Before the arrival of the RI project I provided family planning methods only for couples… in the communities there is a trend to not use family planning by widows, divorced and youths. After I received training from the project about the misconception of family planning in the community, I started to convince the community towards having a positive attitude in terms of misconceptions… and now some of the community members are sharing the household chores. Because they are strengthening their love and saving time, sharing the burden of women, women can have more time to participate in economic development activities…

–Health Extension Worker, Ethiopia

Before men could not go to health facilities… family planning and PMTCT was women's work. They also thought family planning was "a way of prostitution" among women. Now men's attitudes have changed. Before women sought family planning services in secret… now men and women are going to the clinic together for HIV-test and to get family planning. It was the men that were hard to change… change in them was the most significant change. Now men and women dialogue together.

–Theater Group, Kenya

Before this project I was in extreme poverty. I would go around looking for beer. Then the Peer Educators came to my house three times. One day I joined. I got credit and I bought goats. Then I started a small business in sorghum. My wife did not even have clothes, but now we are enjoying life…the important things I have learned are that what we are discussing [economic opportunity, wellbeing in the household] is all connected. Good food leads to good health which leads to improved social welfare. Social welfare is good food, good health, and family planning. When you have children in the house like sorghum, you cannot have good social welfare.

–VSL Member, Rwanda

STORIES OF CHANGE

Our Experience Adapting the ***Most Significant Change*** Technique

Background

The Results Initiative (RI), launched in 2009, is CARE's sexual, reproductive and maternal health (SRMH) team's platform for better understanding and documenting incremental social change and its link to improved health. To do so, RI projects have been designed to strengthen the existing local health system, while concurrently addressing the inequitable gender and power relations between women and men at various levels.

The RI projects are currently being implemented in three countries in East Africa: Ethiopia, Kenya, and Rwanda. While contextually different, the three projects share an overarching goal to increase access, acceptance, and use of modern family planning. Halfway into the four-year initiative, each project is using context-specific tools aimed at challenging – and ultimately shifting – negative social and gender norms to improve utilization of family planning and other health services.

In 2010, the SRMH team led a participatory review[i] to reflect upon accomplishments and challenges to date, document how the projects are addressing social norms, and determine whether or not they are leading to shifts in health seeking behaviors. The findings from the review will help the projects learn from each other's experiences and adjust their implementation plans for the next two years of programming. This paper describes one technique used in the review and what it tells us about the projects from the perspective of the community.

What We Did

In the spirit of the out-of-the-box thinking that is characteristic of the RI projects, we adapted the *Most Significant Change*[ii] (MSC) technique by incorporating it into the focus group discussion instrument. For community groups, using MSC provided an opportunity to reflect on how the project impacted their lives. For the evaluation team, the stories captured offered us a rich description of what the community perceives as important and how those priorities are addressed by the project.

The original MSC technique entails a rigorous validation process that is useful at capturing unexpected changes or outliers through the stories collected. However, we adapted the MSC technique to be more nimble for informal community reflection and storytelling. Within the focus group, participants were divided into pairs to identify and prioritize a number of significant changes – either in their personal lives or within the community – to share with the entire group. This activity yielded a wide range of stories of change from across the group for reflection and consideration. At this stage in the process, the stories were elaborate narratives of interconnected changes and causes that showed us how the project was conceptualized by the community. After the most important change was

shared by each pair, the facilitator led the group into a discussion to identify the change they felt was *most* significant and explain why.

Due to a lack of time for piloting the tool, each evaluation team conducted the process slightly differently. For instance, of the close to 150 different stories collected, some were elaborate histories or mega-narratives from the group discussion, while others were concise personal accounts. These stories, while useful in the country-level analysis, could not be analyzed at an initiative-level because of inconsistencies across the evaluation teams.

What We Found

Once data collection was completed, the evaluation teams reviewed and categorized the identified changes consistent with other themes coming out of the review. Across the three countries, we heard many of the same stories of change, and as expected, many of the stories focused on **family planning**, particularly increases in correct knowledge of modern family planning and the benefits of family planning to the household and community. We also heard about changes in the willingness of communities to talk more openly about family planning. Improved **communication between couples** was also noted as having a transformative effect within the household. Communication between couples led to improved openness to discussing reproductive health, finances, and decision-making, leading to stories about increased women's confidence and greater male involvement in the household. In several of the stories across the three countries, couples' communication was said to lead to happier partnerships and a more enjoyable sex life.

Lastly, many of the stories we heard focused on the important role of **attitude change** – changes in personal attitudes about family planning, especially men's attitudes; changes in stigma associated with HIV status; and changes in gender norms in the household. This transformational change in attitudes was often described as a foundational step to real social change, and many of the stories focused on the importance of personal change and first looking inwards to better understand our own values, beliefs, and attitudes.

Telling the RI story, of course, requires more than just the anecdotal stories of change. Throughout the course of the review and subsequent analyses, we also relied on other methods and data to construct the RI story and to add to the richness of the stories of change we collected.

