

Process for Capturing Project Learnings

Background

All projects have a life cycle of learning containing surmountable cognitive barriers as well as solutions that play a key role in framing further course of action. The life cycle of learning helps projects find ways for adaptive management, which contributes to enhancing the quality of project deliverables. For Population Services International (PSI), the main constituents of the life cycle of learning are reflected through (1) on-the-ground implementation, (2) engagement with stakeholders such as government at national, state and city level, (3) the Project Management Information System (MIS)/data, and (4) the experiences of people implementing the project. All of these elements are interrelated, and triangulating information from each sheds further light on the issues to address and potential solutions.

PSI strives to capture learning from its projects and proactively engages in developing a cohesive and an in-depth knowledge bank. The learnings captured in the knowledge bank are used for strengthening the project delivery mechanism. In PSI's flagship urban family planning/urban health project, The Challenge Initiative for Healthy Cities (TCIHC), the learning culture has been ingrained in the project, which thrives on 'learning by doing.' The project utilizes the Most Significant Change (MSC) methodology to identify critical and most significant learnings. MSC is used given the complexity of the project, which works at multiple levels of the health system and with a wide range of stakeholders. In addition, the methodology is flexible to allow the project to institutionalize the technique within its project management structure.

MSC is a form of participatory monitoring and evaluation that was initially developed to evaluate social-change initiatives operating within complex community systems.¹ 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 from different stakeholders
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

Rationale

PSI has adapted the MSC technique of capturing and filtering most significant change stories from internal as well as external stakeholders. These most significant change stories are captured in a knowledge bank, which is used to identify learnings and their resulting evidence-based solutions to common challenges faced by the project. The MSC process converts most significant change stories into learnings and subsequent practice: it identifies positive significant changes that PSI may want to replicate in other project locations as well as negative changes that inform course corrections.

TCIHC 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 TCIHC operates. It also has been shown to capture differences in outcomes across sites and time. This is especially important for

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.

TCIHC since it currently works in the three states of Uttar Pradesh, Madhya Pradesh and Odisha with the potential to expand to additional areas in the future. In addition, since it is meant to be used on an ongoing basis, 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 TCIHC does not overlook intangible and unexpected outcomes and it allows for different perspectives from its diverse stakeholders. See a sample MSC story in the box below.

Example of an MSC Story: [Mapping and Listing Approach Helps Indore, India, More Accurately Allocate Health Resources](#)

*“It is for the **first time in Indore that all health facilities are mapped with defined catchment area.** This has helped in mapping out the left out and underserved areas, which were perhaps going without service for many years. **Now, we will be able to cover the entire slum population as all the facilities have equal distribution of population. Now, each ward has one facility and each facility has one Medical Officer In-Charge and ANM.** We have initiated monitoring of ASHAs and ANMs for outreach activities. This model is strengthening all aspects of reporting, service supplies and it is giving magical results as **there is 18% rise in MP immunization data in this four-month duration.** MP is on the second position at the national level.”*

*“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. And, after area segregation, it increased to 1014 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 Indore, Madhya Pradesh (MP)*

Learnings from Indore’s mapping and listing exercise have defined a clear roadmap for **replicating this exercise in other cities.** Bhopal, another city of Madhya Pradesh, recently adopted this strategy and found that more than 50% of its slum population had been left out of its previous estimates and map.

Methodology

TCIHC uses the following three approaches to capture project MSC learning:

1. *Bus do minute aur* (“Just two more minutes”)
2. Pause & Reflect Exercise
3. *Qissa sunao* (“Tell me your saga”)

1. *Bus Do Minute Aur* (“Just Two More Minutes”)

The first approach is a two-minute storytelling module (similar to an elevator pitch), held during monthly/quarterly review meetings in each state. The approach helps in identifying most significant change stories by TCIHC coaches (i.e., City Managers) on the ground. Any significant changes observed in a city as a result of TCIHC during the quarter is captured and shared.

Step 1: On Day 1 of the two-day review meeting, a simple form that has probing questions to trigger City Managers’ recollections is circulated (**refer to Annex 1, page 7**). A dedicated person, ideally from the knowledge management (KM) team, conducts this exercise, explaining the form.

Step 2: On Day 2, City Managers share their two-minute stories (*Bus do minute aur*) verbally with the participants. They record their stories on audio recorders to avoid any written documentation burden. (If audio recorders are not available, one’s mobile phone could be used, using a free mobile application such as Voice Record Pro.)

