Implementing the Most Significant Change Technique by L10K

A Process Evaluation, September 2009 – September 2010

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The Last Ten Kilometers: What it takes to Improve Health Outcomes in Rural Ethiopia

The Last Ten Kilometers: What it takes to Improve Health Outcomes in Rural Ethiopia is a Bill and Melinda Gates Foundation funded project implemented by JSI Research & Training Institute, Inc. The Last Ten Kilometers Project (L10K) aims to strengthen the bridge between households, communities, and the health extension program (HEP) of the Ethiopian Government by mobilizing families and communities to more fully engage to improve household and community health practices, ultimately leading to improved key maternal, neonatal and child health (MNCH) outcomes and contribute towards achieving Millennium Development Goals four and five (i.e., decrease child and maternal mortality rates). In order to spread its reach and learning, L10K partners with and enhances the capacity of 12 local Civil Society Organizations and Non-Governmental Organizations to cover 115 woredas (i.e., districts) and reach over 13 million people in four of the most populous regions of the country, Amhara, Oromia, Tigray, and the Southern Nations, Nationalities and People's Region (SNNPR). The L10K foundational community strategy improves the skills of Health Extension Workers (HEWs) to work with their communities by organizing and utilizing a geographically spread network of Community Health Promoters (CHPs). The L10K project mobilizes existing community structures, organizations or institutions (such as idirs, churches, mosques, and women's and youth associations) to act as anchors to motivate and sustain the activities of the CHPs. In addition to the foundational community strategy, L10K also implements four distinct innovative community strategies. These are: Community Based Data for Decision Making (CBDDM), Participatory Community Quality Improvement (PCQI), Community Solution Fund (CSF), and Non-Financial Incentives (NFI). These four strategies are implemented in a limited number of woredas (14 woredas per strategy) over the L10K foundational strategy to demonstrate their added value in achieving the overarching project objectives.

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Abstract

Since September 2009, L10K has been implementing the Most Significant Change (MSC) technique to capture stories on a regular basis to document significant changes achieved by the project. The technique complements the existing quantitative M&E tools by capturing unexpected results for which indicators were not predefined, qualitatively with words and views of the community. This report presents the process evaluation of the MSC technique which was carried out in November – December 2010. For the purpose in-depth interviews of the L10K project staff (key informant) were carried out to document the implementation process of the MSC technique; and meta-monitoring including secondary analysis of MSC stories were collected between September 2009 and September 2010 were conducted to determine the quality of the MSC technique implemented by L10K, and propose the methodology for archiving and analyzing MSC stories. Lastly, recommendations are made for improving the MSC methodology implemented by the project.

Contents

Acronyms

BMDA	Bench Maji Development Association
CBDDM	Community Based Data for Decision Making
CHP	Community Health Promoter
CSF	Community Solutions Fund
CSO	Civil Society Organization
EKHC	Ethiopian Kale Hiwot Church
FIDO	FAYYA Integrated Development Organization
HEP	Health Extension Program
HEW	Health Extension Worker
IP	Implementing Partner
IWCDA	Ilu Women and Children Development Association
JSI R&T	JSI Research & Training Institute, Inc.
KDA	Kaffa Development Association
L10K	Last Ten Kilometer
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn or Neonatal Health
MSC	Most Significant Change
NFI	Non-Formal Incentives
ODA	Oromia Development Association
PCQI	Participatory Community Quality Improvement
REST	Relief Society of Tigray
RHB	Regional Health Bureau
RHF	Recommended Home Fluid
SDA	Silte Development Association
SNNP R	Southern Nations, Nationalities and People's Region
SPDA	Sheka People's Development Association
SRWA	Southern Regions Women's Association
vCHW	volunteer Community Health Workers
WAT	Women's Association of Tigray
WC	Woreda Coordinator

Introduction

Since 2008, L10K has been working with 12 regional-level civil society organizations (CSOs)—i.e., tier one implementing partners (IPs) or grantees—and about 24 woreda-level public administrations or CSOs—i.e., tier two grantees—to strengthen the health extension program (HEP) of the Ethiopian government by implementing innovative strategies to engage local communities to participate in improving maternal, newborn and child health (MNCH). The project works in 115 rural woredas[1] located in Amhara, Oromia, Southern Nations, Nations and Nationalities and Peoples' Region (SNNPR), and Tigray regions. The L10K project provides technical support to the 12 tier one grantees to implement the basic strategy in the 115 woredas. In doing so, L10K collaborates and coordinates with the respective Regional Health Bureaus (RHBs) and the zonal[2]- and woreda-level public health administrations.

The L10K foundational strategy in the 115 woredas, which is the ***Objective One*** of the project, is to improve the skills of health extension workers (HEWs) to work with their communities, organize and utilizing a geographically spread network of community health promoters (CHPs; also referred to as voluntary community health workers [vCHWs]). The CHPs are selected by the community to volunteer and help the HEWs to provide HEP services in her neighborhood. The L10K project fosters the participation of the existing community structures, organizations or institutes (such as *idirs*[3], Churches, Mosques, Women's and Youth Associations) to serve as *anchors* to monitor and promote the credibility and recognition of CHPs and sustain volunteerism to improve and sustain health outcomes.

