

Lessons Learned from Application of the Most Significant Change (MSC) in Nigeria

Data for Impact (D4I) is conducting a mixed-methods, portfolio-level evaluation of four USAID/Nigeria Health, Population and Nutrition (HPN) activities with a focus on comparing the strengths and challenges of an integrated health programming approach with a disease-focused approach (e.g., malaria). The map below shows which HPN activities are active in each state. D4I, in collaboration with local research partner Data Research and Mapping Consult Ltd. (DRMC), conducted two-day MSC workshops in Ebonyi, Kebbi, and Zamfara in July and August 2022.

MSC¹ is an approach to monitoring and evaluation that involves assessing changes and impacts in response to a program from the perspective of (in this case) HPN activity staff, including M&E officers, state directors, specific health topic leads, State Ministry of Health staff, and World Health Organization staff. This brief describes the process and lessons learned from the application of MSC in this context.

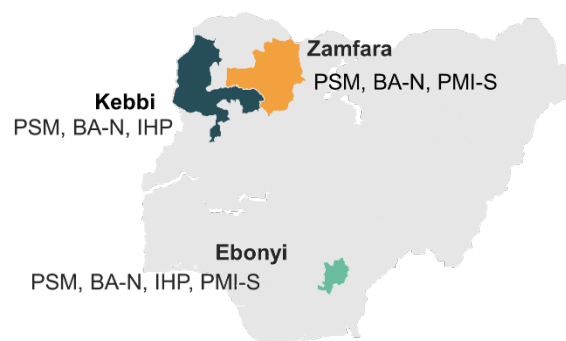
Methods

Participants shared MSC stories related to three domains: (1) advocacy and accountability for health, (2) capacity for leadership and governance in healthcare, and (3) sustainability of health systems and health outcomes. Participants narrowed the stories they considered significant and ultimately identified one story per domain per state as “most significant.”² Participants chose those stories that they found to be impactful, detailed/comprehensive, verifiable, and sustainable. Facilitators took detailed notes.

For analysis, a D4I researcher summarized all the stories from each state (**12 stories each for Ebonyi and Zamfara and 9 stories for Kebbi** as they had fewer participants). This was done in consultation with three DRMC facilitators and the project PI to ensure that the stories were captured in an accurate manner. The stories were subsequently mapped to USAID/Nigeria HPN’s desired high-level outcomes. This process also involved identifying types of program participants in the stories and reasons for selection of the stories. Finally, the top three stories from each state were verified using implementation partners’ (IP’s) quarterly and annual progress reports and DHIS2 data.

To better understand lessons learned from the implementation of the workshops, D4I conducted a focus group with DRMC facilitators who led the workshops in each state.

This brief uses a Plus-Delta Retrospective approach to share the implementation experience.



BA-N: Breakthrough Action Nigeria; IHP: Integrated Health Program; PMI-S: President’s Malaria Initiative for States; PSM: Global Health Supply Chain: Procurement and Supply Management

¹ Davies R and Dart J. The ‘Most Significant Change’ (MSC) Technique. Available at: <https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf>.

² For more detail, see the [MSC methods brief](#).



What worked well in the implementation and dissemination of the MSC workshops?



Preparation was a key asset in the implementation of the MSC workshops, particularly during the training sessions. Each state had an adequate amount of time to prepare, with D4I reviewing and conducting multiple role-playing workshops with state leads to ensure they had a solid grasp of the questions in the guide and the flow of activities.

The use of **two different training tools** was essential to tailor training appropriately for data collectors and MSC participants. Since the data collectors were not involved in the four projects under evaluation, they went through a shortened and more generic version of the tool that was going to be applied with MSC workshop participants.³



DRMC staff collaborated with HPN IPs to identify and follow up, often extensively, with key stakeholders to ensure their participation in the workshop. The **longstanding presence of D4I and DRMC in Nigeria**, along with the **relationships** they have formed with the IPs and state health government, contributed to the success of the workshops.

It was crucial to allocate **ample time and maintain flexibility in analyzing the stories** and consulting with DRMC facilitators to ensure an accurate representation of the stories and their alignment with HPN desired high-level outcomes.

While MSC has a longstanding history, it was new to most of the participants which elevated their excitement and receptiveness. Furthermore, **participants appreciated seeing their insights integrated into the dissemination**, emphasizing the value of local stakeholder involvement.



Triangulation of the findings with results from other components of the evaluation, such as analysis of District Health Information System 2 (DHIS2) data, strengthened stakeholder confidence in the findings.

The implementation of D4I's participatory RECAP tool supported local capacity strengthening. RECAP helped DRMC to identify and advocate for their own priorities in capacity strengthening, including enhancing skills in qualitative data collection and analysis.

What changes could be made for future MSC workshops?



The **location of future workshops** could be changed. The MSC workshops took place in each state's capital, where many workshop participants worked and lived. For example, DRMC members in Kebbi reported that the workshop sessions were often interrupted because several participants had to leave to take care of other work matters. However, this adds cost to the implementation of the workshop.

"Take the venue outside the state capital where the workers are residing because ... we faced...a situation whereby people would be moving in and out [of the workshop]. But, if the workshop is conducted at another site, we might have better participation."

³ The MSC Workshop training tool as well as the shortened tool for trainees is available at: [Nigeria HPN Multi-Activity Evaluation Most Significant Change: Methods Brief - DataForImpactProject](#)



Assess the study's scope and refine strategies. Consider extending the workshops to two full days instead of 1.5 days. Reducing the number of domains or clustering participants by specialty can further enhance findings, allowing for sufficient time for in-depth discussions on what made the stories significant.



Engage participants in cross-state analyses. Timeline and funding in the current work did not allow for this, but participants were eager to better understand how the analysis process would work. Adding this component to future MSC activities could further enhance the participatory nature of the evaluation, strengthening ownership of results and encouraging improved data use.



If participants are not engaged in cross-state analyses, ensure post-analysis debriefing for participant engagement and next steps. Ahead of the final analysis, plan debriefing sessions for state participants to review key findings across domains. Timely debriefings communicate to participants that their input and time are valued and help to reinforce workshop insights.

What lessons were learned from the implementation of the MSC workshops in each state?

Ebonyi

Conducting advocacy meetings, following up extensively with participants, and maintaining flexibility for the timing of the workshop helped to facilitate workshop participation.

The workshop was time consuming, and participants had competing priorities.

Kebbi

Participants who had not been with the HPN activity long lacked sufficient information to identify stories of change.

Future MSC workshops should take place outside the state where participants work and reside, to reduce any interruptions to their participation.

Zamfara

Time was a significant challenge – for example, there was not enough time during the workshop to have participants fully debate which story was most significant in each domain.

Participants were interested in learning more about how to analyze MSC and wanted the workshop results to be shared with them.

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