

Complexity Aware Monitoring (CAM) Workshop Series

Session 5: Most Significant Change

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July 14, 2021



USAID
FROM THE AMERICAN PEOPLE



Introduction

- Housekeeping
- Resources



Objectives

SESSION OBJECTIVES:

- ✓ To provide participants with an introduction to most significant change and provide illustrative examples of its use in similar projects.
- ✓ To increase participants' understanding of how to adapt most significant change for MOMENTUM awards.
- ✓ Help participants generate ideas for how to use most significant change in MOMENTUM awards.

WORKSHOP OBJECTIVES:

- ✓ Improve participants' knowledge of and understanding of CAM
- ✓ Improve participants' ability to use CAM
- ✓ Expand participants' networks of CAM practitioners within and outside the MOMENTUM suite of awards

Today's Presenters & Moderators



Aleefia Somji
Senior Advisor
MEL, MCGL



**Kingsley Arhin-
Wiredu**
M&E Officer,
MCGL Ghana



Dr. Martha Silva
Data Strategist &
Innovation Team
Leader, USAID
Breakthrough
Research, Tulane
University

Today's Session

PART 1

Introduction to Most Significant Change

PART 2

MCGL Use of MSC in Ghana

PART 3

MSC – An Applied Example from the
Merci Mon Héros Youth Campaign

PART 4

Breakout Discussion

Most Significant Change in the CAM Guide Matrix

	CAM APPROACH
	MSC
Qualitative	●
Quantitative	
Skills & resources required*	1,2
Intensity / Level of effort**	2,3
Type of engagement †	1,2

	CAM APPROACH
	MSC
Design & Planning / Formative Assessments	
Implementation / Ongoing Monitoring	●
Evaluation / Interim or Final Evaluations	●
What outcomes might be missing?	●
What outcomes might be yet to emerge?	
How do stakeholders perceive the project or intervention?	●
What factors contributed to the observed outcomes?	●
What is happening in the wider context?	

*1= Can be implemented by community level entity; 2 = Can be implemented by MOMENTUM project start, 3= Outside assistance likely needed.

** 1 = Able to integrate within existing staff workload and/or short-term engagement of external assistance; 2 = Moderate dedicated staff time needed and/or medium-term engagement and/or; 3 = Dedicated staff needed and/or longer-term external engagement

† 1 = Best as in-person engagement with group or in community setting; 2 = Easily adapted for virtual engagement with videoconferencing and related technologies; 3 = Able to complete remotely via desk reviews, email, phone calls, online surveys, etc.



1

Introduction to Most Significant Change (MSC)



Zoom Poll

My familiarity with MSC is best described as:

- I have never heard of MSC
- I understand all the words in the name
- I have heard about MSC but never used it
- I have worked on a project that used MSC
- I have participated in an MSC process
- I have led an MSC process

The 'Most Significant Change' (MSC) Technique

A Guide to Its Use

by

Rick Davies and Jess Dart



Funded by
CARE International, United Kingdom
Oxfam Community Aid Abroad, Australia | Learning to Learn, Government of South Australia
Oxfam New Zealand | Christian Aid, United Kingdom | Exchange, United Kingdom
Ibis, Denmark | Mellempøkeligt Samvirke (MS), Denmark
Lutheran World Relief, United States of America

Version 1.00 – April 2005

What is the Most Significant Change (MSC) Technique?

A participatory monitoring and evaluation methodology that involves:

- ✓ “monitoring without indicators”
- ✓ Telling of significant change stories to peers
- ✓ Collecting significant change stories in communities, among program staff, and with other key stakeholders
- ✓ Developing “domains of change”
- ✓ Selecting stories which describe the MOST significant change, and defining the reason for the prioritization
- ✓ Providing feedback to program participants and staff



What Can We Learn from an MSC Process?

- Understanding of significant changes in the lives of program participants and community members
- Which outcomes/impacts are prioritized by program participants, community members, and other stakeholders, and why
- Identification of key domains and areas of focus for study or evaluation
- Groundtruth logic model or theory of change

When to Use MSC?