Four additional activities (or strategies) are added in woredas with the foundational strategy to enhance capabilities in specific community strategies as a means of achieving the overarching objectives of the project. Each of the four strategies are implemented in 14 woredas each (i.e., totaling 56 woredas) and in brief are: 1) Community Based Data for Decision Making (CBDDM), i.e., ***Objective Two***, implemented by 14 woreda-level tier two grantees, fosters partnerships among the grassroots public administration, HEWs, local institutions, and CHPs to monitor and evaluate maternal and newborn health (MNH) services in the kebele[4] and facilitate community actions to improve it. 2) Participatory Community Quality Improvement (PCQI), implemented by 14 woreda-level tier two grantees, ensures continuous quality improvement through a cyclical process that involves: identification of barriers to quality of MNH services to device and implement solutions. 3) Community Solutions Fund (CSF), implemented by tier one grantees, aims to make available small funds to kebele-level institutions to overcome barriers to MNH health in the kebele. PCQI and CSF are aimed to achieve ***Objective Three***, i.e., identify and overcome barriers to quality MNH services. 4) Non-financial Incentives (NFI), i.e., ***Objective Four***, implemented by tier one grantees, aims to motivate and encourage the sustain engagement of CHPs in the HEP.

Objectives five and six of the L10K project cross cut the first four objectives. ***Objective Five*** is aimed to strengthen capacity of the tier one and two grantees to implement the MNCH interventions; while ***Objective Six*** aims at documenting learning and effectiveness of the L10K community-based strategies and disseminating findings among local and global stakeholders and likeminded organizations. In order to do achieve object six, L10K has a comprehensive M&E and research framework—of which the most significant change technique (MSC) is a part.

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[1] Like a district, woreda is an administrative unit with about 100,000 population.
[2] An administrative unit comprising several woredas.
[3] Idirs are funeral insurance institutes that are organized and managed by local communities.
[4] The smallest administrative unit comprising about 5,000 population.

The most significant change technique is a form of qualitative participatory M&E. It is participatory because many project stakeholders are involved both in deciding the sorts of change to be recorded and in analyzing the data. It is a form of monitoring because it occurs throughout the program cycle and provides information to help people manage the program. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the program as a whole. MSC is a dialogue-based process in which stories documenting significant changes attributable to a program domain (i.e., project objectives and expected outcomes) are first collected from the field and then designated groups of staff and stakeholders at the different levels of the project systematically select the most significant of these stories. At each level, the designated staff and stakeholders are initially involved by 'searching' for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of these reported changes and identify the story that best describes the impact of the program. Each selected story is then passed on to the level above, where another round of selection is made. At the end of this entire process, one story is chosen as the MSC story that epitomizes the change desired by the program for the designated reporting period. When the technique is implemented successfully, whole teams of people begin to focus their attention on program, and the impact that it is trying to achieve[5,6,7].

The MSC technique was adopted by L10K and introduced in September 2009 as a documentation process to collect stories on a regular basis in order to promote learning, and sharing of most significant changes/results due to contribution of the project. The MSC technique also complements the existing quantitative M&E tools by capturing unexpected results for which indicators were not predefined, qualitatively with words and views of the community.

A process evaluation of the MSC technique implemented by the L10K project was carried out in November-December 2010 that aims to 1) document its implementation process, 2) determine the quality of the MSC technique implemented by L10K, 3) describe the methodology to archive and analyze the MSC stories, and 4) recommend future directions to maximize its potential.

Methodology

In-depth interviews of the L10K central and regional staff associated with implementing MSC and L10K project staff from the Relief Society of Tigray (REST)—i.e., one of L10K's tier one grantees—were conducted to document the MSC implementing process.

As a policy, each quarter the L10K grantees include the MSC story in their quarterly performance reports. The MSC stories reported by tier one grantees and the tier two grantees of Objective Two woredas of Oromia, SNNPR and Tigray regions, from September 2009 to September 2010 (i.e., five reporting quarters) were analyzed using the *meta-monitoring* and the *secondary analysis* techniques described by Davies and Dart (2005)[3]. Amhara was omitted because MSC training was not carried out to that region. The MSC guidelines prepared by L10K[8],

[5] Dart, Jessica and Rick Davies. 2003. A Dialogical, Story-Based Evaluation Tool: The Most Significant Change Technique. American Journal of Evaluation 24(2): 137-155.
[6] Davies, R. J. 1996. An evolutionary approach to facilitating organizational learning: An experiment by the Christian Commission for Development in Bangladesh. Swansea. UK: Centre for Development Studies [online]: http://www.swan.ac.uk/cds/rd/ccdb.htm.
[7] Davies, Rick and Jessica Dart. 2005. The Most Significant Change (MSC) Technique: A Guide to its Use. Care International, UK: London
[8] The Last Ten Kilometers Project. 2009. Most Significant Change (MSC) Technique Guideline. JSI Research & Training Institute, Inc. Addis Ababa.

the MSC technique and the manual originally defined by Davis (2005)[3], and other technical MSC reports available in the web were used to understand the expected standards to determine the quality of the MSC technique implemented by the project.

As a part of a meta-monitoring analysis, individual attributes such as the date that the story was recorded, the region that it was recorded from, and who reported the story were analyzed. Secondary analysis of the MSC stories involves an in-depth look into the content of the stories: categorization of the content according to domains and themes (i.e., program objectives and expected outcomes). While domains are broad pre-decided categories for the stories to be classified into, themes refer to the specific type of change that a story refers to. The domains that were used in this analysis are outlined in the MSC manual used by L10K which categorized the 16 health themes outlined in the HEW Training of Trainers Guidebook[9]. After classifying individual stories into domains and themes the total number of represented domains and themes were calculated. During this process, attention was paid to the quality of the stories particularly to the level of details provided and the breadth of the story.

