MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

PURPOSE

The *Most Significant Change* (MSC) technique[1] is an inductive, indicator-free, participatory evaluation method that complements deductive methods. Initially developed to evaluate social-change programs operating within complex community systems, IRH adapted MSC techniques for use in evaluating changes within complex health systems.

Three domains were defined for MSC collection:

- changes in the lives of Standard Days Method® (SDM) users;
- changes noted by service providers since SDM introduction; and
- changes detected by program managers since SDM was integrated into their programs.

This methodology was an important tool to assess whether values inherent in the innovation remained when SDM was offered at scale. By allowing respondents to describe phenomena that they valued, MSC uncovered scale-up effects not detected by quantitative evaluation data, and intangible aspects of SDM scale-up such as advocacy, champions, leadership, gender equity and informed choice, among others.

HOW IT WAS DEVELOPED AND USED

The MSC process involves (1) the collection of significant change stories at the field level, and (2) the systematic selection of the most significant of these stories by panels of designated stakeholders and project staff. IRH followed *The 'Most Significant Change' (MSC) Technique* Guide, developed by Dart and Davies, to develop and implement the MSC Methodology in the five scale-up countries. Three domains of change were established prior to story collection to facilitate later analysis by category of change, while a fourth category, 'any other significant change' was added later to captured unexpected significant changes recounted by storytellers.

MSC story collection occurred once in each country, in the latter years of the scale-up process, to provide information on impact of widespread availability of SDM. If used to

[1] Dart, J. and Davis, R. 2003. "A Diagonal, Story-Based Evaluation Tool: The Most Significant Change Technique". *American Journal of Evaluation* 24(2): 137-155.

evaluate the impact of other innovations, domains of change would need to be established as well as relevant questions.

IRH held sensitization meetings with stakeholders and partner organizations to introduce them to the MSC methodology and solicit their participation in the MSC process.

Organizations that agreed to participate were invited to an MSC training session, and asked to collect at least 12 stories using the following questions designed to solicit stories of significant change:

KEY QUESTIONS GUIDING REFLECTION ON MOST SIGNIFICANT CHANGES

For program managers and technical partners in charge of FP programs:

What was the most significant change that has occurred in your organization since the introduction (the innovation) in your FP programs? Why is this significant?

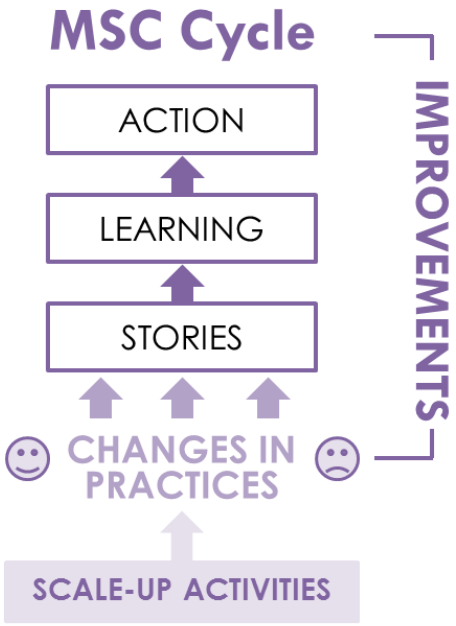
For providers:

What was the most significant change that has occurred in the work/services that you offer since the introduction of (the innovation)? Why is this significant?

For FP users/beneficiaries:

What was the most significant change that you noticed in the quality of your life since you have started using (the innovation)? Why do you say this?

The questions were included in a simple, four-question format that interviewers used to collect story information from program managers, providers, and users. Over several months, partner organizations, including NGOs and Ministries of Health, collected a designated number of MSC stories from SDM users, providers, and program managers. Stories were collected following ethical guidelines including informed consent from participants, full disclosure of why stories are being collected and how they would be used, and confirmation that anyone or any group that is mentioned in a story consented to their name being used.



Staff then wrote in narrative form the stories of significant change, based on the interviews and information collected on the forms. Stories were brief; no more than one or two pages.

The first level of participatory story selection was completed by staff (a story selection committee) within each organization, who selected *the* most significant story/stories in each domain of change. The second level of participatory story selection was completed by a multi-organization committee composed mostly of scale-up partners at the regional or national level. This committee reviewed MSC stories from all organizations, and selected the

most significant stories in each domain. At both levels of story selection, participants were asked to decide, 'among all these significant changes, what do you think was the most significant change, and why?' Discussions and debates and eventual selection of one or two stories in each domain forced participants to clarify significance or impact, often relating to how SDM was valued by users, providers, and managers.

Decisions and the processes used at each level for story selection were documented. The final group of selected stories, along with the reasons why they were chosen, was presented to IRH, who shared stories with other stakeholders at country level. IRH created a booklet of MSC stories across countries that was shared with global audiences.

VALUES

MSC stories provided a platform for SDM users, providers, and program managers to explain how SDM contributed to changes – positive or negative- in their personal or professional lives. In most cases, these changes reflected how SDM was valued from different perspectives. The stories and related values served to reaffirm the core values inherent in the innovation (such as male involvement, improved couple communication, women's empowerment) as well as the values related to expanding method mix and providing new options to people seeking FP.

