WEBINAR TRANSCRIPT: COMPLEXITY AWARE MONITORING (CAM) WORKSHOP SERIES

SESSION 5: SIGNIFICANT CHANGE

Emily Stammer (01:00:00)

Strong but mighty, small but mighty. So let's just go ahead. Thank you all for joining us today. This is our fifth and final workshop session in this first series on Complexity Aware Monitoring. Next slide. We're going to focus today on most significant change, we've got some really exciting presentations. As usual, I want to start out with a few housekeeping things. So first, if you can please stay on mute unless we're in discussion groups or we've opened things up for chat. And while some of the presenters may use their video, we ask that you stay off video unless you're in the breakout rooms. And then we invite you to go ahead and turn them back on just to preserve bandwidth. As we go along, please feel free to put questions or comments in the chatbox, we'll be monitoring that as we go. If you have any IT issues or issues seeing video or hearing, go ahead and send me a message this morning and I am happy to help troubleshoot. As usual we are recording, let me go ahead and get that, it is going perfect.

Emily Stammer (00:01:22)

We are recording, the recordings have been placed on the KM platform along with presentations, and then we've been sending links out after the presentation to those of you who have registered. Next slide please. So like I said this morning, we are focusing on those significant changes, our approach. We're hoping to provide you all with an introduction to most significant change and give a few illustrative examples of its use in projects that are similar, either within momentum. We have an example from MCGL, and then also an example from Breakthrough Research. We'd like to increase your understanding of how to adapt most significant change to use with your awards or your projects and help generate ideas for how to use most significant change within your project or award.

Emily Stammer (00:02:20)

So I am really pleased to introduce our presenters, our original presenter, Elizabeth Alottie Parish with MCGL was unable to join due to a conflict, but we're incredibly lucky to have Aleefia Somji who's agreed to step in and present on her behalf. Aleefia is a senior advisor from MEL with MCGL, and works closely with Elizabeth. I'd also like to introduce Kingsley Arhin-Wiredu, he is from MCGL, he's an M&E officer with MCGL in the Ghana office, who'll be presenting on his experience using most significant change. And then we have Dr. Martha Silva, who is the data strategists innovation team lead with USAID Breakthrough Research and is affiliated with Tulane University. So if you'd like, please go ahead and introduce yourself in the chat, you can

include your name, your title, maybe your organizational affiliation. If you're affiliated with a momentum award, please include that in there too. And maybe where you're joining us from. So we all get a better idea of who is on the call. Next slide.

Emily Stammer (00:03:37)

So just a breakdown of today's session. We're going to start with Aleefia, who will do an introduction to most significant change, followed by Kingsley, who'll speak more about how MCGL used most significant change in Ghana. We'll take a little break and then come back and Martha, Dr. Silva will speak more about most significant change, and then an applied example from the Merci Mon Heros Youth Campaign in Cote d'Ivoire and Niger. And then we'll have some time for a breakout discussion, and we'll do a pause and reflect at the end like we usually do. Next slide.

Emily Stammer (00:04:29)

So last week, Lucy gave a brief introduction to outcome harvesting. I want to give a quick intro to most significant change before we get started by presenting more about what is included in the momentum CAM guide that this series is based around. So with most significant change, you can see that from the matrix, and like I said, this isn't a guide, that most significant change is really a largely qualitative approach that requires low to moderate skills and resources, moderate to high level of effort, and require some engagement with stakeholders, either in person or virtual, not an approach that can be done fully remotely. It can be used as part of ongoing monitoring or evaluation activities, and it can help identify outcomes that might be missing from your theory of change, as well as how to inform how stakeholders perceive the intervention and explain which factors may have contributed to observed outcomes. So with that, I'd like to go ahead and turn things over to Aleefia Somji, who will give us an introduction to most significant change. Aleefia.

Aleefia Somji (00:05:44)

Good morning, good afternoon, everybody, and thanks for taking the time to join us today. So I'm going to, if you can go to the next slide please. Just give a brief introduction to the most significant change technique. I'd like to start first with the Zoom poll, next slide please, to describe the familiarity with most significant change and just to get a sense of where participants are in the room. So you should be able to see the poll on your screen now. And if you don't mind just looking through one of the options.

Aleefia Somji (00:06:38)

You can just give it a couple more seconds. I see we are 14 of the 17 people have voted.

Aleefia Somji (00:06:46)

Great. So it sounds like most people have either heard about most significant change who never use it. And with some folks who have worked on a project that used most significant change. Okay, great. Can we go to the next slide please? So wanted to talk a little bit about the most significant change resource, it's the guide that was developed by [inaudible 00:07:12]. And this presentation is really based on this guide. So I'd also like to start with a question to everybody, and feel free to unmute yourself or put responses in the chat box. But why would you use storytelling or why do we use storytelling?

Aleefia Somji (00:07:43)

So feel free to unmute or put a response in the chat box.

Aleefia Somji (00:07:56)

Okay. So I see to provide additional context, absolutely. So it you can give us more information often than what quantitative indicators can give us. A nice thing to make a more personal connection as a participatory approach, absolutely. To understand why and how as opposed to what. Yeah, and we'll definitely see that through the examples. And they feel stories can be more compelling than numbers, absolutely. So I'm going to go to the next slide and talk a little bit about what is the most significant change technique. And somebody mentioned it's a participatory methods, so yes.

Aleefia Somji (00:08:37)

And what do we mean by participatory here? We mean that it's participatory because many project stakeholders are involved in deciding the sorts of change that can be recorded. Different project stakeholders can also be used in analyzing the data. And so the MSC technique is participatory monitoring and evaluation methodology that involves several different things. It involves the telling of significant change stories to peers, collecting significant change stories in communities among program staff and with other key stakeholders. Developing different domains of change, selecting stories which describe the most significant event and defining the reasons for the prioritization. And then providing that feedback back to program participants and staff. Next slide please.

Aleefia Somji (00:09:35)

So what can we really learn from the most significant change process? And I think some of the earlier responses alluded to this, we can really understand some of the significant changes in the lives of the program participants and community members. We understand and learn about which outcomes or impacts are prioritized by the program participants themselves, community

members and other stakeholders, and why. And this may often not align with what the program team or donor priorities are. We are able to identify key domains and areas of focus for further study or evaluation. And often we can also help, most significant change can help to ground through a logic model or a theory of change. Most significant change is not a process where you're counting beans or monitoring progress of activity is really towards outputs, but it's really monitoring the outcomes and the impact from a program. Next slide please.

Aleefia Somji (00:10:37)

So what MSC is not, it's not a primarily communication strategy for the developing or success stories, although you can use most significant change stories as a success story, you just have, there are certain things to be aware of, and it's better to plan that right from the beginning. There are certain confidentiality aspects that we try to observe and a protocol that might have been already sent out via [inaudible 00:11:07] clearance. And so those aspects might need to be amended if you do choose use most significant change as a success story. The other thing to note is that, often most significant change stories can be a negative story. So you may not always get a positive, most significant change story, you could also get a negative story. And it's important to just remember and plan for that if you do choose and want to use most significant change stories to develop success stories.

Aleefia Somji (00:11:39)

Most significant change should also not be used to collect the same information that's already available from other sources. It can be used as a complimentary method and often tells you more about the why and the process. And also, it could tell you about a different one than you might not be expecting. And it's not as useful when there is a clear cause and effect relationship between project activities and outcomes, or they can use to explore a certain relationships in the logic model or ground through the area of change. So that's just a brief overview. Next we're going to talk about the most significant change process. Next slide, please.