Step 3: Three to four Senior Management Team members present at the review meeting discuss and score the stories immediately after hearing each one based on the following criteria: challenge presented in the story, solution taken by the implementer and its impact – whether it can be replicated by other people or has the potential to be adopted by the government system.

Step 4: The Senior Management Team members give their scoring sheets to the KM person organizing the exercise who then compiles the information onto a log detailing the story narrator’s name, city represented, brief description of the story and the scores given by each selection team member. The KM person also asks the selection team members to give reasons or justification for their three top-scoring stories.

Step 5: After the KM staff person organizes the exercise in all of the project states (Uttar Pradesh, Madhya Pradesh and Odisha), the staff member identifies the three top stories selected per state and then submits the compiled log to the KM lead overseeing the entire exercise.

Step 6: The KM lead works with a team at the national office to further condense the number of stories on the compiled log. Given that the project covers three states, nine stories are selected each quarter (three stories from each state). The KM lead forms a review team with representation of two to three national office team members. The national team members discuss the nine stories based on same parameters used by the state teams (challenges, solution, and impact), plus the additional criteria of the scope of learning in the story. The core selection team at the national level chooses the best three to four stories from the nine stories collected during the quarter.

Step 7: These three to four stories are delegated to designated people from the core national-level selection team, assigned by the KM lead in discussion with Project Lead, for in-depth investigation, which includes interviewing stakeholders mentioned in the story, triangulating with other data sources and discussing the story with other team members at the city level. Ideally, two members are assigned one story to work on, and the first draft prepared by them is shared with the KM lead.

Step 8: The KM team finalizes the story for Project Lead’s review and post-concurrence shares with the project prime. The prime reviews and discusses the stories selected by the India national team, as well as stories collected and selected by other regional teams in Africa where TCI operates, and select the most significant story per domain across the teams.

Step 9: One of the key steps of the MSC process is to complete the loop by giving feedback: At the national level in India, the analysis of the stories selected by the national selection team is shared with the entire TCiHC team during the next review meeting. The purpose of the sharing is to explain the justifications for selection and why these stories are particularly relevant at this point in the project life cycle and in meeting the project's goals. The team is also informed about the potential in other stories that could make them significant in the coming weeks/months/quarter. At the prime level, the global selection team also feeds back to the India national team and African regional teams their selections and justifications. Through this process, all of the teams start to understand the priorities at each level of the project and ideally start to converge on the same values.

Timeline: One cycle of MSC is estimated to be completed each quarter.

Utility: These stories are advocacy tools to guide others or influence decisions and could be shared at different platforms such as during trainings, orientation of new City Managers, internal review meetings, ASHA/ANM meetings (if story is about them) and Chief Medical Officer's meeting/District Review meeting. Furthermore, the process itself of collecting, discussing, and selecting stories helps project stakeholders come to shared values about where project efforts should be placed.

2. Pause and Reflect

The second approach for collecting MSC stories is a literal 'pause' and 'reflect' exercise, wherein people working in different functional areas and at different levels of the project gather at one place and reflect on their experiences and observations over the previous quarter. This exercise is meant to reveal changes 'good' or 'bad' happening in the project from people beyond City Managers. However, depending on the activities implemented during the previous quarter, one or two City Managers may be included in this exercise.

Step 1: At least 5-10 staff members working at different levels in the project, such as Managers or Senior Technical Advisors, are identified.

Step 2: A dedicated time, place and an audio recorder are secured for this exercise. A dedicated person ideally from the KM team facilitates the exercise and another dedicated person acts as notetaker for the exercise.

Step 3: The KM staff member moderates the discussion and probes the group based on identified and agreed-upon questions (**refer to Annex 2, page 8**). Note that the questions for the pause and reflect exercise can change from quarter to quarter depending on the life cycle of the project and its learning needs. For example, in the early phases of the project or implementation of a new intervention, questions may focus more on changes in knowledge, mindsets and practice, whereas later on in the life cycle, questions are more likely to focus on changes in systems and sustainability.

Step 4: The KM staff member deciphers the audio recording along with notes.

Step 5: The KM team discusses the draft notes and starts bucketing 'anecdotes'/reference discussions under the domains of change – changes in knowledge/mindsets/practice, commitments, systems, and access and quality. A 'word cloud' can also be used to highlight recurring themes discussed during the exercise.