For the purposes of these analyses, the MSC stories were first organized in an Excel sheet in the following manner:

1. A serial number for each story
2. The region it was collected from
3. The name of the grantee reporting the story
4. The name of the woreda that the story was collected from
5. The name of the kebele that the story was collected from
6. The title of each story
7. The date it was recorded
8. The name of the story teller
9. The designation of the storyteller, e.g.: CHP, HEW, health committee member
10. The gender of the story-teller
11. The name of the person who documented the story
12. The designation of the person who documented the story
13. The manner in which the story was collected[10]
14. The criteria used to select the story
15. The domain that the story was categorized in
16. The thematic area of change reported in the story

The following attributes of the MSC stories were then analyzed as a part of the meta-monitoring process:

1. **The number of MSC stories reported by each grantee per quarter and temporal trends observed per grantee**: An increase in the number of stories could be indicative of the stakeholders' increasing comfort with the process, while a decrease in the number of stories collected over time could be indicative of time-borne lethargy with the system.
2. **The distribution of woredas in each region from which the MSC stories are being reported per quarter**: Recurrence of woredas could reflect a high

[9] The Last Ten Kilometers Project. 2009. Building HEW Skills to Work with Communities: HEW TOT Facilitators Guide. The Last Ten Kilometers Project, JSI Research & Training Institute, Inc. Addis Ababa

[10] The category "Manner in which the story was collected" refers to the way in which the SC story was captured. There are many ways of doing so: writing down unsolicited stories or interviewing key informants during field visits and note-taking during group discussion such as focus groups or during kebele health committee meetings amongst others.

understanding of and support for the MSC technique in those districts or high impact of L10K activities in those areas.

3. **The membership of the storyteller group and the manner in which the stories were collected**: This information can be used as a proxy for community engagement in the MSC process as well as the L10K project.
4. **The time period of recall:** To be able to understand the temporal linkages between program exposure and the significant changes; and also to compare changes in MSC findings over time.
5. **The membership of the group of people transcribing stories:** This information can provide insight into the involvement of the different grantee staff in the MSC process and the comfort levels of grantee field staff with the MSC process.
6. **The membership of the group of people selecting stories and the criteria used to select the MSC story**: This information can be used to glean how well the MSC process has been understood and adopted by the grantees.
7. **The title given to the stories**: An innovative title can generate interest in a narrative, can tell the reader what to expect and can make the narrative intimate and feel less like a report.
8. **Classification of stories according to domain.**
9. **Classification of stories according to theme.**

The results of meta-monitoring and secondary analyses provide valuable information about how well the current system is working and can consequently stoke discussions among the different stakeholders along the following lines:

- The way in which grantees are implementing the MSC process;
- The kind of feedback that L10K can provide to grantees to improve their capacity to implement this process;
- How L10K is currently utilizing the potential of the MSC stories and how that potential can be maximized.

Appropriateness of MSC as a M&E tool for L10K

The MSC Technique lends itself well to the L10K context because of the following characteristics of the project:

- **Participatory in Nature**: For the MSC process to work effectively, the different stakeholders should be enthusiastically involved in collecting and selecting stories. The L10K project actively engages the community stakeholders in implementing the project activities. This should encourage the stakeholders to be involved in the steps of the MSC process as well.

- **Number of organizational layers**: The L10K project is multi-layered because of the scale and scope of the activities. There are staff operating at different levels of the project such as the JSI L10K staff at the central and regional levels, and the L10K grantee staff at the region, zone and woreda levels. This set-up provides good opportunities to collect stories at the field level and then select stories at each level above the field in a bottom-up process.

- **Repeated contact between field staff and beneficiaries**: The project allows for many opportunities for JSI and its grantee staff to interact with beneficiaries thereby creating many opportunities to learn about the changes that the project is bringing about.

- **Interest in learning about the positives and the negatives**: JSI L10K donor (i.e., The Bill and Melinda Gates Foundation) is interested in learning both about what is working and

what is not working in the field. The questions that are asked as a part of the story collection process enable learning about the positive cases as well as areas in which to improve.

- **Longevity of the project**: The five year duration of the L10K project will enhance stakeholder familiarity with the project and increase the ease with which the technique is implemented.

Implementation of MSC

A MSC implementation for L10K was adopted from the original document by Davies and Dart (2005). The L10K Project was introduced to the MSC process in September 2009, through a three-day training in Hawassa led by the L10K central office M&E team. The attendees of the training session were:

- L10K central office MNCH technical staff;
- Regional L10K team including Regional Coordinators and Regional M&E Officers; and,
- L10K grantee head office/central staff which included the M&E point person and L10K Project Coordinator.

During this meeting, the MSC method was formally introduced. A cascade model of trainings was envisioned whereby L10K grantee staff trained in Hawassa would go on to train other relevant stakeholders at the regional and woreda level in the MSC technique who would then train HEW supervisors and HEWs, the staff at the frontlines of the HEP. Consultative meetings organized by JSI L10K staff in the L10K regions to foster L10K strategies among the RHBs were used as venue to train the grantee staff on MSC. The people who attended the meetings included:

- Government representatives: one representative each from the zonal administration and the zonal health department;
- Two woreda level government officials: one representative each from the woreda administration and the woreda health office;
- L10K grantee head office/central staff (located at the regional level);
- L10K grantee zonal coordinators; and,
- L10K grantee woreda coordinators (WCs)

With the exception of the consultative meeting in Amhara, the consultative meetings were four days in duration and discussions on MSC and follow-up visits were held after the first two days (during which days the government officials were not present). In Amhara, the zonal consultative meetings were a day long and MSC training was not given until later.
The cascade model of providing trainings was not fully realized to reach the HEWs and HEW supervisors. However, this did happen with a few grantees such as FAYYA Integrated Development Organization (FIDO) in Oromia and in Tigray with REST. In most cases, the L10K regional teams, with the initial help of the L10K central team (i.e., regional back-stoppers), conducted brief MSC technique orientations for the HEWs and the HEW supervisors as a part of the program's quarterly review meetings held at the woreda levels. Through these review meetings HEWs and HEW supervisors were familiarized with the MSC technique.

