



Piloting of the MOST SIGNIFICANT CHANGE (MSC) Monitoring tool in LHSS Bangladesh

DEFINITION

The Most Significant Change (MSC) is a Complexity Aware Monitoring approach that helps identify and analyze most significant changes taking place in system, practice, organization, and people.

METHOD

- Identify PHC system components to observe changes (i.e., service delivery, HR, finance)
- Identify key informants relevant to the change (i.e., HSC members)
- To collect change stories about observed changes in the change domains
- Categorize, review, shortlist, verify and analyze the findings by significance
- Incorporate the findings in knowledge products for wider dissemination

LHSS Bangladesh adopted this tool to examine:



- **Most significant changes** in particular domains of PHC system functions
- **Impacts** contributed to by the most significant change
- **Enablers** that contributed to the most significant change
- **Barriers** that hindered the most significant change

THEMATIC GUIDING QUESTIONS



Following questions were asked during KII

- **What** do you believe was the most significant change in [a particular domain of change] over the past month?
- **Why** do you think this is the most significant change?
- What **factors contributed** to that most significant change?
- What **factors hindered** the most significant change?

Application of MSC approach in communicating results



- Orient all regional staff on the process of utilizing elements of MSC for collecting and communicating the results of LHSS interventions
- Incorporate a section in the monthly MIS report to collect basic information on MSC stories from regional offices
- The Knowledge Management team filters and tracks main stories and collect more detail information as needed
- Distill findings and incorporate in relevant knowledge products

MSC Cycle



Source: Adapted from https://www.irh.org/wp-content/uploads/2013/12/Evaluation_Tool_5.pdf

Most Significant Change in PHC System Functions



Enablers:

- Influence from local leaders
- LGI's economic capacity
- Availability of unused physical infrastructure
- The mapping exercise with support from LHSS

Barriers:

- LGI's inadequate knowledge on PHC components
- Lack of knowledge on center management
- Insufficient budget allocation



Enablers:

- Political commitment of the LGI leaders
- Multisectoral integration of different stakeholders

Barriers:

- Non-technical individuals in leadership positions of health division
- Inadequate service providers in urban areas



Enablers:

- Increasing demand for quality health care services
- Visible need for urban PHC centers

Barriers:

- Socio-economic condition of the urban community
- Lack of standard mechanism for budgeting PHC



Enablers:

- Socio-economic condition of the community
- Private sector engagement

Barriers:

- Systematic communication gap from the MOHFW
- Insufficient medicine supply for PHC structures

Service Delivery

Habiganj Municipality used to provide limited Primary Health Care (PHC) services through a satellite health center. With the support of the USAID LHSS Project, the municipality transformed its limited satellite health center into a dynamic static clinic, now offering comprehensive PHC services five days a week. And this was made possible with collaborative support from the Civil Surgeon and the Family Planning offices. The municipality's service delivery system for the community has strengthened as a result of LHSS' critical contribution to the design of service packages, costing, and resource mobilization for the PHC center.

The Habiganj Municipality has been managing the immunization program with an inadequate number of vaccinators, who are the only health service providers under municipality. After the revitalization of the Health Standing Committee (HSC) with support from LHSS, the municipality addressed this issue using this platform. Through active collaboration and advocacy through HSC meeting, the municipality resourced the health service providers for the newly opened PHC center from the coopted members from Civil Surgeon and Family Planning offices. They committed to deploy their existing human resources at the municipality's PHC center to start providing services.

Human Resources

The Sylhet City Corporation was reluctant to allocate additional budget for PHC due to inadequate utilization of previous year's budget. But the health department of the Sylhet City Corporation leaned towards a transformation once the Health Standing Committee (HSC) members recognized the significance of increasing the budget for Primary Health Care (PHC) to ensure the sustainability of new initiatives, especially the opening of nine PHC centers in the underserved areas. LHSS advocated and sensitized the HSC to the pressing need for a dedicated budget to cater to the health needs of the urban population. The matter was thoughtfully discussed in the HSC and subsequently communicated to the budget committee. With a separate budget in place, the LGIs could efficiently manage the basic expenditure of the new PHC centers and expand services to previously underserved regions.

Financing

In recent times, communities have become increasingly conscious of their basic health needs. Even wealthy communities have expressed an eagerness to contribute to the establishment of new PHC centers, especially in Moulvibazar Municipality, where a significant number of residents are Non-Resident Bangladeshis (NRB). They play a vital role in mobilizing essential equipment and drugs for the newly established satellite center in Moulvibazar. This heightened interest in community donations for medicines in PHC centers is a direct result of LHSS' sensitization effort through the Health Standing Committee (HSC) platform.

Commodity

Testimony



Mr. Ataur Rahman Selim
Mayor of Habiganj Municipality and HSC Member

"I wanted to improve the service delivery by enhancing the infrastructure; and located an unused building owned by the municipality to repurpose it into a PHC center."



Abani Kumar Das
Sanitary Inspector, Habiganj Municipality and HSC Member Secretary

"The collaborative contribution of human resources, such as doctors and family welfare visitors from the Civil Surgeon and Family Planning offices, made it possible for Habiganj Municipality to open a PHC center!"



Dr. Md. Zahidul Islam
Chief Health Officer, Sylhet City Corporation and HSC Member

"This year, we have increased our health budget allocation compared to last year! We will use this budget to operate the 9 new PHC centers in the underserved wards of the city corporation."



Sayed Nakibur Rahman
Executive Engineer and acting CEO, Moulvibazar Municipality and HSC Member

"Our municipality is working to manage resources for the new PHC satellite site. Currently, we are exploring various options to resource essential medicine, including grants from private medical associations and private donations from non-resident Bangladeshis"

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