MSC is a useful technique when programs:

- ✓ Have multiple components and diverse stakeholders
- ✓ Focus on social change
- ✓ Are participatory
- ✓ Have repeated contact between field staff and participants
- ✓ Don't have linear or well articulated relationship between interventions and outcomes

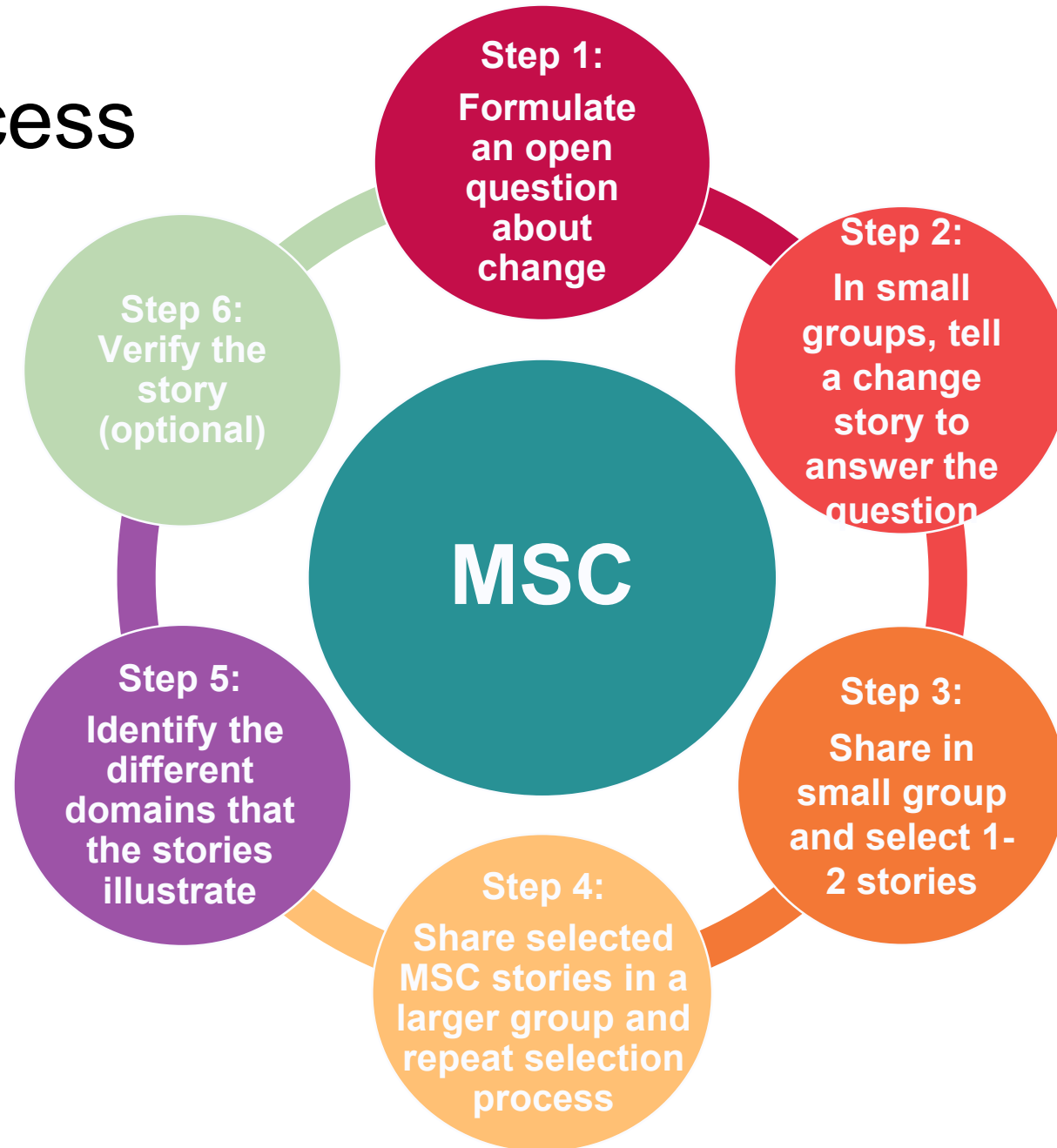
What MSC is Not

- MSC is not a primarily communications strategy for developing success stories. (Though MSC stories can potentially be used as success stories.)
- MSC also should not be used to collect the same information already available from other sources.



