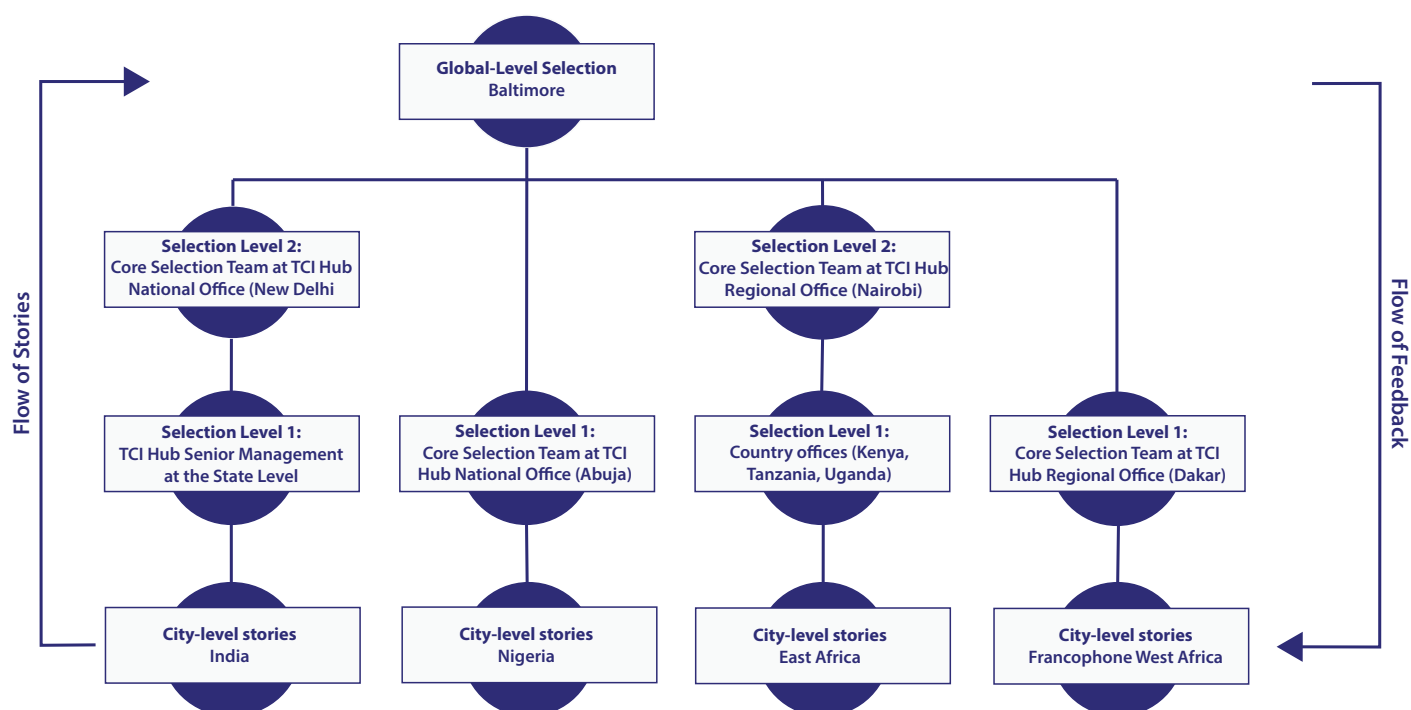


Figure 3: TCI's MSC selection process.

Step 3: Feeding Back Selected Stories

Each of TCI's hubs leverage pre-existing monthly or quarterly review meetings to feed back selected MSC stories alongside quantitative program monitoring data. These review meetings convene a broad base of stakeholders, including government representatives, local health officials and implementers, and other development partners. As such, these meetings provide a platform for local ownership, where stakeholders offer strategic guidance and steering to TCI: this is where near-time data is used to solve problems and make decisions. In addition, TCI Nigeria has developed a learning bulletin that it circulates with its stakeholders, and TCI adapts MSC stories for the TCI News blog and its internal and external e-newsletters. Finally, TCI feeds back the stories selected at the global level to all of the hubs via email.