Aleefia Somji (00:12:21)

There are six main steps. Sorry, next slide again. There are six main steps that we use. Step one is really to formulate an open question about change. And this question generally has a very specific format, and we'll go through that in the course of the examples, but it usually starts with, in your opinion, what is the most significant change? And then it's about a specific issue in a specific time period. Step two, is really getting into small groups and telling a change story to answer the question. So the past we've used this step two to do generally, a small training where storytellers have become comfortable in telling stories and discuss what really makes a great story. And often in step two, we can also use a sample most significant change question that is relevant to the participants, but is not the actual question to be examined by the project.

And that has proved to be very useful and makes the storytelling when we use the actual question a lot smoother.

Aleefia Somji (00:13:31)

And by small groups, what I mean is, we want to make sure that everybody in the group is able to remember the stories that have been told because in step three, we're really sharing the stories and selecting the one to two stories that are the most significant. And so group size is an important thing to consider, if the population cannot read or write, then you might want to have a smaller group so people can remember the stories, otherwise being able to write down a few stories is also helpful, so participants can then remember and are able to prioritize.

Aleefia Somji (00:14:10)

In step three, we share the stories and select one to two stories. And there's no specific criteria on how to select the one to two stories that facilitators provide the participants. It's really up to the participants to decide on their criteria, if they want to use criteria, and decide on how they're going to select their top stories. So in some cases we've seen people vote, in some cases it's been a lot of discussion and a lot of back and forth. And so it's really up to the participants to determine for them. But here, we also want to be able to record the reasons for the selection. So why are the changes valued by the participants?

Aleefia Somji (00:14:54)

And then step four, depending on the type of MSC we're doing, we could be sharing the selected most significant change stories in a larger group and repeat the selection process. So then it would be this larger group, maybe at a different level that would select the most significant change stories. And depending on how you do MSC, there are various examples that will be presented next. In some cases we can even skip step four if we were just meeting with one or two groups and don't want to go through another level of the story prioritization and selection.

Aleefia Somji (00:15:33)

And then step five is to really identify the different domains that the stories illustrate. And this can be done often, not only for the stories that were prioritized, but for all of the stories, and the domains are defined by the participants and are decided by them. Oftentimes you can see different types of behavior change, attitudes change depending on your program, or it can be types of behavioral changes, attitudes, knowledge, et cetera.

Aleefia Somji (00:16:00)

And then step six is really optional and something we don't always do, which is verifying the story. MSC is a qualitative method and similar to a lot of other qualitative methods. We don't verify necessarily what has been provided by an in-depth interview or focus group discussion. Often the tools and the protocol are designed in such a way so that we can trust the results, so that's where the step is optional. MSC is also used a lot of times to compliment quantitative data and so that it does provide some level of verification. So I'm just going to pause your pause here to see if there's any quick questions on most significant change, and then I'm going to go through and provide a couple of examples. I'll take a couple of questions right now, and then we have five minutes at the end of the presentation for more questions. So feel free to unmute yourself, or just put a question in the chat bar.

Karen (00:17:06)

Hi, Aleefia, it's Karen. I just had one question. You mentioned that sometimes that this can yield both positive change as well as negative change. And I'm just curious whether in your experience, the negative change is something that you found has to be sort of explicitly drawn out, or whether people seem comfortable. I'm wondering whether your implicit understanding of this would be that it would be like a positive change and whether it needs to be, I guess, what there's additional steps to allow people the room to provide both kinds, or whether you've found in your experience that both kinds just come forward naturally?

Aleefia Somji (00:17:46)

Yeah, and thanks for the question. In my experience, I think it's good to make clear initially, and I think it really depends on what we're asking. So if it's to do with the specific program that we're implementing, I need to be very conscious of obviously bias, but I think it's good too, to make explicit right from the beginning that negative stories are also allowed or permitted. And one way to do that is in step two, when we're using a practice question, you use a question that you think could have very mixed results. So I know that when we were doing our practice session, we asked the question, in your opinion, what is the most significant change that has resulted from using smartphones? And you can imagine that people have very mixed results on that and very mixed stories. And so we found a lot of negative stories and we found positive stories, and it gets folks comfortable with being able to tell both sides of the story.

Aleefia Somji (00:18:43)

But it is something that is good to emphasize right in the training part, but not something that we really push people to do either way, because it's really what is most significant to them.

Karen (00:18:55)

Great, thank you.

Aleefia Somji (00:18:58)

And they see that Emily says, we used a component of MSC in a survey and it really just brought up positive responses. I think it really depends on the question and what you're asking about specifically.

Emily Stammer (00:19:13)

When it's a good point. I don't think we were explicit that we were looking for negative too, so we'll do that in the future.

Aleefia Somji (00:19:22)

Okay. So let me move on to the next slide. And then if there's any other questions, feel free to put them in the chat box. In the next several slides, I'm going to present two examples, one using MSC as a very light touch, and then a more purist MSC approach. So we're going to start with the Light touch MSC, and this was a project that was conducted by Jhpiego in Malawi. So with a study on women's participants in agricultural marketing clubs, within the wellness and agriculture for life advancement, WALA program in Malawi, there was quantitative data that was collected for sales and membership records, and then qualitative data that was collected through focus group discussions and key informant interviews. And the MSC question was integrated into the SGDs where participants were asked, and in your opinion, what is the most significant change that has occurred in your life since you began participating in WALA marketing club?

Aleefia Somji (00:20:24)

And then the stories were collected by the different participants, and then the stories are prioritized and selected by the program staff or evaluation team. And Elizabeth Alottie Parish, was the study team leader. So there's any specific questions, she can provide any additional information on the study as well. So for the next few slides, let me go to the next slide. I'm just going to go through some of the results and talk about them. Next slide please.

Aleefia Somji (00:20:56)

So let's focus on this spot first, "In the past there used to be months where there was literally no food, but now we are hungry. And now when we are not hungry." Sorry, it was a male chili producer in Vallarta. And the change in most of the stories that we're seeing was increased outcome in which they saw increased income, sorry, where they saw the market group sales data. But some of these stories help to understand why this matter to different people. So this

type of response was expected, the study expected that participating in these marketing groups would increase food security. Next slide, please.

Aleefia Somji (00:21:35)

There were also responses like this, "Previously I would rely on my husband financially, but nowadays I am also participating and able to do business and I'm able to do whatever I want to do with the money I earn." So the study team hoped that there would be outcomes like this, in which participating in the marketing group increased a woman's empowerment. Not only did she save more money, but she also had increased control over the money. Next slide, please.

Aleefia Somji (00:22:06)

In here, we see an unexpected change. So, "My wife's parents didn't want 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 dreams of her parents." The study team had hypothesized that increase in household income would result in improving schooling opportunities for children. But here we can see that improves schooling opportunities for the women themselves. Next slide.

Aleefia Somji (00:22:38)

And the last quote that I want to go through is this one, "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." So we also saw in the study that people identify the process themselves and the skills that they built as the change that was really valued, rather than the end financial outcome. This was really interesting to see, and I think was able to uncover more than what just the numbers would have been able to. Next slide, please.