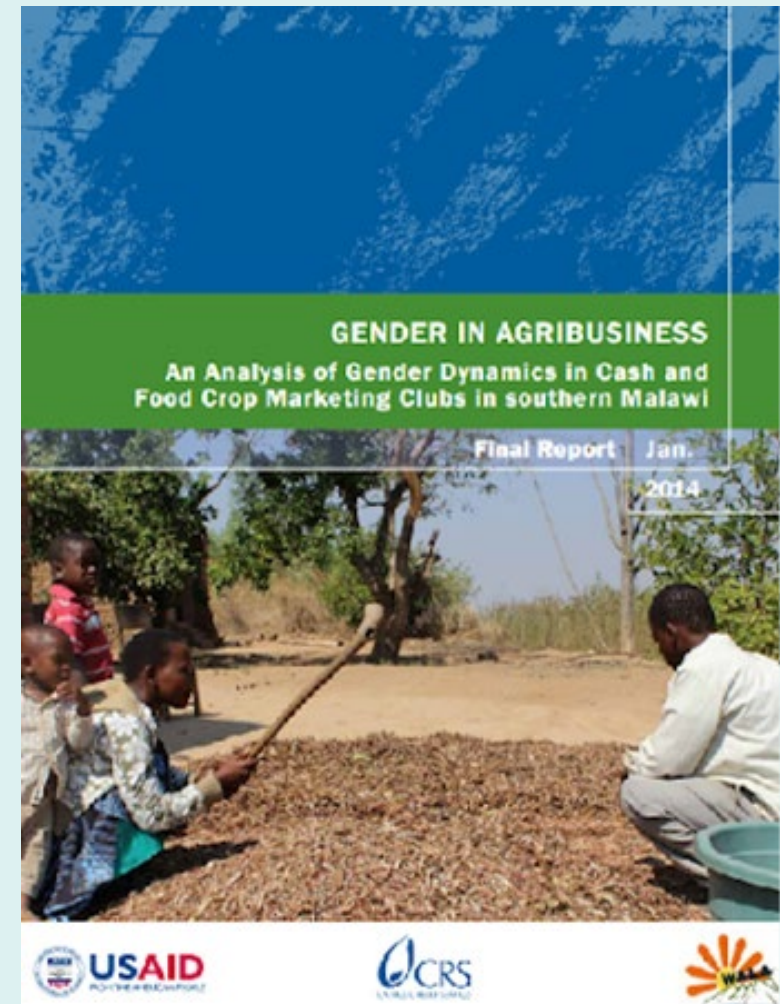
MSC is not useful when there is a clear cause-and-effect relationship between project activities and outcomes

MSC Process



Using MSC: Very light touch

- Study on women's participation in agricultural marketing clubs within the Wellness and Agriculture for Life Advancement (WALA) Program in Malawi.
- Quantitative data: sales and membership records
- Qualitative data through Focus Group Discussions and Key Informant Interviews.
- During FGDs, participants were asked, "In your opinion, what is the most significant change that has occurred in your life since you began participating in WALA marketing clubs."



“Because of the chilies I have a bank account. If I haven’t joined the program I would never even have thought of having a bank account. I want to use this money to open a grocery store.”

– female chili producer, Balaka

At first we would rush to people who are rich in our village asking to borrow money but now ... we can go to the VSL bank to borrow for ourselves.”

– male pigeon pea producer, Balaka

“In the past there used to be months where there was literally no food, but now we are not hungry.”

– male chili producer, Balaka

“I am now able to use the earnings to pay school fees ... with the money that is left I buy food to make a balanced diet so I can stay healthy and continue to work and make more money.”

– female chili producer, Thyolo

“I have gained knowledge so now I am able to calculate what I have invested and what I earn. Before we were not able to do this – we were doing farming and business, but we could not analyze this way and make strong decisions.”

– female chili producer, Thyolo

“From the WALA program we have learned to align our ridges and reduce ridge spacing so that on a small space of land we can harvest a lot and have a lot of money.”

– male chili producer, Balaka

“Previously I would rely on my husband financially. But nowadays I [am] also participating and am able to do business, and I’m able to do whatever I want to do with the money I earn.”

– female chili producer, Zomba

“At a time like this one in the past when we were asked, how much money do you have, we would say, ‘when I sell will have so much.’ Now I can just say, ‘I have so much,’ because the money that is left from last season’s sales is still in the bank and I can use it for whatever need arises.”

– male pigeon pea producer, Zomba

“My wife’s parents didn’t want her to get married to me because they wanted her to continue school, but she chose to marry me. And now I can send her to school so that she can get a job and fulfill the dream of her parents.”

– male pigeon pea producer, Zomba

“... But now we can have our own money and not need to prostitute. This has reduced HIV risk also.”

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Using MSC: A purist approach (very heavy touch)



- Jhpiego integrated monthly MSC story collections among groups of Female Community Health Volunteers (FCHVs) in Nepal who had been trained on the identification and referral of GBV survivors.
- Conducted MSC process, focus group discussions (FGDs), key informant interviews (KIIs), and collected gender-based violence (GBV) service statistics
- The study examined two MSC questions: FCHVs were asked to tell stories about the most significant change they had seen in their community, or the most significant change they had seen in their own life and work, since they began working on GBV identification and referral.

