

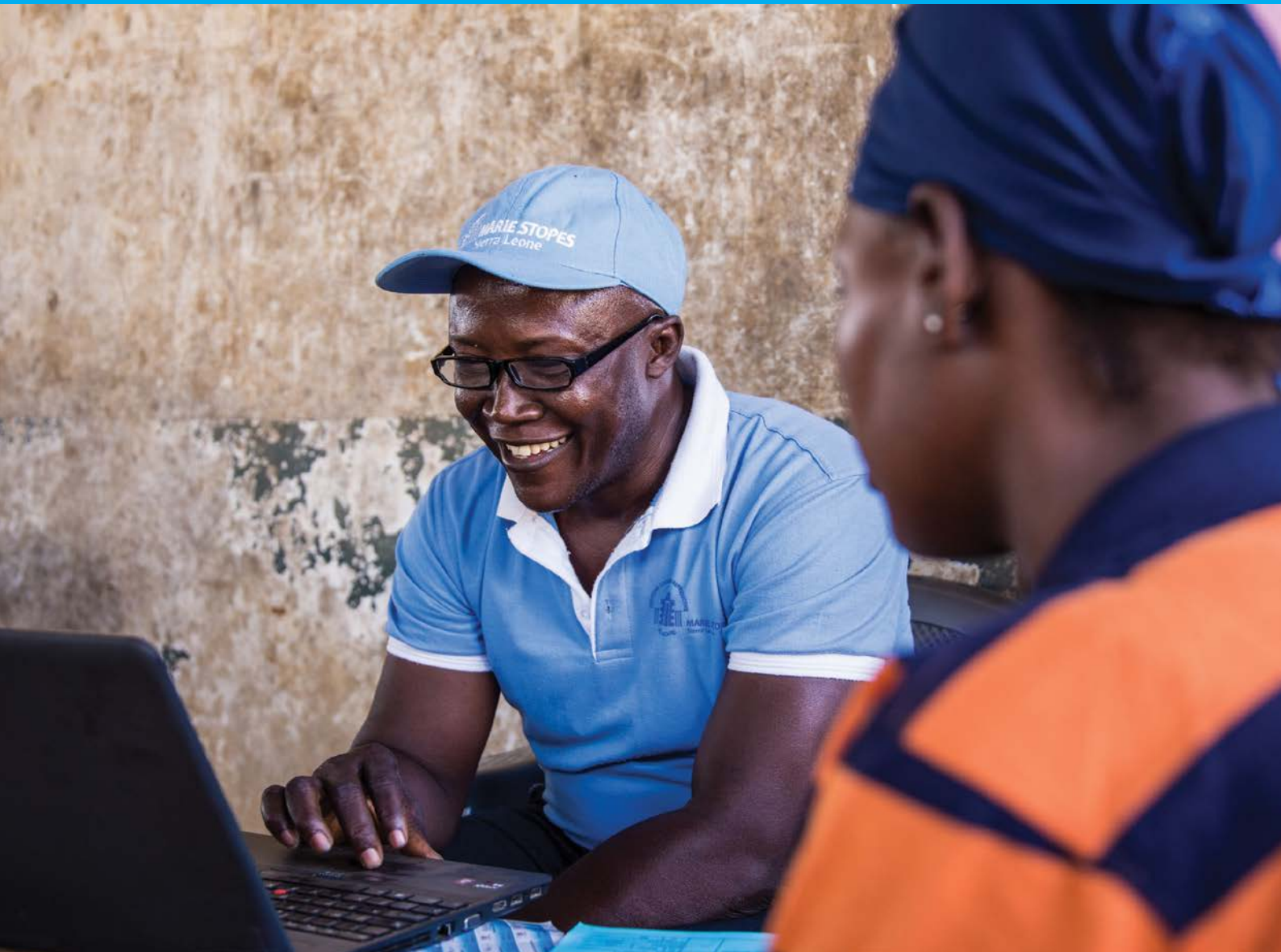
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# Insight to Action

## MSI's Research, Monitoring and Evaluation Strategy to support Scaling up Excellence 2016-2020

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Summary



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## Introducing the Research, Monitoring and Evaluation (RME) Strategy 2016-2020

The Research, Monitoring and Evaluation (RME) Strategy 2016-2020 of Marie Stopes International (MSI) sets out a vision for research support and evidence generation across the partnership. The strategy is fundamental to support the achievement of MSI's ambitious Scaling Up Excellence strategy which was launched earlier this year. In essence, MSI needs to learn how to become more effective and cost-effective in its programming, and high quality research will provide the insight that enables this transition.

The strategy document outlines how the London based RME team will work with operations departments and country programmes in the next five years to ensure that they are asking the right questions and answering them in the right way. It will support both **operational research** to evidence programmatic decision making, and **strategic research**, to answer the big-picture questions of global relevance.