Step 6: The KM team finalizes the output story for the Project Lead's review, and post-concurrence shares with the project prime organization.

Timeline: One ‘pause and reflect’ cycle is estimated to be completed each month including review and finalization. However, time taken by the project prime to give comments may affect the timeline.

Utility: The anecdotes collected as part of this exercise may give leads for future MSC stories and process documentation as well as highlight possible changes needed to the project strategy.

3. *Qissa Sunao* (“Tell Me Your Saga”)

Qissa Sunao is a format that encourages healthy competition among the entire project staff barring only very senior people at the level of Director and above level. The Qissa Sunao format allows anyone working on the project team to share any of their learnings irrespective of success or failure. No one is compelled to write. Nevertheless, staff can record the story or can send an audio/video message as per their convenience. It is organized across project(s) once every six months.

Step 1: A poster with guidelines for the competition clearly describes who can participate, how one can participate, the deadline, and reward mechanism, along with useful tips for people to write/record/visualize the story (refer to Annex 3, page 9).

Step 2: In order to rule out any potential bias, participants are clearly instructed to not send their stories to any senior/supervisor. A neutral email address, which is accessed only by the KM team, is set up for participants to send their stories.

Step 3: The competition is announced, and people are given at least 30-45 days to send their entries.

Step 4: The KM team sends periodic reminder e-mails, starting from the 10th day onwards; from the 5th day, reminder e-mails are send each day. Additional measures are taken to create interest among people to participate in the competition by, for example, sending random e-mails on prizes or sharing a quick analysis of entries received so far, saying that the following state is leading, so catch up early.

Step 5: Once the deadline is reached, the KM team downloads all entries into a separate folder and codifies them with a unique number/alphabet/alphanumeric code.

Step 6: The KM team also prepares a log of all the entries with following information:

- Name of the person submitting the story
- Code for the story
- City/state it belongs to
- Criteria for selection:
 - Learning in the story
 - Replication by other people or has the potential to be adopted by the government system

Step 7: The KM team identifies a jury of two to three people who can independently judge the stories and gives each jury member a scoring sheet.

Step 8: The jury team analyzes the above information and identifies three winning entries.

Step 9: The KM team announces the winners and gives certificates/gifts as announced earlier.

Step 10: The KM team then further develops these stories by interviewing stakeholders and validating information claimed in the story. The final stories are important to keep the participants motivated, sharing with the larger team and for posting on the appropriate web-based platform.

Timeline: It takes a quarter to run the competition, get results from a jury, analyze data, announce winners and develop final stories.

Utility: The format does not limit anyone due to lack of writing skills or storytelling skills. It allows people to think of a story like an incident and share it in a manner/language convenient to them.

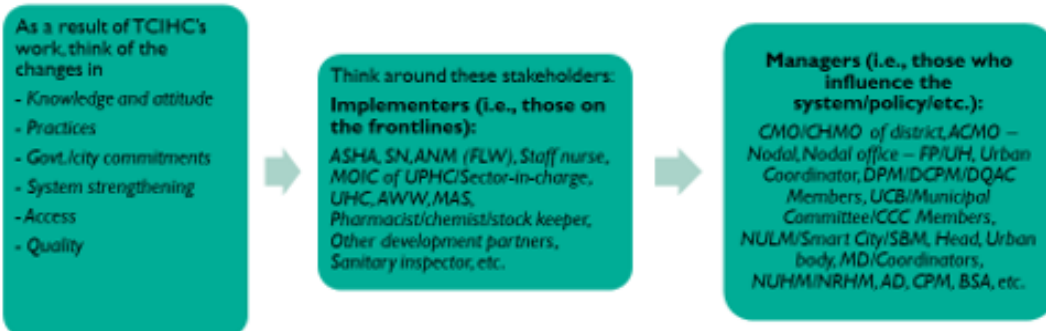
Learnings from TCiHC

These methods for capturing learnings have provided the TCiHC team an opportunity for real-time learning and created a platform for knowledge exchange among its team members. They have also promoted a mindset of continuous learning, exchange and reflection among its staff, thus providing a practical means for putting into practice the project's adaptive management ideals.