The grantees have experienced different levels of success in implementing the MSC technique. The initial plan was to have the HEWs collect the stories and pass them to the WCs. Being in direct contact with the community, HEWs are usually among the first to hear about the program's beneficial impact on the community. However in general, the HEWs have not been collecting the stories. This is because they are already very busy with different health activities in the field, and in the past when the HEWs were tasked with collecting MSC stories there were inconsistencies regarding the numbers and the quality of the stories collected. Reports from the

field suggested that that HEW supervisors and HEWs have limited capacity to write a significant change narrative. Similarly, the CHPs are not responsible for collecting stories in the field. In most cases, HEWs and the CHPs identify storytellers and notify the WCs who collect the significant change stories. In places where WCs do not work exclusively on L10K project issues or where the woreda does not have a WC other stakeholders such as the L10K regional staff, HEWs, HEW supervisors and the woreda health office staff help in the story collection process.

The WCs are expected to forward at least one story to the zonal coordinator or to the central grantee staff directly. Ideally, the WCs should be notified of multiple stories from the field from which they then select one story to send to the level above. However, the WCs do not usually obtain more than one story.

The grantee zonal coordinator, if present, selects the stories from the different woredas and forwards them to the grantee central staff for L10K activities who ultimately selects a story for inclusion in the quarterly report. If there is no zonal coordinator then the grantee central staff selects one MSC story for inclusion in the quarterly report out of those received from the WCs.

The process of selecting the MSC story at the regional or zonal level is not uniform in terms of the stakeholders involved or the criteria used to select stories. Similarly, the process used to verify the MSC story selected for the quarterly report is also not uniform. Grantee staff in different regions uses different strategies to verify stories. The grantees verify the MSC story either during follow-up visits, or by conferring with WC or woreda health administration or even asking the WCs to re-interview the story teller again.

In general, there seems to be support for this technique among the field staff. Some of the benefits of the use of the technique perceived by the L10K staff include:

- The narratives help communities understand the 'why' and the 'how' behind the changes that are taking place subsequent to the implementation of the L10K program.
- The enhanced understanding of the benefits of the L10K program increases acceptance of the program by the individual members of the community and makes the work of the HEWs and CHPs easier in the field.
- The stories' human depictions help the HEWs and CHPs relate to and appreciate the changes that they are bringing about in the field; this helps sustain their motivation for their work.
- MSC stories help fuel discussions in the community about the type of change they desire. For instance, during kebele health committee meetings MSC stories add clarity to the discussion about the numerical health indices being discussed.

Challenges with implementing MSC

As would be expected with the introduction of any new process some challenges have been noted.

1. **Starting and raising interest**:

- The MSC process of documenting change in the form of narratives is relatively new in the context of M&E in Ethiopia. Reports from the field suggest that people are more comfortable with quantitative reporting, a concrete process, as opposed to the MSC technique, a fluid process which requires judgment calls at various steps.

- In any new initiative, it is important to generate and sustain interest. Over the implementation period the replaced key positions of L10K and other stakeholders were not adequately trained on the MSC technique. Moreover, there had been a lag between the training provided to the L10K staff and its roll-out (through Consultative Meetings). As such, by the time the MSC rolled out, all the stakeholders for implementing and monitoring the

MSC technique were not adequately trained. For example, the L10K regional office in Amhara had only one officer who was familiar with the MSC technique, and there are some woredas where the WCs might not be familiar with the MSC technique. This limits the kind of technical support that these offices can provide to the levels below them.

- Furthermore, it is possible that while the stakeholders implementing the MSC technique (HEW supervisors, HEWs, CHPs and the grantee staff) are cognizant of the importance and the benefits of the MSC process they have not internalized this appreciation.

2. Collecting the significant change story:

- There seems to lack of clarity amongst the field staff about what constitutes a significant change story. In many cases, the stories that are received do not report significant achievements e.g., conducting follow-up visits of woredas that were left out in the previous month. Operationalising the meaning of the words 'most significant change' will be helpful to improve the MSC process.

- Many stakeholders consider the process of interviewing storytellers and transcribing the significant change stories to be time consuming. In addition, the expectation of taking pictures while collecting stories can be challenging as not all health posts have a camera or batteries. In order to reduce the interview time, some grantees have opted for a shorter version of the interview form that was initially adapted for L10K use.

- WCs are generally responsible for collecting significant change stories. In regions such as Tigray, where only a few REST WCs are exclusively focused on L10K activities, this responsibility is being shared by HEWs and HEW supervisors who have been trained in the process by REST. This makes the story collection process non-uniform across grantees which may have implications on the MSC domains reported by different grantees because the HEWs and the grantee staff may differ in the understanding.