Aleefia Somji (00:23:16)

I'm now going to talk about using most significant change in a purist approach, which is a very heavy touch. So this was a project that Jhpiego conducted in Nepal, where they indicated a monthly most significant change to collections among a group of female community health volunteers, FCHVs, while being trained on identification and referral of GVB survivors. And they conducted the MSC process, focus group discussions, key informant interviews, and collected GBV service statistics. And the study really looked at two MSC questions. One that was focused on where the FCHVs were asked to tell stories about the most significant change that they had seen in the community. And the other, which was the most significant change that they had seen in their own lives and their own work since they had begun working on GBV identification and referrals. Next slide, please.

Aleefia Somji (00:24:15)

So the FCHVs told their stories, and then they decided together which stories were the most significant. They were also themselves able to categorize the stories into different domains of change. And each quarter, they select the stories from the previous three months were reviewed, and the same group of FCHVs prioritize one to two stories. And then these selected stories from the FCHV groups were sent up to a municipal committee, which also met once per quarter to prioritize the stories. So here we can see multiple different levels of prioritization of stories. Can we go to the next slide?

Aleefia Somji (00:24:54)

I know that this is a lot to look at, but let's start from the top. So from the top in the blue box, we can see that the FCHVs are like telling their stories. So these eight purple boxes are showing the eight different groups that were there. And when they told all their stories, there were about 264 stories. And then I had mentioned that the FCHVs prioritize there's one to two stories. And those one to two stories, the prioritization of the stories was this 96 number here. And then in the first and the second quarter, at the end of the first quarter, in the second quarter the reprioritize those 96 stories and came up with a total of 32 stories. And then those 32 stories were sent to the municipality level. And over there, the municipality level, they prioritize the stories again into six stories, and this was done twice. So in the first quarter, stories were sent out, they prioritize three and in the second quarter, the stories were sent up and then they prioritize another three.

Aleefia Somji (00:26:00)

So there was a total of six stories and that's how the most significant change process work with several different levels. And it's very heavy touch where in Nepal. Next slide.

Aleefia Somji (00:26:18)

So what did we find? I'll talk a little bit about the results. So most significant change stories found that they reinforced the FCHVs role as powerful change agents. The stories, all the stories, almost all of the stories talked about a change that arose as a result of the FCHV intervening and using her new knowledge and skills. There's a couple of reasons why this really mattered. Well originally when the two MSC stories were developed, the hypothesis of the stories would be told about how the FCHVs became more comfortable or empowered to talk about GPP to the community. But they didn't really see this in the stories, the FCHVs didn't really talk about themselves, but rather that the actual change that was perceived to the FCHV was that the process of the change that they saw in the communities.

Aleefia Somji (00:27:18)

And that was pretty interesting. And while the service statistics also showed an increase in referrals and health facility visits for GBV survivors, the numbers weren't as high as they were expected. And through the stories the project found that the FCHVs were taking it upon themselves to mediate disputes within families, or facilitate mediation within community leaders. Even though they weren't really trained for this, and it could put them at risk. This was really an unexpected outcome and led the project to rethink about how they would conduct an intervention like this in the future to give FCHVs the skills that they need to reinforce the mean, but also to reinforce the value of seeking healthcare when it is needed.

Aleefia Somji (00:28:02)

And so all of the stories were analyzed and categorized in the different domains. So it's not just the top six stories, but all of them. And they found that the changes were around behavior change, attitudes, and knowledge, and that the reasons for prioritizing the stories centered around the magnitude of the change within the families and the communities. Then at the next level, the municipal stakeholders were extremely engaged in story collection and selection. And here are some of the themes of the final six stories. And the study had also found that the municipal stakeholders in being able to prioritize these stories, they became very engaged and really appreciated the understanding from the FCHVs point of view. And explored how the FCHVs point of view really impacted and influenced their own priorities.

Aleefia Somji (00:29:02)

Great. So, there's a couple more slides in this deck, which we can send out, which just goes through the individual stories, but I'm not really going to go through this right now. I'm just going to pause here, because I think we're at time to see if there is any questions about any of this. And if we can just skip down two slides, I want to point out the most significant, a couple of resources, the Most Significant Guide by Rick Davies and Jessica Dart and the supporting materials, as well as the MCGL Adaptive Learning Guide, which we, the link is forthcoming. We're just kind of in the final stages of that, which also detailed the FCHVs process in brief. And step by step on as well as like how to implement that in your projects. Thank you.

Emily Stammer (00:29:57)

Great. Thank you, Aleefia, any questions?

Soumya (00:30:01)

I'd like to ask a quick question. So when you asked these questions on most significant change out there in those discussions, was that the whole focus of the discussion, or you had

discussions on various other topics, or you had focus group discussions were asking about a most significant change was embedded within that?

Aleefia Somji (00:30:24)

So both. And I think we've done all sorts of different things. So in the first example in Malawi, the most significant change was a question that was embedded in the focus group discussion guide. When we did this in Ghana, which Kingsley will go through next, the discussion was focused on most significant change. And that was the only topic. And in the Nepal example, the FCHVs were already meeting monthly. And so most significant change was included as like the last 30 minutes of their meetings. So they would discuss their own agendas about other things. And then the second half of the meeting was focused on most significant change.

Soumya (00:31:10)

Thank you.

Emily Stammer (00:31:12)

I see another question in the chat.

Aleefia Somji (00:31:13)

I see. So regarding prioritization by magnitude, are you referring to a change that affected the greatest number of people or the strongest change observed among a few people? Thank you for the question Fahrad. So the criteria to select which stories have the most significant change is really up to the participants. And it's really from the participants. We don't provide any criteria and we've seen various things happen. Some participants come up with their own list of criteria. So one person may step up and take the lead and come up with the criteria. And then the whole group uses the criteria. Then we see people just go through the process of voting. It's really up to the participants to decide. But it's important that every single participant agree, that there's consensus essentially. So whether that's through voting or through one person suggesting something and everybody else agreeing, it really depends and it can vary based on the group.

Aleefia Somji (00:32:27)

Let's see another question. The quotes are really meaningful and great ways to illustrate change. In your experience, how heavily does a facilitator need to guide it to get there? Also, how do you think participants felt about the process for the specific benefits they felt came out of the process? So I can't answer the second part of your question. I think that's a better question for Elizabeth, because I think in Nepal, they did begin to see more significant change as that it started to become part of the intervention. And because it improved the understanding and the

realization by both the municipal level, as well as the FCHVs themselves, as well as the program staff. But I think she would probably be able to shed more light into this, so I can connect you with her after the fall. And then to your first question, how heavily does the facilitator need to guide together?

Aleefia Somji (00:33:23)

So this is really where, if you can go up a couple of slides to the cycle for more significant change, the process. So in step two, this is where it's very critical. So really this piece is about training participants to be able to tell a good story, and there is parts of that training that include what makes a good story. Why do we select this type of story? What levels of detail we need for this type of story? And you often use a practice question here so that the groups get very comfortable on telling a story, describing an actual change that has happened.

Aleefia Somji (00:34:05)

And we found that that training really helps when telling the story using the real question. Now it is the role of the facilitator, if a participant tells a story that is not describing a clear change, or you don't know enough detail to like ask some of those probing questions, to try and understand some of those pieces more. And that's often done a lot more, I would say, in the training part, rather than when participants get used to telling a story, because as they hear other people's stories and they tell their own stories, especially in that training piece, they get better and better at telling their own stories.

Aleefia Somji (00:34:50)

I hope that answered your question. Emily, how much time do we have? I want to..