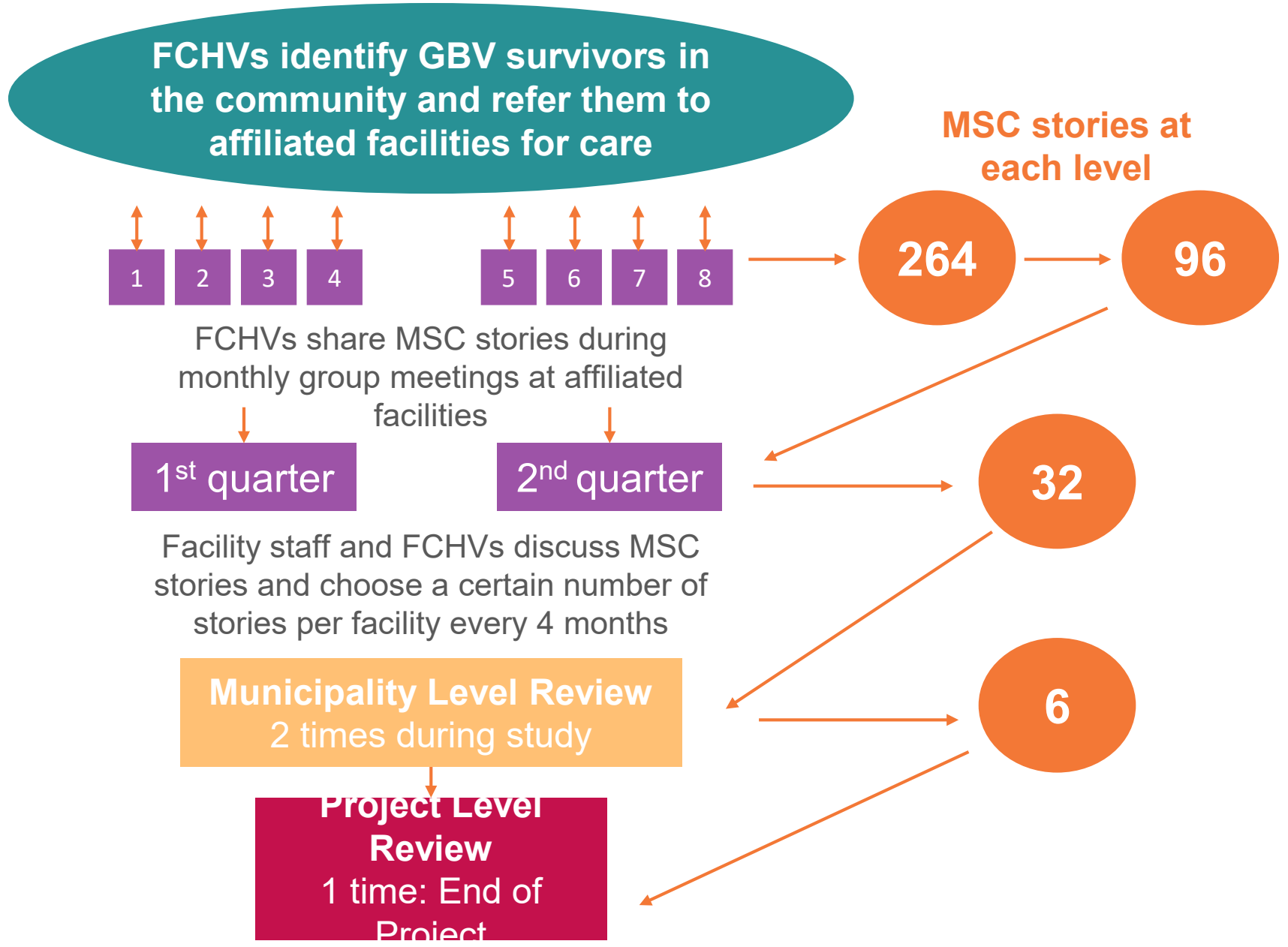
Using MSC: A purist approach (very heavy touch)



- FCHVs told stories, then decided together which were the most significant. They also categorized them into domains of change
- Each quarter, selected stories from the previous three months were reviewed, and the same group of FCHVs prioritized 1-2 stories.
- These selected stories from all FCHV groups were sent to a municipal committee which also met once per quarter to prioritize the stories.