- In some woredas, the WCs are engaged in simultaneous selection and collection of the stories from the kebeles: the WCs seek counsel from their regional or zonal office even before they have collected the stories from the kebele. However, this practice is on the decline since the consultative trainings.

- In general, many WCs do not receive the desired number of stories each month from the kebeles.

3. Selecting the most significant of the stories:

- Ideally, there should be a story selection process at more than one level (starting from woreda or zone then to region). In the L10K context there is only one level of selection: the grantees' central/head office staff selects the MSC story for inclusion in the quarterly report.

- The criteria used to select MSC stories are also not clear.

4. Verification of stories:

- There is lack of clarity in terms of who verifies the story, how often stories are verified and how the stories are verified.

Analysis of MSC stories

This section summarizes the findings of the analysis of the MSC stories by attributes.

1. The number of MSC stories reported by each grantee per quarter and temporal trends observed per grantee: From the September 2009 to September 2010 a total of 33 MSC stories from Oromia, SNNPR and Tigray regions were reported by the L10K grantees (see Table 1). Of the eleven tier one grantees in the three regions, Ilu Women and Children Development Association (IWCDA) in Oromia and the Bench Maji Development Association (BMDA) and the Silte Development Association (SDA) in SNNPR have rarely reported MSC stories. This was not surprising, as these three grantees were inducted into the L10K project more recently that other grantees.

Of the two grantees in Tigray—REST and the Women's Association Tigray (WAT), REST has provided at least one MSC story in each quarter, with the exception of the January-March quarter of 2010 when it did not provide a story. During the analysis period REST reported six MSC stories while WAT reported two MSC stories in two of the five quarters considered.

The grantees from Oromia, namely—Oromiya Development Association (ODA) and FIDO have generally provided one story per quarter. The ODA did not provide a story in the July-September quarter of 2010. FIDO reported two MSC stories in the October-December quarter of 2009.

Of the four MSC story reporting grantees in SNNPR, Kaffa Development Association (KDA) and Sheka People's Development Association (SPDA) have both provided the requisite number of stories per quarter; Ethiopian Kale Hiwot Church (EKHC) has reported a MSC story in only one of the five quarters under consideration, while Southern Regions Women's Association (SRWA) did not provide any MSC story. The newer grantees: the BMDA and the SDA have each provided one MSC story in the last reporting period considered.

Table 1: Number of MSC stories per grantee per quarter, according to region

Grantee Name	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Total
Tigray						
REST	1	1	0	1*	3***	6
WAT	1	0	0	1	0	2
Oromia						
ODA	1	1	1	1	0	4
FIDO	1	2	1*	1*	1	6
IWCDA	N/A	0	0	0	0	0
SNNPR						
SPDA	1	1	1	1	1	5
KDA	1	1	1	2**	2	7
EKHC	0	1	0	0	0	1
SRWA	0	0	0	0	0	0
SDA	N/A	N/A	N/A	N/A	1	1
BMDA	N/A	N/A	N/A	N/A	1	1
Total	**6**	**7**	**4**	**7**	**9**	**33**

*CBDDM woreda MSC story

**Includes one CBDDM woreda MSC story

*** Includes two CBDDM woreda MSC stories

Furthermore, tier two grantees overseeing Objective Two woredas are expected to attach MSC stories in separate CBDDM quarterly reports sent to L10K. There are a total of fourteen CBDDM woredas across the four L10K regions: four in each region with the exception of Tigray which has two. The roll-out of CBDDM activities varied from region to region, however all CBDDM trainings were completed by January 2010. Out of the thirty-three MSC stories received thus far,

only six have come from Objective Two woredas. In Tigray, the tier two grantees (i.e., local Women's Association) reported three stories from Objective Two woredas during the analysis period. In Oromiya, one tier two grantee reported two stories; and in SNNPR only one tier two grantee a short blurb from an Objective Two woreda during the analysis period.

2. **The distribution of woredas in each region from which the MSC stories are being reported per quarter:** The MSC stories were mostly sourced from different kebeles in different woredas in L10K regions. However, all the stories that FIDO reported in the two of the Oct-Dec quarter of 2009 and Jul-Sep quarter of 2010 were from Goma woreda; both the FIDO stories in the Oct-Dec quarter of 2009 were from the Bulado Choche kebele in Goma woreda. Similarly, the FIDO stories reported from Objective Two woredas in the Jan-Mar and Apr-Jun quarters of 2010 were both from Kofe kebele in Seka Chekorsa woreda.

3. **The membership of the storyteller group and the manner in which the stories were collected:** Four stories were narrated by female HEWs either alone or in conjunction with other members of the community while twelve of the MSC stories were obtained from CHPs, five of whom were male. All the male CHPs were reported from SNNPR. Eleven stories were sourced from mothers who were either pregnant or had recently given birth. A farmer and a kebele women's association head narrated a story each. Four stories did not mention either the name or the designation of the storyteller.

None of the stories mentioned how they were collected. However, it can be surmised from the narratives that the majority were collected during the course of one-on-one interviews with the key informants.

4. The time period of recall: Fourteen stories mentioned a specific time frame of recall. However the recall periods suggested by the question prompt, or mentioned by the respondent in the narrative, varied from story to story. The periods of recall ranged from three to twelve months. Three stories used twelve months, one story used eleven months, two stories used nine months, one story used eight months, two stories used seven months, three stories used six months, one story used four months and one story used three months as the periods of recall.

5. **The membership of the group transcribing stories:** Eleven stories mentioned who had transcribed the story and eight of these mentioned the designation of the transcriber: three grantee WCs, one HEW supervisor and four HEWs.