Emily Stammer (00:34:56)

Let's take one more question. It looks like Barbara has a question. Let's take one more question and then we'll go ahead and move on. So she's asking about with the light touch, how the stories and quotes were gathered, and if participants helped identify the most important change.

Aleefia Somji (00:35:09)

So in the light touch example, the stories were gathered by embedding the most significant change in the FGD questions. That's how they were gathered. And then the participants didn't identify the most important changes. Rather it was the program staff that would then prioritize the stories.

Emily Stammer (00:35:34)

Okay, great. Thank you, Aleefia, for that, if you have more questions, Aleefia is going to be in one of the breakout groups too later. So feel free to go ahead and ask them. So now I'd like to shift over. Kingsley Arhin-Wiredu is joining us from the Ghana office, MTDL Ghana, and he is going to present more about the use of most significant change in Ghana, Kingsley.

Kingsley Arhin-Wiredu (00:36:03)

Okay. Thank you, Emily. Thank you, Aleefia, for the very good presentation. So as I have been introduced Kingsley Ahrain is my name and I'm presenting how MSC was used in Ghana when we're implementing that resource to see the live project. Next slide.

Kingsley Arhin-Wiredu (00:36:30)

I will briefly say that Jhpiego was awarded some funds to support the Ministry of Health in sharing service continuity at primary care levels in six regions in Ghana. And we mainly targeted capacity building in the areas of IPC, where we train 144 providers from primary health care facilities across the assessment, means that we were working in a blended approach where we use, e-learning and also that cascaded to the twenties from the national level to the district and the district then cascaded to the PNC levels. We followed up with two onsite mentoring and supporting activities were we supported facilities after the trainings to ensure that the skills they have acquired through the trainings were actually put into use. Mainly the areas that we support the facilities in, or the GHS in, were early identification, triaging, from referral for diagnosis and management of COVID-19 select cases.

Kingsley Arhin-Wiredu (00:37:47)

We also supported them with some IPC equipment and also some logistics. In fact, next slide. I would say that while we implemented this activity, it was also the same time that I heard opportunity of participants in adaptive management units from the Tobago home office. And I liaise with Aleefia and Elizabeth to see how best we can apply one of these techniques to, these strategies, to our project that we're implementing. In view of that we agreed to use the most significant change to understand the significant change that has happened during the project implementation. This prompted for a planning meeting where Elizabeth oriented or trained myself and Aleefia on the MSC approach, so that we'll be able to apply it in the Ghana settings. Next slide.

Kingsley Arhin-Wiredu (00:38:54)

The way a lot of the opportunities that actually went on among this, this is where you see with the Ghana Health Service to also help us identify participants.

Kingsley Arhin-Wiredu (00:39:06)

So in the MSC planning session, we try to work on these considerations. We first of all talk to who the storytellers will be. And based on the data of staff that participated in this project, we agree to work with all the key lists and the key lists include our medical officers, midwives, physicians, nurses. And we were also looking at how will we, when would we collect these stories. Because of where the project had got into during the time we thought about MSC, we then agreed to do the end of project. The MSC at the end of the project. Now we then started thinking too, what planning needs to occur before we call it the actual stories? Then we started informing the Ghana Health. Service about what MSC is and about our intention as to when to apply it at the end of the project, for them to help us or the participants.

Kingsley Arhin-Wiredu (00:40:15)

Then we started talking about who will facilitate the session. Will the session be facilitated by the Ghana Health Service team or the Jhpiego or the project team will be implemented. In fact, looking at the short time we had to the end of the project, we realized that what working with the Ghana Health Service will give us some delays in them leading, because you were actually to be taking key to sessions. So the project staff then said, I'm taking over and I'm lead assessing to collect the data. So myself, Elizabeth, and Aleefia, we did that. And we then talked about, do we want to do a face to face or a virtual MSC. And because of the Coronavirus restrictions, we decided to do a virtual MSC. So we recorded the sessions in the zoom, and we also took notes during the session and later listened to the recordings to fill in what are we missing that were not documented in the zooms. Next slide.

Kingsley Arhin-Wiredu (00:41:26)

Again, we stored these recordings in the electronic versions in our shared drive. And we also did not do a secondary level story collection because we went to their primary health care facilities, the participant from the facilities. And we also thinking about, should we also do as a caliber story collection where we will interview the district level staff? But our agreement was to work with the primary healthcare facilities. And we actually used this MSC. We shared the stories in a report to the Ghana Health Service. And also we use the stories for the end of project reports. Next slide.

Kingsley Arhin-Wiredu (00:42:17)

So, as I've said, we planned for two virtual meetings with the Ghana Health Service. We did one Friday 12th and the next Friday 19th. Our main approach here was that the first meeting was an opportunity to arrange the participants and the Ghana Health Services on what MSC is. For them to understand what we are actually, the story that we're actually collecting.

Kingsley Arhin-Wiredu (00:42:49)

And the next session, which was on the 19th, was the actual story collection. Each of these sessions lasted for two hours each, and their facilitators, myself and Aleefia, were trained by Elizabeth, who is our MSC expert on the Jhpiego team. So we shared the roles and responsibilities among the facilitators and we divided each of these sessions. So before we actually started this session with the Ghana Health Services, we have to do our virtual meetings to practice the MSC using the Storyteller Orientation and Participatory Facilitation Guidance that had been developed by the Jhpiego team. Next slide.

Kingsley Arhin-Wiredu (00:43:35)

So, as I've already asked in this slide, we actually get 10 participants from all the project sites to participate in the story telling. We provided participants with internet data, to allow them to be able to join these sessions during the storytelling. Next slide.

Kingsley Arhin-Wiredu (00:44:02)

Okay, so basically this, what was handled on the day one of the process. We actually handled these topics, help them understood what most significant change is, what the talent that the storytelling process actually, and what makes a good story. And they also practice storytelling by not using the question that we're using for the actual storytelling. We drafted as a question outside the project for them to practice. And we collected their stories. We assured them of confidentiality as Aleefia presented about confidentiality earlier. Then the participants themselves chose the most significant change story, where the stories were categorized into the various domains. The next slide.

Kingsley Arhin-Wiredu (00:44:58)

So during the actual storytelling process, we had nine stories that we collected. Though we had 10 participants, the main reason why we have this was that one participant actually had a lot of challenges and could not send in their story. So when we go to the next slide, you appreciate what actually happened.

Kingsley Arhin-Wiredu (00:45:37)

So participants then give out their story, or let me see, they told their story. And their story where meant into various groups. So as you can see from the screenshot, we have the safe motherhood to IPC, the IPC education among the plans in the health center in Ghana, as strong, healthy assistant to IPC, prevention of COVID-19 infection among staff of the facility. And it follows. This naming as to the story. Then these themes emerge out of the story. So while

they were telling their story, we tried as much as possible to direct them, to be able to give us the change that you are describing.

Kingsley Arhin-Wiredu (00:46:26)

And various changes were described by various storytellers. One of this was that simple IPC training. IPC education enabled midwives, which resulted in getting angry and other patients adhering to protocols. Mainly this JB describe as a result of the fact that initially when patients come and they were educated about IPC, they actually got not okay with the health worker, but when they partook in the training sessions and they have been supported to understand some of this IPC practices and the COVID-19 dimensions. Now they went back and they changed their approach and it also helped patients to adhere to the various protocols. We then put this story into the Bureau's domains. And don't base that image out of the stories include staff behavior change, client behavior change, and let us like, let me give some other domains. Then student behavior change.