Most Significant Change Process

- Select ~2 stories per month; 6 per quarter
- Selects 2 stories per quarter out of 6=up to 16 stories per quarter received from 8 HF's
- Selects 3 stories per quarter out of 16



Nepal Story Analysis

- MSC stories reinforce FCHVs' role as powerful change agents
- Domains of change include behavior (41%), attitude (33%), and knowledge (26%)
- Reasons for prioritizing stories centered around the magnitude of the change within families and communities
- Municipal stakeholders were extremely engaged in story collection and selection
- Themes of six final stories:
 - Changing behaviors related to menstrual isolation (2)
 - Saving girls from forced marriage (2)
 - Stopping alcohol abuse in the community
 - Stopping domestic violence from in-laws



A typical menstrual hut (chhaugoth) in far-west region



In Mangalsen municipality, ward no. 10, Dhurali tole, all women were forced to live in a shed (chhaugoth) during menstruation. After receiving GBV orientation by FCHVs, we discuss on this issue continuously, and numerous times, in mothers' group meeting. Women in the community are now aware that it is not a good practice to stay in a shed during periods. **“Many women have lost their lives while living there. Therefore, we need to unite and declare this area as shed (chhaugoth) free.”** We further discussed that every woman will develop their habit of staying in their own house during menstruation. **At present, the number of women living inside their house during menstruation is increasing in the village.**



This is my own story. Before 6 / 8 months, I used to stay in “chhaugoth” (menstrual hut) during menstruation. After orientation on GBV toolkit, I **understood that it is not safe to stay in chhaugoth, and it is one of the types of GBV. It touched my heart so I built a room near my house and started to stay in that room instead of staying in chhaugoth.** When I started this practice, the traditional healer (dhami) threatened me that he would burn my room if I stay there, but I ignored him. Later 5/6 people also demolished their chhaugoth and built similar room in their house. Seeing this, **even the dhami has built a separate room at his place.**

MSC resources

- [MSC Guide by Rick Davies and Jessica Dart, and supporting materials](#)
- MCGL Adaptive Learning Guide (link forthcoming)





2

CAM Perspective: MCGL use of MSC in Ghana

Introduction

- Jhpiego was awarded funds to support the Ministry of Health/Ghana Health Services to ensure service continuity at the primary care levels in 6 regions in Ghana.
- The project supported the Ghana Health Services by building the infection prevention and control (IPC) skills of 944 health providers from 186 primary care health facilities across 6 regions, using a blended e-Learning approach that cascaded from a national hub to district and PHC level.
- This, along with on-site mentoring, ensured early identification, triage and prompt referral for diagnosis and management of COVID-19 suspected cases based on risk assessment; skilled frontline providers equipped with IPC measures and appropriate use of personal protective equipment.
- IPC supplies such as surgical masks, examination gloves, rubber boots, sanitizers, antibacterial liquid soap etc. were purchased for 186 primary healthcare facilities.

Introduction

- MSC was used to understand the significant change that happened during the Maintaining Essential Services During COVID-19/Resolve to Save Life Project
- A planning meeting was conducted

MSC Planning

Consideration	Project response
Who will be the story-tellers?	Medical Officers, Midwives, Physician Assistant, Nurses,
When will stories be collected? At what stage in the project? How often?	End of the project
What planning needs to occur before story collection can begin (e.g. informing local officials, recruiting participants)?	Informing Ghana Health Services about MSC
Who will be the facilitator for the MSC process? Will this change over time (e.g. starting with project staff and changing to facility managers)	Project Staff (MERL team and MSC expert- Kingsley, Aleefia and Elizabeth
How will the stories be collected?	Virtual
How will the stories be recorded and/or transcribed?	Zoom recordings, notes taken during story telling, listen to recording to fill in

MSC Planning

Consideration	Project response
Where will the stories be stored (paper and electronic versions)?	Electronic
Will there be a second level story selection? a. Who will facilitate the second level story selection? b. When will the second level story selection happen?	No second level story
How will we organize the master domain list?	
How will the stories be shared with the program participants?	In a report to the GHS
How will the stories be used?	End of project report
Will there be a meta-analysis of the stories? If so... a. Who will conduct it? b. How will the meta-analysis be conducted? c. Will it be ongoing or will it wait until the end?	No meta analysis of the story

MSC Planning

- Virtual MSC was planned for two Fridays (February 12 and 19, 2021)
- Each session lasted for two hours
- Facilitators were trained virtually by MSC expert (Elizabeth)
- MSC topics were shared among facilitators
- Facilitators held virtual meetings to practice MSC using the Storyteller Orientation and Participatory Facilitation Guidance