6. **The membership of the group selecting stories and the criteria used to select the MSC story:** None of the stories mentioned who was involved in the selection process of the story or the selection criteria used to select stories.

7. **The title given to the stories:** Fifteen stories were given titles. Some of them were: Birth Preparedness, Breastfeeding, and Maternal, Newborn and Child Health.

8. **Classification of stories according to domains**: Analysis of the story content showed that three out of the thirty-three stories received, namely those from REST, Apr-Jun quarter 2010; FIDO, Apr-Jun quarter 2010; and KDA, Apr-Jun quarter 2010, could be classified in the CBDDM domain while the rest could be thought to be from the access and demand (i.e., Objective One) domain.

9. **Classification of stories according to themes:** Categorizing the stories according to one thematic area proved to be challenging because most stories were wide ranging in scope and included many health themes rather than one singularly significant theme for respondent (Table 2). Many stories did not have a particular focus and were not able to make cogent arguments linking the L10K programmatic activities to the health change mentioned.

Table 2: Thematic categorization of stories

No. of Stories	Theme Reported
11	Latrine Construction and use
1	Shower construction and use
7	Family Planning
11	ANC visits
6	Birth Preparedness
7	Institutional Delivery
5	Delivery by trained professional
2	Cutting cord by clean instrument
6	Feeding Colostrum
2	Prolonged bathing of newborn after 6 hours at least
4	Breast Fedding in lieu of other substances
9	Immunization visits
2	Overcoming cultural barriers
2	Early Recognition of Symptoms

Discussion

Grantees such as REST in Tigray, ODA and FIDO in Oromiya and SPDA and KDA in SNNPR have generally reported the requisite number of MSC stories in each of the past five quarters. On the other hand, WAT in Tigray has reported a MSC story in two quarters; EKHC, BMDA and SDA in SNNPR have reported a story in only one quarter while IWCDA in Oromiya and SRWA in SNNPR have yet to report a story. Moreover, there were very few stories from Objective Two woredas in these quarters.

The diversity of storytellers could be indicative of the participatory and integrated nature of MSC technique in the community. However, more details on the collection process could help shed light on this issue. An interesting observation is the preponderance of stories submitted by male CHPs in the SNNPR compared to other L10K regions.

In the various L10K regions, different stakeholders transcribed the stories, suggesting variations in the way that the MSC technique is being implemented. In some regions, the WCs are the primary collectors of the stories, however in other regions such as in Tigray, where the WCs are not exclusive for L10K, HEW supervisors and HEWs are primarily entrusted with this task (though WCs also collected stories).

None of the reported MSC stories mention how it was selected or out of how many MSC stories was it selected from. This information would shed light on the effort of the grantees in implementing the MSC. If the grantee is collecting only one MSC story for the purpose of reporting then the whole effort of the MSC technique would be questionable. In general, all WCs are expected to collect one MSC story each quarter. One of the reasons for this is to make the WC internalize the link between the L10K effort and the changes it is bringing or not bringing in the community and take actions accordingly.

Eighteen of the 33 MSC stories analyzed did not have a title. Giving titles to each story generates interest in the story, and makes the story feel more intimate and less like a report. However, coming up with appropriate titles might be beyond the scope of those collecting the story at the field level.

Reviewing the domains of the stories suggests that most of the stories are helping to increase access to and demand of proven reproductive, maternal, newborn and child health interventions. It also appears that majority of the thematic areas that the L10K project aims to improve are being covered and worked on. However, these conclusions can be questioned because of the quality of the narratives provided. Most of the stories focus on a wide array of thematic areas without particularly focusing on any health theme; they all mention the helpful attributes of the HEP. This lack of focus makes the stories seem more like an overview of success than most significant change stories.

For example, narratives such as the following were common:

> "….the women in kebele got adequate awareness and education on their health. As a result they become beneficiary of health services, the relation between mothers and health extension workers is strengthened. In addition, mothers gained knowledge on newborn care so that adequate childcare is provided both at households and health posts…. All women and children in our kebele (100%) are getting health service. Immunization and latrine utilization achieved 100% due to many hands working in the kebele..." (FIDO, Oct-Dec quarter of 2009)

> "Our performance in toilet coverage increased from 355 households to 417 households ...FP coverage increased from 216- 313 households …. EPI coverage increased from 63% to 75%….antenatal coverage increased…" (ODA, Jan-Mar quarter of 2010)

While some stories do mention the change that the narrator considers the most significant, this practice is not routinely done. These wide ranging narratives are examples of impressive success stories but not of *Most Significant Change* stories which should, by definition, be more focused in their subject matter; the MSC story selected should single out a particular change. The L10K regional staff should discuss this issue with the grantee staff, and if appropriate, provide refresher trainings to address this concern.

Furthermore, while a few stories generalize by saying that the 'health has improved' and that 'health services have increased', other stories provide very specific figures such as the exact increase percentage in coverage figures, similar to the aforementioned quote from the ODA Jan-Mar quarter of 2010 report. While providing numbers is helpful, care should be taken to avoid making the stories feel like reports. A qualitative description of the context before and after would be more useful in conjunction with the program coverage or other performance indicator estimates. The story below, collected from SNNPR, is an example of both (a) how a before and after scenario can be presented, and (b) how the health transformation can be linked to the activities of the HEP/L10K:

> "…when compared the previous children who does not follow–up and the current child, the current one has no episode of illness like diarrhea, cough (pneumonia),and furthermore his weight is good for age (proportional according to information I got from health extension workers who is following my baby). It might be because of additional care particularly vaccination and breast feeding than the others in the past…." (BMDA, Jul-Sep quarter of 2010)

The results of this analysis can be used to provide feedback from the L10K central office to the levels below as well to create an archival system for the reported stories.

