

Experiences and Lessons Learned: Implementing the **Most Significant Change** Method

The most significant change (MSC) method is a participatory qualitative approach to monitoring and evaluation (M&E) of complex programs. MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID), has implemented this technique in evaluations of health programs. This brief summarizes our experience and shares lessons learned in the application of MSC.

Background

MSC prioritizes involving stakeholders in efforts to monitor and evaluate programs. Researchers measure change by collecting personal accounts of change from the perspective of program participants, and then analyzing these accounts and making collective decisions to determine what experiences of change are most significant and why (Davis & Hart, 2005). The process entails three basic steps:

1. Deciding the types of stories that should be collected from beneficiaries, partners, or participants
2. Gathering stories by asking respondents to describe both the change they experienced and the reasons they consider it significant, then collectively determining which stories are the most significant
3. Sharing the stories with stakeholders and contributors to learn what is valued

The MSC method is uniquely suited for evaluating programs that adapt to varied or evolving contexts. It focuses on learning, rather than relying solely on accountability to donors (Lennie, 2011); it helps assess the performance of a program as a whole; and it shows whether the program met its objectives.

Methods

To assess MEASURE Evaluation's experience using the MSC approach, we reviewed PowerPoint presentations on how the project applied the MSC method and seven reports on evaluations that included MSC. We conducted key informant interviews with five MEASURE Evaluation researchers who were involved in data collection using MSC.

Applications

Uganda: The United States Agency for International Development's (USAID) Sustainable, Comprehensive Responses (SCORE) project operated in Uganda to benefit orphans and vulnerable children and their caregivers. The program's aims were to build economic resilience, enhance food security, improve child protection, and increase access to education and critical services. MEASURE Evaluation used the MSC method to assess the project's effects on beneficiaries and the strengths and challenges associated with implementation. We asked 40 randomly selected beneficiaries and project staff about positive and negative changes resulting from the program.

Time and resource constraints prevented respondents from gathering to discuss and vote on the changes that had the most impact. Instead, we used the MSC framework to develop open-ended questions for the participants, which generated rich and interesting responses. Analysis of these answers revealed that the layered, multifaceted components of the intervention led to positive change, particularly at the family level.

Malawi: MSC was intended to be one aspect of qualitative data collection for a large impact evaluation of Feed the Future's Integrating Nutrition in Value Chains (INVC) program. Volunteer nutrition promoters from two districts in Malawi received training to use the MSC method to record experiences of people who were beneficiaries of the INVC program. During one year, 26 nutrition promoters—who also were program implementers—collected 277 stories from project beneficiary households.

The nutrition promoters wrote down story summaries in their notebooks, rather than transcribing word-for-word

accounts. The resulting stories were short, repetitive, and not detailed. This meant that the stories were so similar that it was difficult for the promoters to discuss, rank, and select the most significant ones. Many of the stories covered more than one category of change, which made assigning a story to a single aspect of the intervention (e.g., better farming practices, improved nutrition knowledge, and increased sales of agricultural products) challenging for promoters, too.

The MSC method did prove to be useful for understanding participants' perceptions of the INVC program's most important benefits and challenges. But because the impact evaluation was canceled, no other qualitative data were collected to supplement the stories.

Côte d'Ivoire and Nigeria: In these two countries, researchers used the MSC method to produce evidence of improvements in 12 components of the countries' national HIV M&E systems. With the support of a facilitator well trained in the MSC method, MEASURE Evaluation conducted a stakeholder workshop in both countries to identify stories. Participants worked in groups with a self-assessment tool to guide their discussion, agreed on a group answer to questions, and provided evidence for their response. The groups then verified one another's findings in a plenary session. Afterward, researchers validated the stories collected and conducted key informant interviews to obtain additional details and perspectives on the most significant changes identified in the workshop.