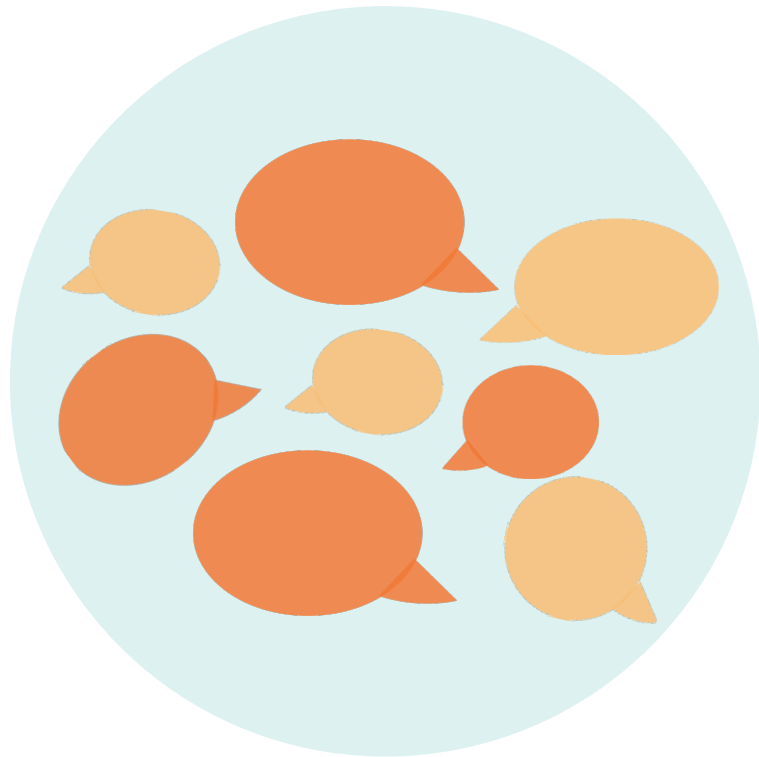


MSC Planning

- The Ghana Health Service (GHS) was contacted and the MSC was explained to the leadership
- GHS leadership helped in identifying MSC participants
- Two MSC meeting was planned with 10 participants
- Jhpiego/RTSL provided MSC participants with internet data to join the



MSC Implementation – Day 1



Topics
Introductions- <ul style="list-style-type: none">• Participants• Facilitators
<ul style="list-style-type: none">• What is Most Significant Change
<ul style="list-style-type: none">• Telling the story• What makes a good story?• Practice story telling
<ul style="list-style-type: none">• A Reminder about Confidentiality
<ul style="list-style-type: none">• Choosing the Most Significant Change Story
<ul style="list-style-type: none">• Categorizing the stories
<ul style="list-style-type: none">• The Process
<ul style="list-style-type: none">• Closing

Story Collection and Categorization

Topics

Introductions-

- Participants
- Facilitators

- Sharing stories

- **Choosing the Most Significant Change Story**

- Categorizing the stories

Storytelling, Categorizing Stories and Selecting Stories

NO.	NAME OF STORY	CHANGE BEING DESCRIBED	DOMAIN
1	Safe motherhood through IPC	IPC changed handwashing, cleaning of the floor, + other IPC measures led to patients discharged without infections.	2–Staff behavior change
2	IPC Peer Education Among Clients – the Zenu Health Center Experience	IPC education enabled midwives to educate patients with resulted in some patients getting angry, and other patients adhering to protocols	3 – Client behavior change
3	A strong healthier system through IPC	Triaging patients as they come into the health facility to prevent them infecting other patients.	1 – Staff behavior change
4	Prevention of Covid-19 infection among staff of the facility	Simple IPC training resulted in better IPC practices and no new positive Covid-19 cases	3 – Staff behavior change
5	Practice makes perfect	IPC training resulted in staff washing hands properly, wearing PPE properly resulting in reducing Covid-19 in staff + patients	

Storytelling, Categorizing Stories and Selecting Stories

NO.	NAME OF STORY	CHANGE BEING DESCRIBED	DOMAIN
6	Breaking the chain of transmission	Educating patients to clean hands resulting in reducing hospital acquired infections in staff + patients	2 – Staff behavior change
7	Reduction in fear, panic and uncertainty of staff through IPC	Jhpiego training on IPC + provision of materials (e.g. PPE) improved knowledge and resulted in reduction of fear, panic and uncertainty of staff + improved cleaning during every shift + management buying additional materials	2 – Staff behavior change
8	Staff booster	Jhpiego IPC training resulted in reduction of COVID-19 in staff	1 – Staff behavior change
9	School behavioral change	Practical training of students resulted in improvements in safe hand washing/sanitizer resulting in reducing fear + the spread of Covid-19 in students	- Student behavior change

Lessons Learned

WHAT WORKED?

- Emails were sent to participants to inform them about their selection and overview of MSC explained to them
- Phone calls and SMS reminders were sent to participant a day and an hour before the meetings
- Sessions were recorded
- Participants determined the criteria for selecting the most significant stories by voting

WHAT WAS A CHALLENGE?