Kingsley Arhin-Wiredu (00:47:54)

Now, it was very interesting to realize that participants were having challenges in choosing which of these stories was the most significant. What do I mean here? It's good to point in the process that every participants wanted their story to be chosen. So we have to then give the participant the opportunity to tell us how do they want us to settle on the most significant story, or which of these stories do you think is, or has given us the most significant change. Now the participants what agreed that the participants votes select these stories. So participants then voted and stories that got the highest votes were then categorized as the most significant story. Then we settled on two stories. So please kindly go to the slide before this one. The slide before this one. Yeah. So we settled on domain of planned behavior of change, which was IPC education enabled midwives to educate patients. And also simple IPC training resulted in better IP practices and no new infections were recorded in these facilities. The next slide. And the next slide.

Kingsley Arhin-Wiredu (00:48:19)

Okay. So going through all these processes, I would say that what helped us make the virtual MSC possible was the fact that we sent in those participants to inform them ahead of time. And we followed up with phone calls and SMS reminders to remind them of the time and the schedules so that they're not missing the sessions. I would say that participants actually were very determined about the criteria for setting the most significant change. As Aleefia, the major challenge as Aleefia said was poor internet connectivity, which actually caused one of the participants not to be able to tell his story. And it is a great challenge we had using the virtual means. Aside this challenge, nine participants actually were able to partake. Though the network, it was going on and off, I remember the session was very successful. Next slide.

Emily Stammer (00:50:33)

Before we transition to break, does anybody have any questions for Kingsley? We have a couple of minutes that we can ask any questions if you want to come off mute or in the tab.

Kingsley Arhin-Wiredu (00:50:47)

Or I would...

Aleefia Somji (00:50:49)

Kingsley and Emily, if I just may add a couple of things from this experience. Thank you, Kingsley. So, one of the things that Kingsley really worked hard to do is, we did develop a short concept note on this and got a non-research recognition for this work from the Hopkins IRB. And for the consent form, because all of this is virtual, we did send them virtual informed consent forms before they attended the session and everybody signed those forms before attending. So they had some understanding of what we were planning to do, and we did respect their confidentiality, we didn't share their names, et cetera. The other thing I think Kingsley mentioned is, but I just want to emphasize this is we also, we took a lot of notes while participants were sharing and so we were able to report their stories and have their full stories. But also we took a lot of notes based on why a story was selected, which was very helpful.

Aleefia Somji (00:51:57)

And then after the first session, as well as the second session Kingsley, myself and Elizabeth, we did a debrief where we were able to talk about... Elizabeth gave us... We all actually gave each other feedback on what was working and what was not working so well and things we had to be conscious about. So one of the things that I think would be helpful to share was that initially, a lot of the men spoke up and they were the ones that we went with, whoever was speaking up first. And we just had to be a little bit more conscious about some of the gender biases might be there. So Kingsley and I then started calling on women who spoke up first and that allowed a more equitable balance on who's speaking first versus second, et cetera. And I think we definitely saw that change between the first session and the second session. So just something to be conscious about and I thought it would be worth sharing.

Emily Stammer (00:52:59)

Great. Thank you, Aleefia. I think we have time for one question. Does anybody have a question? You can ask now, otherwise Kingsley will be in one of the breakout groups and other questions can be asked then. But I think we have time for one if anybody has one.

Soumya (00:53:19)

I did have one question. It seems like in the previous case, the prioritization was done by a different group. Whereas in this case, the participants themselves kind of decided what the most significant stories were. And so I just wanted to see and if you're involved in both of those, how they were different or is there a preference for one over the other?

Aleefia Somji (00:53:45)

Thank you, Soumya. So in the Nepal example, the prioritization was done by the FCH themselves, twice. And then the municipal level and in the Malawi example, you're right. The prioritization was done by the program team. And here, the prioritization was done by the participants themselves. I think the preference is that the prioritization is done by the participants themselves, but I wasn't really involved in the other two studies, I just know about them. So I think maybe I can connect you with Elizabeth, which we can give you probably a better perspective as she's been involved in both those examples as well as this one.

Soumya (00:54:26)

Thank you.

Emily Stammer (00:54:29)

Great. Thank you. So if you have other questions, make sure you join Kingsley's breakout groups later and feel free to ask then. So next slide please. I know I said five minute break, we are going to take a quick two minute break, starting now to go run, refill your coffee, do whatever you need. And then we will come back and Dr. Silva will do her presentation. While you're on break, if you have a moment, we have a question in the Riseup Pad for anyone. If you'd like to give us an idea of what you'd like to see from this workshop series moving forward, we will come back and begin again at 9:03. But, if you have a moment, if you don't leave your desk and want to fill that out on the Riseup Pad, that would be great. Otherwise, we'll see you at 9:03.

Emily Stammer (00:57:03)

Okay everyone, two minute break is over. So welcome back. I am going to go ahead and turn things over. Next slide please. Next slide. I'm going to turn things over to Dr. Martha Silva with Breakthrough RESEARCH who is going to talk to us about her experience using Most Significant Change with the Merci Mon Héros campaign. Dr. Silva.

Martha Silva (00:57:30)

Thank you, Emily. Thank you very much. Good morning. Good afternoon. As Emily mentioned, I am affiliated with Tulane University. I'm assistant professor there in the School of Public Health and Tropical Medicine, and I am also data strategist and innovation team lead for Breakthrough RESEARCH. I've also been a principal investigator for the last couple of years in this evaluation of a youth campaign called Merci Mon Héros or in English, thank you, my hero, which has been implemented in Francophone West Africa. So I'm really happy to share today some of our experiences incorporating Most Significant Change methodology into this activity. Next slide.

Martha Silva (00:58:13)

Just a quick outline of what I'll cover today. I will start with a brief overview of the intervention in the context, even though I am not part of the team that actually implemented this campaign, that was implemented by our sister project Breakthrough ACTION. I'll then provide an overview of the M&E strategies that we chose and how Most Significant Change fit into that. And I'll talk a fair bit of detail about how we implemented Most Significant Change, which I thought would be probably the most interesting aspect for this group. And I'll really touch very briefly on the results if we have time. I might have to skip over that section, but have included it here in this presentation for you to read later. I'll then wrap up as others did with just some few thoughts about lessons learned, how Most Significant Change has added to our M&E strategy and hopefully some useful tips for you there. Next slide.

Martha Silva (00:59:12)

So just for those of you who aren't familiar with the Breakthrough ACTION and Breakthrough RESEARCH projects. We are two independent projects, but we jointly constitute USAID's flagship investment for social and behavior change. And Breakthrough ACTION works to implement SBC programs and advocate for sustained investment in SBC. And Breakthrough RESEARCH conducts research and evaluation, promoting evidence based solutions for SBC programs. So for this campaign, the Merci Mon Héros, Breakthrough ACTION led the development and implementation of the activity. And we at Breakthrough RESEARCH led the evaluation. So this is considered an external evaluation, although we collaborate very, very closely the two projects together. If anybody is interested in having more information about the campaign itself, I'm happy to connect you with the Breakthrough ACTION team. Next slide.

Martha Silva (01:00:07)

So as an overview of the Merci Mon Héros campaign, this is a multi-media youth led or youth co-lead campaign that leverages testimonial videos to showcase the power of empathy, to improve reproductive health and family planning access for young people in Francophone West Africa. It has been disseminated in nine countries in Francophone Africa, but mainly or more intensely perhaps, enforced four West Africa countries, which are Cote d'Ivoire, Niger, Togo and Burkina Faso. The campaign uses multiple media to reach the target audiences. It did begin

with a social media approach and that expanded to TV, radio, and community events, many of which are also live streamed. So there's a lot of cross-pollination between the channels.