Step 4: Using the Stories to Improve Programming

Feeding stories back at regularly scheduled review meetings has fostered opportunities for diffusion of the proven approaches and learnings from their implementation to other localities, whether that includes replication in non-TCI supported health facilities or even non-TCI supported cities or fostering a healthy sense of competition among TCI-supported cities. For example, in Tanzania, TCI's proven approaches – integrated family planning outreaches and in-reaches – have been incorporated into the workplans of non-TCI supported facilities after learning of the success of these approaches in nearby TCI-supported facilities. In Nigeria, after hearing of the impact of in-reaches in Delta State, government stakeholders in Abia and Taraba states decided to adapt the approach to their contexts. This is true for the Indore mapping and listing story in India, which defined a clear roadmap for how to replicate the proven approach in other cities. Bhopal, another TCI-supported city in India, recently adopted this strategy and found more than 50% of its slum population had been left out of previous population estimates.

In order to promote the triangulation of MSC data with its quantitative monitoring data, TCI developed a data-to-action plan that was presented in each of the MSC trainings to illustrate how MSC data can be used alongside routine monitoring data to provide a more complete understanding of a given change. Many city-level stories from across the hubs now include quantitative data to build the context for the stories. When the qualitative and quantitative data are used together, the resulting story is even more compelling and results-oriented and, therefore, well-suited for advocacy efforts.

Conclusion

Developed in the early 1990s, MSC has been successfully used in more than 20 countries around the world, in many different types of programs. Although it is a flexible approach, it can guide systematic, timely flow of information from the ground up, allowing TCI stakeholders' experiences at all levels to influence changes and improvements to the TCI model.

Because the method relies on stories, rather than indicators, it is an easy method to communicate across cultures and levels of the health system. Stories engage local stakeholders' as co-producers of knowledge and as co-evaluators of data. As such, all staff's capacity to analyze qualitative data for improving program management is built via the iterative process of MSC. People tell stories naturally and they remember stories. Stories can carry difficult messages that can otherwise be difficult or impossible to collect. They provide richness, complexity and context, and they provide a basis for further discussion. In fact, the selection process is one of the most important steps of the MSC process because it engages stakeholders in deep dialogue and surfaces what TCI values at multiple levels. The iterative process also permits values at different levels of the initiative to inform each other and to change over time.

The MSC technique is unique in that it collects data throughout the life of the initiative, making it well-suited for adaptive management. Because it is a participatory method and easy to understand, TCI is able to collect a rich picture of what is happening on the ground, rather than an overly simplified picture about scale up and sustainability. TCI has adapted the method to combat the tendency to focus only on successes by explicitly asking about challenges, noting that change can be positive or negative.

TCI is in the early stages of implementing MSC, with training of hub teams occurring between June 2018 and March 2019 and the full stepwise selection process not occurring until April 2019. It has already learned some lessons in the first few months of implementation that were incorporated into the process to improve it – for example, updating its four defined domains of change and the selection process used by the global-level selection committee. As TCI continues to roll out and scale up the use of MSC, it will undoubtedly continue to adapt the method and further enhance its process to ensure the initiative fully realizes the potential of MSC as a participatory monitoring, evaluation and adaptive management tool.



Image from The Most Significant Change Technique: A Guide to Its Use, by Rick Davies and Jess Dart.