- Poor internet connectivity

Break

5 MINUTES TO:

- stretch
- refill your coffee
- get a snack
- pet your cat/dog
- meditate
- visit the facilities
- drink some water
- gaze out the window



Question to answer on Riseup Pad: *What would you like to see from this workshop series moving forward?*



3

MSC and *Merci Mon Héros*

Most Significant Change Methodology

An Applied Example from the *Merci Mon
Héros* Youth Campaign

Dr Martha Silva



Outline for today

- Overview of the intervention context
- M&E approaches and where MSC fits in to them
- MSC implementation and analysis
- Brief taste of MSC results
- What does MSC add to our M&E toolbox?
- Lessons learned to date

USAID's flagship SBC Projects*

Breakthrough **ACTION**

Implements SBC programming, nurture SBC champions, mainstreams new techniques and technologies, and advocates strategic and sustained investment in SBC

Breakthrough **RESEARCH**

Drives the generation, packaging, and use of innovative SBC research to inform programming

Merci Mon Héros



M. BOUBACAR, (ONCLE HÉROS) DE YOUSOUFOU

"Si tu n'échanges pas avec tes enfants [sur la SR/PF], tu ne peux pas les aider."

MMH Video still frame: "If you don't exchange with your children [about reproductive health and family planning], you cannot help them."

- MMH is a multimedia campaign (social media, mass media, community activities) implemented by Breakthrough ACTION
- Leverages testimonial videos to showcase the power of empathy to improve reproductive health (RH) and family planning (FP) access for young people in francophone Africa
- Disseminated in nine countries, including Burkina Faso, Côte d'Ivoire, Niger, Togo
- **Goal:** Reduce impact of social norms that prevent youth from accessing RH/FP information and services

Multi-method monitoring and evaluation

	Burkina Faso	Côte d'Ivoire	Niger	Togo
Social media monitoring and listening (B-R)	✓	✓	✓	✓
Most Significant Change (B-R)		✓	✓	
Quantitative exposure surveys in urban areas (B-A)		✓	✓	
Quantitative exposure measures embedded in Baseline Rise II survey (B-R)			✓	

MSC study objectives

1. What changes have occurred in the communication between parents / adult allies and young people around intimate relationships and FP/RH that are due to the MMH campaign?
2. What changes in the behavioral pathway to adult / youth communication (i.e., knowledge, attitudes, intention, self-efficacy or social norms) are due to the MMH campaign?
3. What are the changes in the behavioral pathway of youth utilizing FP/RH services that are due to the MMH campaign?
4. Were there any other intended or unintended consequences due to the MMH campaign, positive or negative?

MSC Implementation

	No. of Focus Groups			
	Niger		Côte d'Ivoire	
	Male	Female	Male	Female
Adolescents 15-17 years	4	4	4	4
Young adults 18-24 years	4	4	4	4
Adults (parents or allies)	4	4	4	4

24 focus group discussions per country

- 114 participants in Côte d'Ivoire
- 145 participants in Niger

FGD recruitment strategy

1

- Participant lists from MMH campaign events

2

- Participation / exposure intensity considered as a criteria
- MMH WhatsApp group membership (in Côte d'Ivoire)
- Volunteer influencers intensely involved in campaign dissemination (in Niger)

3

- Social media page “fans” – high participation members

Focus Group Discussion Guide

1. Community level attitudes and perceptions about youth and FP/RH
2. Exposure, perceptions and recommendations about the campaign
3. Eliciting stories of change in each of the following domains of change:
 - a. Communication between parents and young people around FP/RH
 - b. Approval of young people using FP
 - c. Favorable attitudes toward FP and how it helps young people reach their life goals
 - d. Other domains of change (e.g., reduction of high-risk behaviors)

Data Management

- Extraction of stories and transcription
- Validation / quality control
- Formation of selection panels
 - **Côte d'Ivoire**
 - Young person (2), parent (2), female community agent (1)
 - Young person (2), parent (2), male community agent (1)
 - **Niger**
 - Young female (1), male parent (1), male RH specialist (1)

Analysis of data

- Selection criteria and workshops

Criteria	Points	Definition
Validity	1	Least valid – the change was poorly described and links to the campaign unexplained
	2	Valid- changes were moderately described and links to the campaign explained or can be independantly validated
	3	Most valid- a solid description and strong links for the change described
Scope	1	The change affects a single person
	2	The change affects one or two people within a family or community structure
	3	The change concerns an organizational or community structure that will impact many people
Alignment	1	Change does not align with the campaign's intended outcomes
	2	Change somewhat aligns with the campaign's intended outcomes
	3	Change clearly and strongly aligns with the campaign's intended outcomes