Recommendations

The following recommendations can be made from the process evaluation:

1. **Training:** To foster greater understanding of the MSC process, formal trainings should be conducted for L10K central and regional staff who have not been previously trained on the process. Furthermore, periodic refresher orientations should be conducted for the grantee staff at all levels. The trainings and refresher orientations should focus on the following points:

    - **Practice-based training:** Practical training or mocking should be integral part of all types of training.

    - **Generating Interest:** The trainings should try to harness the novelty of the MSC process to generate interest among stakeholders by emphasizing how well it fits within the L10K context and its importance to the L10K project. Reading success stories from the different parts of the world or from different regions of Ethiopia where MSC has been successfully implemented could also generate interest.

    - **Defining the domains on change**: The trainings should clearly articulate the broad thematic areas that JSI L10K is looking for in MSC stories. Having a clear idea of these domains will be helpful to the interviewers in collecting relevant stories.

    - **Collecting the significant change stories**: Given the varied organizational set-ups of the different grantees, the issue of who is responsible for collecting stories in the different regions should be decided in consultation with L10K staff and grantee staff and articulated during the training.

      The manner in which significant change stories are collected should be clarified. There are several ways to collect stories, such as writing down unsolicited stories, interviewing key informants, and note-taking during group discussion such as focus groups. Some opportunities to collect stories in the L10K context include follow-up visits kebele health committee meetings, non-financial incentives, festivals and other similar community gatherings. Trainees should be asked to identify the various opportunities that they have to collect significant change stories while discharging their L10K duties.

      Collecting good significant change stories requires good interviewing skills. The training should provide pointers on how to conduct a good interview as well simulations of a good interview.

    - **Selecting the MSC story:** The training should clarify the different stakeholders to be involved in the selection of the MSC story, as well as the criteria used to select the story. For instance, the grantee program coordinator, the L10K Regional M&E Officer and the L10K regional back-stopper from the central office together can select the MSC story. The training should emphasize that one person alone should not select the MSC story. Furthermore, the selection criteria should also be clearly outlined. Some broad criteria could be:

        - The story should be related to a L10K domain as mentioned in the MSC manual adapted for JSI
        - The selected story should highlight the change that has been brought about in a person's life by inclusion of before and after scenarios;
        - The selected story should try to explain how or why that change has been brought about. It is not enough to just mention that there has been change.

- **Verification of stories:** The training should outline the various components of the verification process: the people who verify stories, when to verify the stories and the criteria used to verify stories. For instance, it could be mandated that the story selected for the quarterly report should be verified before including it in the report. In this respect, the WC from whose woreda the quarterly MSC story is chosen could verify the story. If pictures have not been taken previously, they can be taken during the verification process.

2. **Standardization of MSC form**: Like other instruments being used in the L10K Project, a standardized MSC form should be used in all grantees. Some regions have modified the form to save on time. However, care must be taken so that simplicity and speed are not achieved at the altar of the relevance of the content received. The form should have space to fill in details such as the date of the interview, the location of the interview i.e. the woreda and the kebele information; name designation (such as HEW or kebele chairperson or lactating mother) and gender of the respondent; and the name and designation (such as WC or HEW Supervisor) of the interviewer. The questions about the MSC should collect information of the following aspects:

    - The change in the health of the interviewees or the interviewee's family or the interviewee's community in the past xxx months
    - The change that the interviewee considers to be the most significant
    - The role that L10K has played in bringing about the aforementioned change

    If interviewees are unable to answer the question as presented then it might be helpful to list the domains of interest to L10K activities. While this will result in a leading question, such probing may be needed to get stories that are reflective of domain-specific changes that L10K is bringing about. It is anticipated that with time and practice, open-ended questions will elicit desired responses.

3. **Reporting the MSC story:** The grantees should report the following information or attributes in the MSC story included in the quarterly report:

    - The name of the woreda that the story was collected from
    - The name of the kebele that the story was collected from
    - The title of each story
    - The date it was recorded
    - The name of the story teller
    - The designation of the storyteller, e.g. : CHP, HEW, kebele health committee member
    - The gender of the story-teller
    - The name of the person who documented the story
    - The designation of the person who documented the story
    - The manner in which the story was collected
    - The criteria used to select the story
    - The people involved in the selection process

    Providing this information in the report will give the L10K team a clearer picture of how the MSC process as it is being implemented in the field, and will enhance the understanding of the grantee staff about the MSC process as they think through the steps of the MSC technique. The MSC story reporting template should be updated based on the above points that will help improve the narrative writing skills of the grantees.

    Furthermore, the grantees should attach a copy of the MSC story in the local language so that the L10K central office team can determine how well the stories are being translated into English and if anything is being lost in translation.

4. **Capacity Building:** The L10K central office should strengthen their oversight of the MSC activities in the different regions by assigning a point-person. The point-person should monitor how the different grantees are implementing the MSC process in terms of the collection, selection and verification of stories. The point-person should read MSC stories reported each quarter for their completeness for archiving them and for providing feedback to the L10K regional staff about the areas in which the grantees need to improve.