At the heart of the strategy are the 12 key research questions that have been defined as the priority questions for the next five years. The document also discusses the current challenges to generating high quality evidence across the partnership, and how MSI situates itself within the broader sexual and reproductive health research landscape.

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### Data-driven & evidence-based

Rigorous data analysis now underpins all MSI programming, and insights generated will guide our actions to deliver Scaling up Excellence. We have multiple sources of untapped data at our fingertips, including our unique routine data system, the Client Information Centre (CLIC). Now is the time to connect the dots between data sources and draw insights about "what works" for our clients.

#### Key MSI data sources include:

- **Client information centre (CLIC):** routine data from clinics, outreach and call centres
- **DHIS2:** routine data from social franchising
- **Client exit interviews:** annual client experience and satisfaction surveys
- **Mystery client surveys:** to assess quality of care, including client-provider interaction
- **Market studies:** household surveys and qualitative studies to understand demand
- **Service provision data:** including costs
- **Voucher management systems**

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### How did we determine our priority questions?

A scoping and prioritisation exercise across MSI in 2016 was guided by the following criteria:

**Actionable:** Will the research help MSI do something with greater scale & impact, with higher quality, or in a more sustainable way?

**Generates new and reliable knowledge:** Will the research generate new knowledge on an unanswered question?

**Answerable:** Can the question be answered in a reliable and timely way with sufficient rigour to guide programme/policy action?




**Applicable:** Will the results be used across the partnership?

**Innovative:** Will the research cement MSI's leadership as a service innovator in the global RH community?

**Strategic:** Will the evidence influence strategic decision-making?

Download the full Research strategy here: <https://mariestopes.org/data-research/resources> or contact [research@mariestopes.org](mailto:research@mariestopes.org) for more information

## The 12 key research questions for MSI in 2016-2020

Scale & impact	Quality	Sustainability
<p><b>Scale &amp; Impact</b> Deliver increased scale and impact at lower cost per client served</p> 	<p><b>Quality</b> Set the standard for clinical quality and client-centred care</p> 	<p><b>Sustainability</b> Build long term sustainable service delivery models that go beyond donor support</p> 
<p>1) How can MSI <b>increase FP uptake</b> (especially LARCs) by high-impact clients?</p> <p>2) How can country programmes effectively <b>decrease FP discontinuation</b> and/or increase switching to LARCs?</p> <p>3) <b>How do women seek abortion</b> and how can MSI support their decision-making?</p> <p>4) How can MSI ensure that its abortion clients receive and continue to use contraception (<b>PAFP</b>)?</p> <p>5) How can <b>task-sharing</b> for FP and abortion improve MSI's programme impact?</p>	<p>6) How can MSI improve its <b>measurement of client satisfaction</b> and experience?</p> <p>7) How can MSI improve the client experience and outcomes of <b>self-managed MA</b>?</p> <p>8) How can MSI improve its <b>clinical abortion care</b>, including pain management, cervical priming for D&amp;E, and promoting adherence to the regimen?</p> <p>9) How can MSI <b>reduce provider bias</b> and increase client engagement in decision-making for FP &amp; abortion?</p>	<p>10) How can <b>service diversification and cross-selling</b> contribute to sustainability of operations and core service maximisation (FP/SA)?</p> <p>11) How can <b>community-based providers</b>, including MS Ladies, contribute to programme sustainability?</p> <p>12) How can <b>public sector purchasing of MSI services</b> within a 'Universal Health Coverage' framework impact on programme sustainability and health outcomes?</p>

### In more detail: *"How do women seek abortion and how can MSI support their decision-making?"*

For each priority, the research strategy outlines a rationale, specific research objectives and methodology. For priority 3 on abortion decision-making, for example, the following sub-themes are included:

**Why is this important?** Little known about who is seeking abortion, and why women still use unsafe services. Understanding behaviour is critical to develop marketing and design interventions.

#### Specific sub-themes:

- the decision-making pathway for abortion, including circumstances of pregnancy detection, choice of method, choice of provider, timing of abortion-seeking, decision to seek post-abortion care
- the changing abortion market place across different contexts;
- post-abortion behaviours, including choice of after-care, post-abortion FP, and repeat abortion
- MSI client insights: understanding of self-managed MA; perceptions of MSI, including potential stigma
- influences on (or drivers of) abortion decision-making including partner, familial and community influences, information and media influence, and programmatic influences;
- assessing affordability of MSI price structures amongst defined client segments

**Research design:** Qualitative methods will be essential, but care is needed to select appropriate sampling approaches to identify abortion users or potential users, for example using community-based snowball sampling, or other forms of respondent-driven sampling. Quantitative methods could also be used to gather community insights, such as exit surveys with pharmacy/drug store clients, or household surveys. Community mapping can be used to understand which providers are delivering services.