- Thematic analysis of FGD transcripts – including all stories of change

Results – stories of significant change



	Communication	Use of FP services	Other changes		Communication	Use of FP services	Other changes
Female adolescents (15-17)	3	1	0		1	0	1
Male adolescents (15-17)	1	3	0		3	0	0
Female young adults (18-24)	5	1	0		12	7	4
Male young adults (18-24)	2	1	0		16	7	4
Female adults (25+)	5	2	3		5	4	0
Male adults (25+)	1	1	1		3	0	1

Most Significant Change Story



Malick, 43, is a Muslim father of five children, the oldest of whom is 19 years old. Malick had a tumultuous relationship with his eldest daughter because of her "outings." He saw these outings as likely sexual encounters with young men. Not only does Malick support abstinence until marriage from a religious point of view, but he also fears that his daughter would become pregnant. As a result, Malick would beat his daughter when she came home from her outings, making their father-daughter relationship difficult and strained. **He and his daughter attended a Merci Mon Héros discussion** linking parent-child exchanges on reproductive health at his commune's cultural center. **Afterwards, something clicked for Malick. Indeed, Malick became aware of the need to dialogue with his children, including his daughter, and decided not to beat her anymore.** Since then, Malick and his daughter have a more relaxed and peaceful relationship.

Most Significant Change - Niger



“I am a midwife and mother living in Niger. Before, when I received pregnant women at the health center, especially the younger ones, I moralized them. Because of this, many patients found my attitude stigmatizing. But the *Merci Mon Héros* campaign, in which I took part during a seminar, has since changed me. **It is with empathy and encouragement that I now welcome young girls who are unhappy to discover that they have become pregnant.**”

Thematic analysis highlights (Côte d'Ivoire)

- Progressive “lightening” of the taboo around talking about sex and family planning
 - Empathy / Attitude shifts
- Behavioral uptake - for some adults, the campaign can act as a trigger
 - Acquire techniques for how to talk to young people
- Youth need their parents to hear the messages, but recognize that they can “get it right” for the younger generations
- Evidence of misinformation around RH/FP
- Fear-based discourse

Limitations

- Story generation process is limited to those who are contacted and choose / are able to participate
 - Whose stories are we not capturing?
- Strong potential for social desirability bias

What does MSC add to the campaign's M&E?

- Appreciation for the complexity of youth FP/RH and intergenerational communication
- Strong testimonials of individual level change (not-generalizable)
- Qualitative evidence of the potential for campaign impact

Triangulation with other M&E data is key

Lessons learned

1. Participant recruitment

- Ensuring sufficient level of campaign exposure prior to data collection

2. Using in-depth interviews vs focus group discussions to elicit stories of change

- Niger and Côte d'Ivoire are two entirely different contexts. Consider whether a group environment is conducive to story telling

3. Selection panel composition

- Ensuring that all target populations are represented in the selection process to ensure a diversity of perspectives

4. Selection process

- A clearly outlined process allowed the selection panel to work independently with little facilitation needed

THANK YOU

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Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018 . The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.



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4

Break out Discussion

Break-out Group Selection

GROUP 1

I would like more information about the approach

GROUP 2

I have never used MSC, but I'm interested in using it.

GROUP 3

I have used MSC before and am looking to improve



Break-Out Questions

Group 1: I would like more information about the approach.

- What questions do you still have about MSC?
- What sounds intriguing to you about the approach? What sounds challenging?
- What would help you feel more comfortable with using it?
- Can you imagine using MSC to answer specific learning questions relevant to your current project?

Group 2: I have never used MSC, but I'm interested in using it.

- What sounds intriguing to you about MSC? How do you think it might fit into your project?
- What do you see as challenges to using MSC and what would help you feel more comfortable using it?
- Can you imagine using MSC to answer specific learning questions relevant to your current project?

Group 3: I have used MSC before and am looking to improve.

- Comparing your past MSC experience and what you heard today, what are similarities and/or differences in why the approach was used and how it was implemented?
- Can you imagine using MSC to answer specific learning questions relevant to your current project?
- What advice would you give to others thinking of implementing MSC?



5

Wrap-Up

Resources and Next Steps

- Resources from the Workshop Series
 - [MOMENTUM CAM Guide](#)
 - [CAM Resource Collection](#)
 - [CAM Workshop Materials](#)
- Next Steps
 - TA sessions/Hands on Workshop Sessions – September 2021
 - Survey



Today's Main Takeaways

Pause and Reflect: Headlines



QUESTIONS:

- What did you learn today?
- What did you learn from the Workshop series (if you attended more than one session)?



PROCESS:

- One minute of silent reflection
- Using Riseup Pad, answer the questions

Thank you!

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Soumya Lara Mahua
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Devyn Maia

THANK YOU

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement #7200AA20CA00003. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.



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