Martha Silva (01:00:58)

The main goal of the campaign is to reduce the impact of social norms that prevent youth from accessing reproductive health and family planning information, as well as services. And the content mostly consists of video testimonials with young people that are describing the personal impact that family members or neighbors or teachers perhaps have made by overcoming the taboo and help them understand sensitive moments in their lives, such as first periods, romantic relationships, et cetera. The image that you see on the left is an uncle and his nephew in one of the videos. And the uncle is saying, "If you don't exchange with your children about reproductive health and family planning, you cannot help them." Next slide.

Martha Silva (01:01:46)

As I mentioned in the previous slide, the campaign has been more intensely disseminated in these four countries that you see across the top of the table. And given the scope and complexity of the campaign, the evaluation strategy is using multiple methods and multiple sources of data. So why did we choose to include a qualitative component, Most Significant Change component? We understood that the youth led campaign that was using multiple channels across multiple contexts and also addressing multiple audiences pretty much fit the definition of a complex program. The youth led campaigns are really an understudied area of social and behavior change. And we also understood that we needed to include a method that would allow a participatory approach in keeping with the participatory implementation of the youth led strategy. So both in the recruitment and the collection of the stories, but also in the validation of what constituted a significant change, we believed that we needed a participatory approach. Next slide.

Martha Silva (01:02:57)

These are the study objectives, which I'm not going to read, but it is important to highlight, particularly with the presentations that we've just seen, that we did have at the outset of the study design set objectives. The campaign development team, design and implementation team had identified broad behavioral outcomes, which included intergenerational communication. So getting young people and adults to talk to each other about reproductive health and family planning, and then ultimately utilization of family planning and reproductive health services. The campaign at the beginning did not have a very clearly developed theory of change at the outset. So you will notice that the study objectives do identify domains of change, but not necessarily specific elements within the potential pathways to change. So, that was something that we wanted to explore. What are we going to get back in terms of, how do you get from point A to point B? Next slide.

Martha Silva (01:03:57)

The Most Significant Change component of the evaluation was conducted as you saw in the previous slide, in two countries of the four focus countries, Niger and Cote d'Ivoire. And we did choose to use focus group discussions. We carried out 24 focus group discussions per country, stratified by gender, as well as by age to avoid some of the challenges that the previous presentation highlighted in terms of having more male voice represented versus female voices. The study was designed and planned pre-COVID. And one of the reasons that we had decided to collect the stories of change using focus group discussions, again, I think was well reflected in the previous presentations is because, we know that group environments have been successful in eliciting more conversation as when people are hearing other people identify stories of change, different elements can resonate with them and they hear and practice how to tell a good story or how to identify stories of change.

Martha Silva (01:05:05)

Yet, on the other hand, we also were very aware that this campaign talks about very sensitive topics, particularly in this context of West Africa. So we did wonder whether the group discussion approach would work equally in both country contexts. And then in addition to that, after the study was designed and approved, COVID hit. And obviously the study was impacted as many were. So we had to seriously consider whether to maintain the original study design using focus group discussions, or to change to in depth interviews, to avoid bringing people together. We did a pilot switching to remote interviews, but ultimately we were not satisfied by the level of engagement and also the richness of the stories that we got using remote interviews.

Martha Silva (01:05:57)

So we did have to delay the study until we could develop COVID risk mitigations that were acceptable and could be implemented. And in both countries, the group discussions were kept small to between four and six people, which is smaller than you usually would have for focus group discussions, but we did this to ensure sufficient spacing between participants. So in total, we had 114 participants in Cote d'Ivoire and 145 participants in Niger. Next slide.

Martha Silva (01:06:25)

So I wanted to talk a little bit about the recruitment, because I think one difference that this study might have with some of the other studies that we've seen this morning is, we had no previous contact with these participants. They were not necessarily regularly in touch with the campaigns, their level of exposure of the campaign differ. So we did have to struggle a little bit about how are we going to recruit people. And the recruitment strategies varied between

countries, but followed these layers where Breakthrough ACTION, the implementation team provided lists of campaign events and both young people and adults would have participated in community events, such as community dialogues and workshops and the likes. Most adults that participated were from lists of school-based events, such as school parents or school teachers. And I think by far, the adults were the more difficult target population to recruit for this study.

Martha Silva (01:07:29)

Cote d'Ivoire in particular, the youth in Cote d'Ivoire had organized dissemination of campaign material through WhatsApp groups, and these groups proved really useful for recruitment. Whereas in Niger, for example, the Breakthrough ACTION team worked with influencers that supported the campaign and so the recruitment strategy followed those lines as well. And lastly, given that the social media footprint of the campaign was considerable, we also invited social media page fans and people with high engagement with the social media aspect of the campaign to participate. Next slide.

Martha Silva (01:08:11)

The focus group discussion guide. I wanted to point out that we did embed... In this case, we didn't embed the Most Significant Change aspect to focus group discussion guide. We kind of embedded other aspects into what was going to be a Most Significant Change discussion. We had a separate aim to the study and we had already conducted in-depth interviews. So we took this opportunity to validate some of the findings that we had for this other study objective. So we started with this conversation about community level attitudes and perceptions, and then we moved onto Most Significant Change eliciting stories of change. And I think that the process that the other presenters have gone through is pretty clear, so I won't go into this. Only to say that as I showed you a minute ago, we did have predetermined domains of change, but also leaving space for unexpected change since, we didn't have a very clear theory of change to explore at the beginning. And so we were very aware of the fact that we needed to leave an open-ended process to get both positive and negative stories of change. Next slide.

Martha Silva (01:09:33)

I wanted to go a little bit into this, the aspect of data management. Our field study team began the process of extracting stories of change immediately during the focus group discussions. And so the stories were written not by participants themselves, given that at the beginning, we did experiment with having people write their own stories, but we found that people were really a lot more interested in talking than they were in writing down. So, we quickly figured that maybe we would help them along in writing those stories of change during the focus group discussions and that worked well. We also transcribed the full focus group. And so the stories of change that were extracted were also validated against the transcript to make sure that the stories remained faithful to, in the voice that people used when they told their stories.

Martha Silva (01:10:28)

Once the stories of change had been extracted, we formed selection panels. And in our case, the selection panels were not the participants themselves. The stories of significant change were assessed by what we were calling independent panels. And they were independent of the campaign, so they had not participated in campaign implementation or were part necessarily of the campaign. And they were also independent of the research study group. So these members were recruited separately and they were representative of the audiences that were targeted in the campaign, but they didn't necessarily have a vested interest in the campaign. And so it was interesting to hear Kingsley's challenge of people wanting to vote for their own stories. In this case, they had no vested interest in the stories. Next slide.

Martha Silva (01:11:25)

The stories of significant change were read in these, they were workshops that lasted about a half a day. And the study team had provided a set of suggested criteria that they could use to base their selection. But it also as has been expressed before, important for them to be aware that they could choose not to use these criteria or choose to prioritize differently. So before they got started, each panel reviewed the criteria and discussed whether or not they thought these criteria were appropriate for their context.