Researchers found that engaging stakeholders in the MSC method helped them identify the important changes resulting from interventions to strengthen M&E systems, which also helped to raise interest in these interventions and the defined domains of change. Using the MSC method also meant that researchers clearly heard stakeholders' voices and could comprehensively and systematically quantify improvements or successes in each of the 12 components of M&E systems strengthening.

Uganda and Ghana: The United States Centers for Disease Control and Prevention (CDC) in Uganda and USAID in Ghana asked MEASURE Evaluation to evaluate the U.S. government's Local Capacity Initiative (LCI), which was designed to strengthen local advocacy for a continued national HIV response. Our evaluation aimed to describe how these policy, advocacy, and capacity-building activities affected access to good-quality HIV services for key populations (i.e., sex workers, men who have sex with men, injecting drug users, and transgender people).

In Uganda during the first year of the project, six experienced interviewers were trained to implement the MSC approach with clinic providers and civil society organizations serving key populations as part of the LCI. After gathering stories during two-hour interviews, the evaluators conducted day-long focus group workshops. Respondents were presented with the stories—organized by intervention domains—and then were asked to rank the stories. The group then collaboratively determined the most significant of the top four stories, and worked together to add more detail. This process was repeated in the third year. Although quantitative data were also collected, the MSC stories provided the most useful and revealing information about LCI outcomes and impact.

In Ghana, experienced qualitative data collectors also were deployed for the MSC approach. However, the approach was applied at only one point in the project and no quantitative data were collected. Nevertheless, as in Uganda, the stories revealed that the project had a great influence, and use of the MSC method produced rich, descriptive information.

Nepal: MEASURE Evaluation conducted an impact evaluation to understand the contributions of two approaches to strengthening the capacity of the Health Facility Operation and Management Committees (HFOMCs) in Nepal. At the end line of the evaluation, we used the MSC method to conduct eight focus group discussions with HFOMC members to see if significant changes had occurred in their lives as a direct result of their participation in the program or as a result of the program's interventions overall.

The plan was to apply the MSC method in two ways: (1) HFOMC members were to engage in focus group discussions about changes they experienced through program participation, and (2) HFOMC members were to collect stories of change from the community for the HFOMC to discuss and vote on. The latter story collection did not happen as planned, however, because of HFOMC members' limited time and limited skills in facilitating discussions, among other reasons. Instead, a local research organization collected the stories from community members and presented them to the HFOMC members for group discussion.

Using the MSC approach with community members proved challenging because the intervention was implemented by the same organization that implemented

another program and community members confused the two. However, HFOMC members shared useful stories about how the project helped them obtain information.

Lessons Learned

MEASURE Evaluation learned the following lessons from implementing the MSC technique:

- People collecting stories should be well trained and supervised so the stories are thoroughly captured with detailed notes.
- The MSC approach is time-consuming and requires careful facilitation. If people capturing stories lack sufficient time and skills, it is better to select others who can use the method correctly, or plan to spend significant time training data collectors to record stories, or avoid the method altogether.
- The MSC approach is easy for participants to understand.
- Allow ample time for the interviews, even if this means gathering fewer stories. Data collectors should be able to fully explain the questions and participants need enough time to think about their experiences and articulate their responses.
- Follow-up interviews with beneficiaries, program staff, or donors can strengthen the learning aspect of this approach and complement the MSC data.
- The MSC technique is useful when evaluators must systematically narrow down the components of participant observations of what changed.
- This method tends to have a bias for positive responses. Specifically asking a question about the most significant *negative* change can address this potential drawback.
- When using program staff to implement the MSC technique, evaluators should be aware that staff may have an incentive to prioritize stories of change that benefit them personally.
- An established framework or guideline helps to guide implementation of the MSC method and creates a baseline for analysis of the stories. Although the framework should be sufficiently broad to capture many points of view, it also needs to be focused enough for researchers to compare stories across contexts and stakeholders and identify common threads that reveal what is the most significant change.