   In order to effectively build grantee capacity, it is imperative that L10K central and regional staff provide frequent feedback and where appropriate demonstrate each process of the MSC technique from time to time. The L10K staff should periodically be present when the stories are being collected, selected and verified so that they can learn how these steps are being implemented in the field and give real time feedback.

   Based on the analysis of the MSC stories conducted in this report, the immediate feedback should address the number and the quality of the stories submitted.

   1. L10K regional staff should encourage grantees to submit the appropriate number of MSC stories each quarter. Challenges associated with collecting MSC stories should be discussed with the grantee staff at various levels to identify obstacles to story submission, and to find solutions.

   2. Feedback should also be given about the quality of a reported story including the content of the story, the manner in which the narrative was written and presented, and the inclusion of a significant change, not just a success within the story.

      i) Most of the stories that have been selected are very diffuse in their subject matter. Collecting stories rich in details usually requires a guide to interviewing. It will be helpful for the guide to provide explicit details about how to conduct a brief results-oriented interview. For instance, when an interviewer realizes that the conversation is rambling s/he should try to nudge the conversation in a particular direction. S/he could ask about the health domains or themes of interest to L10K. If the interviewee lists a series of changes, the interviewer should ask the interviewee to identify one change as being as particularly important; this task will require persistence especially when the interviewee demurs from identifying one change as being most significant. The interviewer should, with discretion, provide structure to the interviewee to achieve desired results.

      ii) The stories should try to capture the extent of the actual change that has occurred; contrasting the before and after scenarios is a good way of doing this. Specific probing by the interviewer to the interviewee may be necessary. For example, ask how is it different from what was before.

      iii) The narratives should try to link the change that the stakeholders have experienced to the L10K program activities or the HEP. This might be difficult in areas where there are many NGOs working and the interviewee cannot identify specific L10K activities. In such a case the interviewers could try to probe the interviewees by refreshing their memories of the L10K project activities. Having a good MSC interview questionnaire will help mitigate these three issues.

      iv) Feedback can also be given on the format or attributes in which the stories are presented in the reports. The attributes that should be included with the MSC story selected for quarterly report have been described earlier. In cases where it is difficult for WC to give appropriate titles for the stories, the grantee regional office can either supply the titles themselves or modify those that have been given by the field staff. Further, the domain and the thematic area of the story can be decided either at the grantee, regional level, or even by the L10K regional or central staff.

5. **Update JSI L10K MSC Manual**: The JSI L10K MSC manual needs to be updated to reflect the recommendations described so far. Updating of the MSC manual should precede any training or orientation plan. The sections of the manual dealing with collecting, selecting and verifying stories should be made as explicit as possible to ensure standardized implementation of the MSC technique by the grantees.

6. **Actively Using MSC stories in the L10K Project:** To demonstrate the power of a personal narrative as well to sustain interest in the process, the MSC story selected for the previous quarter should be read out aloud during the quarterly review meetings in or near the woredas where the story was collected. In addition, a non-financial award could also be given to the interviewer whose story was included in the previous quarter's report. These activities will not only help generate enthusiasm amongst the field staff to collect significant change stories but also motivate them to discharge their duties to the best of their capabilities. Furthermore, the content of the MSC story as well as the reporting style can be highlighted to raise awareness of what the narratives should be like.

7. **Archiving the MSC stories:** It is important to have a good system to archive the MSC stories received by the L10K central office. Developing a system to archive the stories will enable easy identification of narratives for internal uses such a provision of feedback, project M&E, and for external public relations purposes.

   The archiving process involves carefully reading the MSC stories and extrapolating information to store in an Excel spreadsheet or in a Google Document Spreadsheet. The advantage of using a Google Spreadsheet over Excel is that one Google document can be viewed and worked upon by multiple people simultaneously. The spreadsheet should have the following identifiers (or fields): A serial number for each story; reporting quarter; region; name of grantee; name of woreda from which the story is obtained; name of the kebele from which the story was collected; title of each story; date of the story recorded; name of the story teller; designation of the storyteller (e.g., CHP, HEW, Health Committee member); gender of the story-teller; name of the interviewer; designation of the interviewer; the manner in which the story was collected; the selection process for the story; the domain that the story was categorized in; the thematic area of change reported in the story; and, of course the story content itself.

   Creating a spreadsheet with the described attributes is an effective way of summarizing the most significant changes highlighted in the stories. Having a central record will make it easier to identify trends and gaps. Using Google document would allow the update of the spreadsheet simultaneously by different staff in different locations. Using this spreadsheet, the regional back stoppers will be easily able to calculate summary statistics; for example: the distribution of the stories according to region, grantee, reporting period, story teller, interviewer, theme, domain etc. Having such information will be helpful in comparing inter- and intra-regional variations as well as in observing temporal trends in grantee implementation and performance with regard to MSC and the program as a whole. The archived stories will be helpful to complement and supplement M&E reports from other data sources.

Conclusion

Most of the grantees have embraced the idea of MSC, and have made significant efforts to write and submit stories in a timely manner. The MSC technique has potential for great utility to the L10K project. As with all new processes, the MSC process is subject to some challenges, and requires training, practice, and ongoing support so that it can be truly useful to the L10K project. However, by following the recommendations outlined in this report, it is anticipated

that JSI L10K can better utilize the potential of the MSC technique to portray the humane side of change that is being brought about and to energize the communities to work with JSI L10K to affect these changes. The archived stories can be used for program performance analysis purposes and reports to donors and other stakeholders. Success stories can be extracted from the MSCs for external communication to highlight the humane face of the project.

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