LESSONS LEARNED

- Participation in MSC reinforced stakeholder and partner commitments to expanding FP choice and supporting the scale-up process. Stakeholders who actively participated in collecting and selecting stories received first-hand evidence of how an additional FP option can be valued, that is, make a difference in the lives of women and couples, providers and managers. The stories allowed various actors to claim success for the positive changes reported and were used in advocacy efforts to demonstrate benefits and acknowledge challenges of expanding SDM.
- Significant efforts were required in some countries to persuade scale-up partners to use the MSC methodology, particularly in contexts where FP program M&E is defined by target-driven objectives with limited value given to a qualitative approach.
- Given the varying social and health systems contexts in different countries, participatory approaches needed to be adjusted. Program managers in one country were reluctant to share their stories, either because the process of collecting personal accounts from program managers was unorthodox or because they felt that they did not have anything "significant" to contribute. Program managers in another country felt it inappropriate to be collecting stories, and IRH supervisors had to conduct interviews for later review with program managers.
- It might be a good idea to add a new domain of story collection for community-based providers. Some selection committees found it difficult to evaluate provider stories among community-level and clinic-level providers because of the vast differences of service delivery in these settings.
- Story-collection approaches were unfamiliar to many participants and struck them as "awkward' at first. Training was needed to practice collecting information in story format and to translate collected information in a story narrative format. In retrospect, it would have been better to record stories using digital recorders to facilitate transcription and the creation of a written story.

- Smaller organizations, lacking computer access and/or skills in word processing,

  wrote stories in longhand, which necessitated back-and-forth discussions with IRH to make stories available electronically. In one country, many stories were hand-written and illegible. The MOH decided to vote for the top stories using only stories that were typed, a decision which excluded half of all collected user and provider stories.
- Because of widespread use of 'success' stories in international FP, it is important to emphasize throughout the MSC process that an MSC story is not the same as a FP success story, and that one measure of a quality MSC process is that negative significant stories are collected as well as positive ones. This is particularly important during the story selection phase.

KEY REFERENCES & RESOURCES

Davies, R. & Dart, J. 2005. *The Most Significant Change (MSC) Technique: A Guide to Its Use*. http://www.mande.co.uk/docs/MSCGuide.pdf Accessed 9 August 2013

Dart, J.J. 1999a. "The Tale Behind The Performance Story Approach." *Evaluation News and Comment*: 8, No.1, pp 12–13. http://www.clearhorizon.com.au/wp-content/uploads/2011/08/evalcomment.pdf

Dart, J.J. 1999b. "A Story Approach For Monitoring Change In An Agricultural Extension Project." Proceedings of the Association for Qualitative Research (AQR), International Conference, Melbourne, AQR. www.latrobe.edu.au/www/aqr/offer/papers/JDart.htm

Using Most Significant Change Methodology to Evaluate Impact of a Health Innovation in Four Countries. May 2013. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

[Organization] and *[Partner/Ministry]* would like to capture stories of significant change that may have resulted from the work in the introduction and expansion of *[innovation]* in family planning programs in *[location]*. This will help us improve our efforts and enable us to celebrate the successes together.

The stories and information collected from these interviews will be used for a number of purposes including:

- to identify areas that need improvement;
- to learn what has already been achieved;
- to help understand what is important to the people of *[location];* and
- to acknowledge and publicize what has already been achieved.

CONTACT DETAILS

Name of storyteller* _____

Category: (tick one)
User/community member ___ Provider/health worker ___
Program manager ___ Other (list) ___

Sex of storyteller: (tick one) Male __ Female __

Name of person recording story _____

District: _____Block:_____

Date _____

** If they wish to remain anonymous, do not record their name or contact details—just write job title or category – ie, service provider, user, MOH official, or some similar description.*

CONFIDENTIALITY

We may wish to use your story for reporting to our partners, or sharing with other people in the region.

Do you (the storyteller):

Allow us to write down your story and share it with others? (tick one) Yes ___ No ___
Would you like to have your name on the story? (tick one) Yes ___ No ___
Would you like to have your photo on the story? (tick one) Yes ___ No ___

QUESTIONS

1. **Tell me about how you learned about *[innovation]* and how you got involved with [innovation].**

2. **Please take a few minutes to think about all the changes that have happened this past year.**

   For users and community members:
   Changes related to using the*[innovation]*
   For providers / health workers:
   Changes related to including the *[innovation]* in your services
   For program managers:
   Changes related to including the *[innovation]* in your program

   Pause here to allow the story teller to think about all the changes.

3. **From your point of view, describe a story that best illustrates the most significant change that you have experienced as a result of *[innovation]* being offered in your program or community or being used in your personal life.**

4. **Why is this story significant for you?**

Domain of story (tick one):

- ☐ **Domain #1**: User perspective on *[innovation]*
- ☐ **Domain #2:** Provider perspective on *[innovation]*
- ☐ **Domain #3:** Program perspective on *[innovation]*
- ☐ **Domain #4:** Other