Appendix A: Most Significant Change Domains of Change Defined by TCI²

Domain of Change	Definition	Illustrative TCI Examples
Knowledge, Attitudes/ Mindsets, and Practice	The progression from awareness of an innovation, to forming positive attitudes about the innovation, to the adoption of knowledge for decision making purposes or for application in practice and policy	<ul style="list-style-type: none"> Increased knowledge of the TCI model Increased knowledge of proven family planning programming approaches Increased knowledge of best practices for program implementation Shifts in mindsets of the roles of implementers and coaches Rapid adoption/adaptation of TCI tools and proven approaches in service delivery, demand generation, advocacy
Political and Financial Commitments	Multidimensional nature of political commitment is usually captured through the level of spending on an intervention since it requires action by both the executive and legislative branches of government—implying commitment of funds and establishment of enabling policies. Statements of leaders are also commonly examined to measure political commitment.	<ul style="list-style-type: none"> Financial commitment of geographies Funds that are actually spent Positive statements of government officials and community and religious leaders
Systems	The building blocks that make health systems function well: leadership and governance, health workforce, medical products and technologies, information and research (including data demand and use); the other two WHO health systems building blocks of financing and service delivery are captured in the above and below domains, respectively.	<ul style="list-style-type: none"> Local ownership of programs Institutionalization of approaches Data use for decision-making
Access and Quality	<p>Elements that impact access to family planning services:</p> <ul style="list-style-type: none"> Geographic distance Economics Administrative Awareness of services Psychosocial issues (e.g., individual attitudes, social norms) <p>Elements that impact quality of family planning services:</p> <ul style="list-style-type: none"> Choice of methods Availability of competent providers Availability of space Availability of appropriate constellation of services Appropriate client-provider interaction 	<ul style="list-style-type: none"> Social mobilization to improve awareness of services Advocacy with religious leaders to improve individual and societal perceptions of family planning Expanding method choice Reducing commodity stock-outs

² Note: When TCI first implemented the MSC technique, the four domains of change were knowledge and attitudes; practice; systems and commitments; and access and quality. These were modified in May 2019, as reflected in the table above, because stories that were categorized within the original knowledge and attitudes domain were often difficult to distinguish from (or co-categorized with) those in the practice domain, while stories of systems and commitments were easily differentiated and there were many of these, as they are at the heart of TCI's values.

Appendix B: TCI MSC Interview Guide

Name of story collector: _____
Date of recording: _____

Introduction

TCI is collecting stories from various stakeholders to help us better understand what TCI is accomplishing and how we can replicate successes and improve the initiative and our support to you. We would like to ask you some questions about any significant change you have witnessed or experienced in urban reproductive health programs as a result of your involvement in TCI. We are looking for both positive and negative changes because these will help us to learn, adapt, and ultimately scale up high-quality family planning services in a sustainable way. There are no right or wrong answers. We simply want to know more from your perspective.

The interview should take no more than 15-30 minutes and is completely voluntary. There is no penalty if you decide not to participate or if you quit at any time.

When answering questions, please be as detailed as possible even if you think I may know the background of your story. Since we intend to share these stories with public health professionals globally, please provide as much detail as possible about your context so that others can have a clear understanding of your story. I will be taking notes as we speak and would like to audio record this conversation. First, I would like to obtain your consent before we begin the interview.

Consent Form

We may use your story in reports to our funder and share with other TCI stakeholders in this country and in other TCI regions. We may also share your story more broadly in global publications and resources, such as the TCI website and journal articles.

Do you consent to:

- | | | |
|--|------------------------------|-----------------------------|
| • Having your name and organization associated with the story? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Having your image or likeness associated with the story? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Allowing an audio recording of your story/this interview? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I understand that TCI may use and publish my image or likeness, story and/or quotes from this interview, and related media content (photo, audio, and/ or video) in an appropriate, fair, and respectful manner. I confirm that this multimedia content was created with my knowledge and consent. I understand that I will not receive compensation at this time or anytime in the future for use of this content.

Print Name

Signature

Date

Background Demographics

Name of storyteller*: _____

Job title of storyteller: _____

Employer of storyteller*: _____

Location (city/town, country): _____

Gender of storyteller: _____

Contact information of storyteller*: _____
(email/phone number)

** Do not record this information if the storyteller wishes to remain anonymous.*

Start Interview Questions

Now, I'd like to get started by asking you a few questions.

1. In the last month/quarter (please specify the timeframe), what do you think was the most significant change that occurred as a result of TCI?

NOTE TO INTERVIEWER: If the interviewee is struggling to provide a response, you may want to inform them that this change can be of a personal nature; e.g., did they learn something new or have a change in attitude toward family planning? Or the change could be a facility- or systems-level change.

PROBES:

- What was the situation like prior to TCI?
- What happened/what was the change? How did it happen? Who was involved?
- What was the situation like after the change?

2. Why do you think this is significant?

PROBES:

- What difference has this made now or will make in the future?
- What has been the effect of this change at the individual, community, or city level?

3. What are the challenges that you've experienced in implementing the TCI high impact approaches?