References

- Davis, R. & Dart, J. (2005). The “Most Significant Change” (MSC) technique: A guide to its use. Retrieved from <https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf>
- Lennie, J. (2011). The Most Significant Change technique: A manual for M&E staff and others at Equal Access. Retrieved from https://www.betterevaluation.org/sites/default/files/EA_PM%26E_toolkit_MSC_manual_for_publication.pdf

Annotated Bibliography

- Flax, V., Bula, A., Seguin, R., & Angeles, G. (2017). Integrating Nutrition in Value Chains in Malawi: Using Most Significant Change stories to understand community experiences. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at https://www.measureevaluation.org/resources/publications/tr-17-187_en

MEASURE Evaluation was commissioned to conduct an impact evaluation of the INVC program in Malawi. This evaluation was subsequently canceled; however, as part of it, MEASURE Evaluation and the Centre for Public Health Research and Development trained nutrition promoters to use the MSC technique to obtain information from participants about their experiences with the program. This report explains how the method was implemented, the significant changes that were discussed, and lessons learned from using nutrition promoters to apply this method. The report also includes an MSC data collection form in the appendix, which is a helpful resource for future evaluations.

- Salentine, S. & Kemerer, V. (2014). A case study to measure national HIV M&E systems strengthening: Côte d'Ivoire. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <https://www.measureevaluation.org/resources/publications/sr-14-102>

This case study presents the mixed-methods retrospective approach used to determine stakeholders' experiences in the improvement of the HIV M&E system. It describes the five MSCs identified during the self-assessment workshop using the adapted version of the 12 Components M&E Systems Strengthening Tool. Applying the MSC technique, the case study revealed the key activities through which routine health information system strengthening was achieved.

Salentine, S. & Kemerer, V. (2014). A case study to measure national HIV M&E systems strengthening: Nigeria. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <https://www.measureevaluation.org/resources/publications/sr-14-104>

This report documents the M&E system strengthening interventions and investments in Nigeria from 2007–2012. Like the Côte d'Ivoire case study, it describes the six MSCs identified during the self-assessment workshop using the adapted version of the 12 Components M&E Systems Strengthening Tool. The case study revealed the key activities through which the M&E system was strengthened. The report explains how evidence was gathered to verify real change in routine health information system strengthening.

Cannon, M., Charyeva, Z., do Nascimento, N., Namisango, E., & Ddumba-Nyanzi, I. (2017). Uganda's SCORE program for vulnerable children and their families: Mixed-methods performance evaluation. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <https://www.measureevaluation.org/resources/publications/tre-17-002>

The SCORE project operated in 35 Ugandan districts to build economic resilience, enhance food security, improve child protection, and increase access to education and critical services. This report outlines the results of an evaluation of SCORE. It provides an assessment of the effects of SCORE on the program beneficiaries and the strengths and challenges of the SCORE program approach. Although the report includes few details about how the MSC method was applied, it does include details about the MSCs shared by the project beneficiaries.

Fehringer, J., Paul, M. A., Ghimire, D., Lohani, J. R., Bandhari, P., Basnet, D., Kalpana, B. C., & Uprety, K. (2018). Interventions to strengthen the health facility operations and management committees in Nepal: Final report. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Available at <https://www.measureevaluation.org/resources/publications/tre-17-005>

This report describes the objectives, methods, and results of a quasi-experimental impact evaluation that MEASURE Evaluation conducted of the “Strengthening HFOMCs” program in Nepal. USAID’s Gender, Policy, and Measurement Program partnered with the Suaahara Project in Nepal and the Government of Nepal to strengthen the HFOMCs by testing two capacity strengthening approaches. Approach A was gender equality and social inclusion training and technical support for the HFOMCs. Approach B consisted of Approach A plus community engagement. The objective of the impact evaluation was to understand the value-added of each capacity strengthening approach to health outcomes at household and community levels, and on healthcare use by women and children under two years of age in the intervention districts. The report offers a minimal description of MSC and does not differentiate the key findings from the MSC approach versus other qualitative methods.