Martha Silva (01:12:00)

So, and given the participatory nature of the Most Significant Change, and I think you'll see this in one of the stories of change. If we have time, I'll get to read it to you. The reason why people chose stories as the Most Significant Change stories could vary, could not necessarily stick to these criteria. And people were very passionate about defending why they thought that the stories of change were significant regardless of the criteria. So it was interesting to see how they interacted with this criteria. All the stories of change were reviewed by domain and they were ranked. But as previous presenters noted, all of the stories were also included in a thematic analysis to allow for a broader view of what types of change we had captured and also a more nuanced look at what contributes to change. Next slide.

Martha Silva (01:13:01)

I'm not going to go into a lot of detail on this slide, just in the interest of time. You'll see that these are the stories of change that we got. We had a total of 59 stories of change in Niger. 30 stories of change in Cote d'Ivoire. We are not necessarily comparing countries. Obviously they, by no means are the numbers considered indicative of greater change in one country or the other, these were separate processes that were constructed by separate teams. You can notice however, that the great majority of stories fall within the communication domain. And there were

more stories of change among adults than there were among the young people. So we thought that was interesting. Excuse me. Next slide.

Martha Silva (01:13:48)

So this is one of six stories of Most Significant Change. This one in particular is from Cote d'Ivoire. So just to note some of the things that I had mentioned, how the selection panels interacted with the criteria. So one of the suggested criteria was whether or not the story aligned with the campaign objectives. We thought it was very interesting. This is the story of a adult man who has a tumultuous relationship with his daughter, not really liking her going out at night, thinking that she's engaging in sexual encounters. This man would beat his daughter and that contributed to a very strained relationship. And after attending a campaign discussion that included both the young people and the adults, he says that something clicked for him and understood the need to dialogue with his daughter and decided not to beat her anymore. And so, one of the interesting, if you hear the reasoning during the workshop...

Martha Silva (01:14:58)

And so, one of the interesting, if you hear the reasoning during the workshop, why it was considered an element of significant change, the campaign was not intending to affect gender-based violence at all, but this factor was something that moved people significantly, saying it's not only the communication, but this had an effect that was beyond what was expected and that was considered a Most Significant Change. So we thought it was interesting to highlight that. Next slide.

Martha Silva (01:15:33)

This is an example of Niger that is in line with the campaign objectives of creating empathy for young people. A midwife that, in her words, was moralizing young women when they came to her pregnant. After participating in campaign events, it is with empathy and encouragement that I now welcome young girls who are unhappy to discover that they have become pregnant, creating a more supportive environment to help people overcome this moment in their lives. Next slide.

Martha Silva (01:16:14)

Really quickly, just to highlight some of the other elements in the thematic analysis, we do observe across the stories of change, a lightening of the taboo around talking about sex with family and family planning with family members and adults alike, which is very much in line with the campaign objectives. In terms of empathy, we do see participants acknowledging that the topic causes embarrassment, but also acknowledging that it's important to talk to young people.

Martha Silva (01:16:48)

In terms of behavior uptake, what we see is that that campaign can act as a prompt for behavior change, such as parents seeking out information and setting kids down for a sex talk. Among the youth, what we see is that there is the perception that... It's really the adults that need this campaign. So a lot of encouragement in terms of seeing a generational shift of maybe we may not have gotten the benefits of what this campaign can bring, but maybe we can be triggers for the next generation and we can get it right. And so being the hero for the younger people or being the hero for the younger brother or sister is something that we see as well in these stories of change. We also see some negative stories or what we have mostly characterized as fears about what this campaign can bring, although they don't come to be really evident in terms of actual changes that have taken place. Next slide.

Martha Silva (01:17:57)

Excuse me. Important to talk about the limitations. I think they were also mentioned in the previous presentations. The story generation process is limited to those who are chosen or those who are good storytellers. Whose stories are we not capturing? Whose stories are we seeing? This tendency to have a preference for the good storytellers among the groups. There is a strong potential for social desirability bias, as someone asked before, people tend to want to give you the positive story. We did have to be intentional about trying to seek whether or not there were negative stories of change. Next slide.

Martha Silva (01:18:46)

Just to talk about what the Most Significant Change added to our M&E efforts and also thinking about when other people may want to consider using Most Significant Change. It definitely did give us an appreciation for the complexity of youth, family planning, reproductive health, and intergenerational communication. When you have a complex environment such as the one that we were facing, and you're not sure, or you don't understand the pathways or outcomes, and you don't have the right quantitative measures to assess potential change, I think this is a very useful tool. The stories of change are very persuasive and the qualitative data can be very impactful for advocacy purposes as well.

Martha Silva (01:19:29)

For us, it was evident that we needed robust evidence of programmatic impact. In this case, the individual level stories of change provide quite compelling stories of what the campaign is able to do at an individual level. In our case, it was important to both, for the programmatic team, the implementation team and the evaluation team to have multiple sources of data. We are using social listening to help us understand the campaign footprint, particularly online, and the Most Significant Change component really gives us a deeper understanding of the potential impact as

well as how the campaign affects people's perceptions and understanding, and also behavior. Next slide.

Martha Silva (01:20:19)

So just to end, I just wanted to mention some preliminary lessons learned that we've been able to draw out of this particular study. During the recruitment process, ensuring sufficient level of campaign exposure prior to data collection. We were concerned from the start about how we would ensure that the participants we reached had a sufficient level of exposure, that you could expect stories of significant change. Logically, we thought that the more exposed somebody was, the more potential for change there would be. The second aspect is that we were considering the appropriateness of the group environment for collecting stories, as I mentioned before.

Martha Silva (01:21:06)

If I had to do the study again, I would probably switch to in-depth interviews in Niger only. I think that the context in Niger and the context in Côte d'Ivoire are very different. And, and definitely in Niger, we noticed more hesitancy to speak in a group environment, given the sensitivity. The selection panel composition, we ensured that the target population was well-represented. In terms of the selection process, clearly outlining a process allowed for both the selection panel to work independently, but also giving a lot of flexibility to adapt the definitions for what constituted significant change. I will leave it here. I will just mention that the reports will be available in August, and I'm happy to make it available both in English and French to whoever wants to know more about the study.

Emily Stammer (01:22:12)

Great. Thank you, Martha. Does anybody have any questions for Martha? I think we're going to shorten the time on the breakout groups just a little bit. We're a small group here. We can make time for questions. Does anybody have any, you want to come off mute or put them in the chat?

Emily Stammer (01:22:40)

Anybody? Otherwise Martha will be facilitating the third group today, so if you have questions, feel free, you can ask them in her group. Anyone?

Emily Stammer (01:23:00)

Okay. All right. I don't see any, so let's go ahead and... Oh, Kate Gilroy's asking if you had any negative stories.

Martha Silva (01:23:14)

Thank you, Kate. I guess this brings us into the topic of what constitutes a story. I think there was a lot of fear expressed and basically the fear around campaigns like this, if you talk to young people about family planning, you're encouraging them to have premarital sex, along those lines. There were actually, once we reviewed the transcripts, we had to have a group discussion on, do these constitute really stories of change or are they expressing fears? We went through the process of re-reviewing the transcripts and we came to the conclusion that they weren't actually expressing stories of a negative consequence. They were really expressing fears of, we think this is what's going to happen. We didn't end up categorizing them as negative stories of change, but it was an interesting process of re-reviewing what constitutes a story and what makes the cut as a story of change. We didn't actually end up having these negative stories.

Martha Silva (01:24:37)

Although we were definitely very conscious of probing for them, but where were they getting them?