What We Learned

Using an adapted MSC technique gave us a snapshot of community perceptions of the changes they are seeing in their lives without pre-defining what we think those changes are. Using this technique to initiate focus group discussions was energizing for participants and evaluation teams alike. This was evident from their comments, as well as their willingness to actively participate. The exercise also allowed for a wide range of project details to be put forth prior to the more focused discussion that followed. The discussions offered us a rich collection of

The most important change is the positive attitude change of men towards family planning use and decision-making in household. Initially men believed women should follow instructions… men made things difficult. Availability of family planning services has led to couples also knowing their HIV status… when they come in for family planning. This will lead to fewer orphans. Initially anything about going to health facility was a woman's job...

–Theater Group, Kenya

Before the household chores only belong to women, and sexual feelings were only initiated by men. But now we discuss how we can share our household chores and we are sharing the chores in the household and I started asking my husband to have sex with him. Both things are basic for creating great love in the house.

–SAA Facilitator, Ethiopia

A pastor was against family planning… Then he went to training with other pastors and talked about it with pastors from his cell [administrative division] but they rejected it. He wrote a report to his superiors about the meeting and told them he was convinced about family planning. His superiors shared it in a meeting and so they agreed to let him preach it among Christians. He now feels comfortable talking about family planning and has found Bible verses to support family planning. For example: "Go forth and multiply." God made preparations before he made Adam and Eve."

–Religious Leader, Rwanda

The health of children increases with longer breastfeeding… this contributes to reduction in child mortality. Families have more manageable households with fewer children that they can care for including sending them to school… we see better school enrollment and better nutrition.

–Public Administrator, Kenya

I was one of those people that said that sex is something that should be done and not talked about. I had a lot of anger and temper. When I went to the training, through the SAA process, I became a transformed man. We first have to change ourselves and then change others.

–SAA Facilitator (male), Kenya

The project has changed firstly my own relations with my family in my home. So far it has improved my own living situation. I became more comfortable to my wife and children. I am able to share home management duties… for example I come to home and I find that my wife is cooking, I immediately go to washing and providing different eating materials and within a few minutes we jointly accomplish we had for our food. In the morning immediately I make the bed, clothe the children, and help cook breakfast… both of us move to work on time.

–SAA Facilitator, Ethiopia

There has been improved openness in talking about the number of children a couple would like to have. Members of the community discuss freely at marketplaces and even some in-laws advise their daughters not to bear many children because of the economic situations prevailing nowadays. I was surprised to hear elderly mothers discussing, while on their way to the market, whether nowadays one should give birth to many children…

–SAA Facilitator, Kenya

Dialogue between couples has improved a lot and this has also improved the family planning seeking behaviors among men and women. This is due to many dialogues that have been done and more so by using the community facilitators who have become role models.

–CARE Staff, Kenya

personal accounts that describe direct and indirect changes and that clarify some of the intermediate steps to change. Listening to the stories and documenting the way in which communities expressed the way change occurred strongly encouraged us to reflect on our own ideas about the pathways to change.

Challenges & Reflections

While the challenges were numerous, there were two significant setbacks to our approach to using MSC. First, there was insufficient time to adapt the MSC instrument or pilot the tool prior to using it. This caused us to make reactive revisions to the instrument while losing valuable time in the field. The changes also led to inconsistent application of the tool across the three countries. Second, we did not fully consider the important role of bias in the processes we established for data collection. Since MSC discussions were neither written nor recorded, the translation process resulted in only the most *relevant information* to our hypotheses being entered into the data collection tool. These two methodological issues led to inconsistency across the three countries and should be considered in any future use of MSC.

Upon further reflection on the tool and process, we came up with several important considerations:

- How subjective was the categorization and synthesis process? Did we miss important information because we knew what we expected to hear?
- What were the stories that did not make the cut? What could they have told us about the project and the community?
- What would be the value added of the more rigorous validation process (as the original methodology suggests) relative to the increased level of effort it would take?

Looking Ahead

Using the MSC technique gave us a unique opportunity to hear and document community perspectives of change in a participatory and reflective manner. What we heard was encouraging – that things are changing: relationships are changing, women and other vulnerable groups are more confident, religious leaders are more supportive, men are partners, and couples are talking about their reproductive options.

We also learned about the technique's acceptability amongst community members and CARE staff, the value added, and important lessons on how we could improve in future use. While we remain committed to generating the evidence that links project implementation with changes in social norms and health utilization, the MSC stories represent an important piece of the overall RI narrative, and indeed, a powerful one.

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[i] Midterm reports for each country project can be accessed at the following link: http://familyplanning.care2share.wikispaces.net/Results+Initiative

[ii] Davies, R. Dart, J. (2004). The Most Significant Change (MSC) Technique: A Guide to its Use. Available at www.mande.co.uk/docs/MSCGuide.pdf.