The project is still in the early phases of implementing the methods. So far, the project has been focused mostly on rolling them out and collecting, selecting, and feeding back the stories. In the coming quarters, greater emphasis will be placed on using them to facilitate rapid scale-up of proven and evidence-based solutions and guiding new city teams to convert learnings into practice. TCiHC has already started to see signs that this is taken place. For example, this sharing of stories has helped new cities to more rapidly activate urban primary health centers (UPHCs) by focusing their efforts on the key levers that created worked in creating change in the phase one cities. This [MSC story from Kanpur](#) highlights how this focus on four guidance tips from other cities helped the City Manager to activate all 50 UPHCs in that city within just six months.

ANNEX 1

Bus do minute aur...



And now reflect on these questions...

- In the last month/quarter (please specify the timeframe), what are some of the changes that have taken place as a result of TCIHC?
- What was the situation prior to TCIHC?
- Of these changes, which do you think is the most significant? And why?
- How did this change happen? Who was involved?
- What has been the effect of this change at the individual, community, or city level?
- What were the challenges/barriers on the way to change? How were these overcome?
- What needs to be done to sustain such changes?

Now that you have thought through,

- ✓ **Just narrate your stories**
- ✓ **Mention your name and location**
- ✓ **Bullet points / audio clips in Q&A form on above questions are also welcome**

ANNEX 2

MSC Pause & Reflect Exercise

Date: _____

At least 5 people should be present and represent a variety of roles/responsibilities/levels. Managers other than city managers and above should gather to reflect on significant experiences in that quarter.

Document Hub staff present on that particular day (names and roles/titles)

Instructions:

- Bring together Hub staff at least quarterly to conduct a “pause and reflect” session to address TCI’s learning agenda
 - Allow for around 90 minutes to complete the exercise
 - Designate a notetaker to take detailed notes about the conversation
 - Designate a facilitator to lead the discussion (Ideally, this should be someone who is comfortable encouraging all staff to participate and provide input and present probing questions to allow the group to dig deeper and think critically)
 - Discuss the following questions, as a group, to the best of your ability
 - Audio record the discussion to be sure to capture all the stories, if possible
1. Looking back over the last quarter, what are some of the key changes – both positive and negative – that have taken place in the following areas as a result of TCI?
 - *Changes in knowledge and attitudes around how to implement TCI high impact approaches (among government counterparts and TCI staff)*
 - *Changes in practice around actually implementing TCI high impact approaches*
 - *Changes in government ownership and financing of FP programs*
 - *Changes in service delivery and demand for family planning*
 2. Which is the most significant in each area in helping us to sustainably scale-up? And why? Is there any anecdote or data that can establish this?
 3. Do you recommend that TCI repeat this the same way or change? And why?

ANNEX 3



Qissa Sunao

October 2018



Come tell your stories, your Qissa's the way you will tell them to your friend. Make them interesting, believable with testimonials and yet bring out the key learning out of the whole incident. It can both be a 'success' story, which can be replicated or even a miscalculated error, which can help someone avoid the path or change strategy.



Submit your entries by 12th Nov.' 2018

- Entries will be reviewed by a Selection Committee
- Best Three will be Awarded
- Winning stories will be supported by KM to feature on TCI-U



Some useful tips

- A catchy beginning and end grabs attention
- Stick to one theme
- Have a crisp, appropriate and interesting title
- Use short and simple sentences
- Use direct quotes or anecdotes from the 'subject / hero of your story'
- Avoid jargons and acronyms
- Let someone read your story
- Review, Rewrite and then Submit



Who can participate?

Entire TCIHC team from FPA's to GM's to Associate Directors to Our dear doctors



What will you win?

Apart from a Reward from PSI, you stand a chance to feature your story on TCI-U!

What should your story have?

- Title and Place
- Details of client/communities/Facility
- Key success/failure
- How it changed the strategy, behaviour, motivation
- Role of TCIHC in it
- You can be Creative – poems, posters, AVs all are welcome too
- Photograph with caption
- Signed Consent (Scanned and labelled with the story name, Person's name who is clicked, place, date) all hard copies of consent to be shared with Parul/upload in share point

"Instructions"

- Send your entry to "knowrep@psi.org.in"
- Do not CC anyone as it will not be counted
- Only write "Your Name/Qissa#" in the Subject Line
- Not more than one page
- Voice recording / AV are welcome

Entries received after 12th November will not be considered