Emily Stammer (01:24:52)

Great. Other questions?

Emily Stammer (01:25:03)

Okay. If not, let's go to the next slide.

Emily Stammer (01:25:10)

And the next one. Like last week, we are going to do the breakout discussions. We're going to ask folks to self-select into the room. We have three rooms this week. The first will be with Kingsley and Lucy, which will be for folks who want more information about the approach. The second group will be with Samiya and Alifia. If you've never used Most Significant Change, but you're interested in using it and starting to think about how you might want to operationalize it. The third group with Dr. Silva will be with folks who may have used Most Significant Change before and are looking to improve. I know, based on the poll earlier, there weren't a lot of folks who had used Most Significant Change before. If you have questions about Dr. Silva's work or anyone in any of the groups, if you have questions for folks, feel free to join those groups. I think they're going to be pretty small, so they should be able to have time to answer any questions you might have. We'll be in discussion groups for about 15 minutes. I'm going to go ahead and open the rooms now.

Emily Stammer (01:26:25)

You should be able to select into the groups. Like I said, Kingsley and Lucy will be in the first group. Samiya and Alifia will be in group two, and then Dr. Silva will be in group three. If you want to go ahead and join those, we will be back here in about 15 minutes.

Emily Stammer (01:27:22)

Hey, everybody. Welcome back. Sorry. I hope I didn't interrupt too much good conversation. I'm going to turn it over to Lucy, just talk about a little bit of discussion. Lucy?

Lucy Wilson (01:27:38)

Yeah. Thanks. Welcome back from the breakout groups. We just have a couple of minutes that I want to see if anybody wants to share some interesting tidbit that came out of the conversation that happened in their group. No need to recap the entire discussion, but if there's something interesting in the group with Kingsley and Claude and Emily and I, we learned a little bit more about the virtual use of Most Significant Change and how it's going to be used in a follow-on with an additional Most Significant Change implementation that'll be going on in the next couple of months. And also how they were integrating Most Significant Change along with after action reviews. Does anybody want to share anything interesting that came up in their groups? Please feel to go off mute and share.

Lucy Wilson (01:28:51)

Do I need to call on somebody today?

Emily Stammer (01:28:57)

Got a quiet group.

Emily Stammer (01:29:07)

Soumya, anything of interesting with you and Aleefia?

Soumya (01:29:13)

No, I think it was some of the same questions, actually Laura was in the middle of a question, which could have been an interesting one, but it seems like she's not here right now.

Lucy Wilson (01:29:33)

Okay. Well maybe we'll move on to our wrap up and people maybe feel more comfortable contributing their thoughts in the Riseup pad.

Emily Stammer (01:29:45)

Good. Okay. So yeah, this is our last session of the series. Next slide please.

Emily Stammer (01:29:54)

Before we close, I just want to reiterate that we have some resources from the workshops that are available. We have the MOMENTUM CAM guide that is available externally, the resource collection that was put together that highlights a number of the resources that were used to put the guide together, as well as the workshop that's available on the Momentum hub, as well as the workshop materials, which go out to everyone who registers after each session. But if you're looking for all of them from all of the sessions, those are available on the Momentum hub.

Emily Stammer (01:30:32)

In terms of next steps, we are looking into the TA sessions and the hands-on workshop sessions likely for September, 2021. We will be in touch with more detail on that, once we have worked them out and figured out kind of needs are. We will also be sending out a survey in the near future and would really like your feedback on that in order to develop future sessions either this year or in the future, and next year. Next slide.

Emily Stammer (01:31:05)

Today's main takeaways. We don't have any! Why? Because we are going to do that as part of our Riseup pads. So I will turn it back over to Lucy.

Lucy Wilson (01:31:17)

Thanks Emily. As you'll see, this slide is blank, but we were hoping that you all would help us write the main takeaways from today using the Riseup pads. So if you go to the next slide, we're asking the questions and you actually have two options. You can either write takeaways from today's session or takeaways from the overall workshop series, for those of you who've attended more than one session. So Emily has put the Riseup pad link into the chat box. So please feel free to click on that link. Take a minute to think about what you've learned today and start adding those lessons learned, what you would put on your key takeaway slide if you had to write it, into the Riseup pad, and again, for either today or for the overall session. And also as a reminder, there is the other Riseup pad from the break where you can add thoughts about what you'd like to see going forward.

So I'll switch over to the Riseup pad.

Give you all a minute to add some thoughts in.

Lucy Wilson (01:33:13)

So I see we've got a couple things coming in from today, as well as from the whole series. If you scroll down in the Riseup pad, you'll see that the second question is down below. So I like this first one around different levels of intensity and in the way that Alifia had framed that as a pure, full implementation of Most Significant Change, the kind of more high intensity one in Nepal. The example that she shared and then the light touch. In some ways the, the virtual might be considered a light touch, and on the other hand, it may also be intense. A good point here, too, that it can be used both as regular monitoring, as well as end of the project. That's always a great distinction with a purchase like these. It was fun to see MSC used virtually and then both FTGs and IDIs, and that it may require in-person discussions. That can be helpful in some cases as well.

Lucy Wilson (01:34:29)

And maybe a thought that maybe is what something's coming up here with being aware of participant selection. I'm going to jump in and assume that one of the things that I found really interesting was the comment that, I think it was from Kingsley, who said that they found that the male participants were speaking out more than the female participants. And so had to adapt on the fly to address that gender disparity in the discussions. Triangulation with other data-

Aleefia Somji (01:35:04)

Can I just add?

Kingsley Arhin-Wiredu (01:35:06)

Yeah, go right ahead.

Aleefia Somji (01:35:08)

Say one more thing to that. I think the other thing to be conscious of is levels of hierarchy when you have a group. So if you're going to put in the janitor along with a senior doctor in a health facility, you can get, the janitors are not going to be speaking. That could also be true for women of different age groups.

Aleefia Somji (01:35:28)

If you're looking at like pregnancy, if you have a woman who's delivered her first baby, and you pair that with the woman who's delivered five babies, there may be some power dynamics that might be something to keep in mind similar what you would keep in mind for an FTG. So just of the similar things that you're thinking about, I think would be really helpful to think over here. And just from the gender perspective, as a facilitator, be conscious to like make sure that people are speaking equally, otherwise call people out.

Lucy Wilson (01:36:00)

Yeah, it's a great point. And a reminder that this is an approach where some qualitative research and data collection skills are useful. And that's the great comment, I'm here, but the need for well-trained and prepared facilitators. And then moving down to the workshop series, overall. A comment about the pause and reflect session that we had about two weeks ago, I think that was. In the different ways and levels of intensity for doing pause and reflect. And that we work in complex settings and there's lots of options for different camera purchase. I think that's a great overarching takeaway from this series. So thank you.

Lucy Wilson (01:36:42)

As always we'll leave this open. So you're welcome to continue to add in your comments and your takeaways. That's helpful for us to see what, what you got out of it, as we think about what next steps will take place. I also want to take a minute and thank everyone for the speakers, the crew on the backend. Yes. Our presenters, the crew on the backside, who's been helping out Samiya and Laura, who have been helping shape the program and the wider momentum knowledge accelerator project, the founders in this suite of awards. So thank you. Emily. Any last thoughts?

Emily Stammer (01:37:24)

Thank you all for joining. And we look forward to a future session.

Speaker 2 (01:37:34)

Thank you all. It's been great. Super great.

Speaker 3 (01:37:37)

Thank you everybody. Bye.