A systematic review of the use of adolescent mystery clients in assessing the adolescent friendliness of health services in high, middle, and low-income countries.

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Background

- Monitoring improvements in the delivery of youth friendly SRH services has been of uttermost importance to adolescent health researchers.

- Different methodologies have been used to assess the friendliness of these services in different countries.

- Engaging adolescents as ‘Mystery clients’ could provide unique information and results from the perspectives of the young people.

Source: http://www.comminit.com
Rationale

Mystery clients: also referred to as simulated patients, undercover patients and, mystery shoppers.

“Mystery clients are trained people (usually community members) who visit program facilities in the assumed role of clients, and then report (by completing a survey or through an interview) on their experience.

For example, an adolescent might be sent to a health clinic looking for contraceptive services, and then be interviewed to find out about the quality of the visit.”
Methodology

Systematic review of journal articles and grey literature published between 2000 and 2016 that used mystery clients as part of their methodology in assessing ASRH provider behavior and service provision.

All studies were reviewed for validity according to inclusion and exclusion criteria

24 articles were reviewed

- 5 from high-income countries
- 19 from low and middle-income countries
Key Findings

**Why was mystery client methodology used?**

In most cases:

- To assess the quality of services, in terms of adolescent friendliness

- To monitor the patient-provider interaction

All from the perspective of the adolescent mystery clients.

Source: http://panoslondon.panosnetwork.org/
Key Findings

**What roles did the mystery clients play?**

- Assess the accessibility of services for young people
- Role-play different service-seeking scenarios:
  - Contraceptive information and services
  - Counseling
  - Options on abortion and unwanted pregnancies
  - STI treatment
  - HIV testing and counseling

**How were the mystery clients prepared for these roles?**

- Most studies reported training sessions, which included:
  - General information on SRH and evaluation techniques
  - Roles of the mystery clients
  - Learning specific scenarios

Source: [www.pathfinder.org](http://www.pathfinder.org)
Key Findings

What was the focus of the evaluations?

The studies mostly evaluated the friendliness and accessibility of staff and services at:

- Pharmacies
- Sexual health centers
- Primary care centers
- Local health facilities
- Dispensaries
- NGOs
- Non-formal service providers

A few studies also considered friendliness of LGBT services.

Source: http://www.unfpa.org/
Key Findings

**Major findings from using the methodology?**

Mystery clients were able to give information concerning:

- Quality of services
- Privacy and confidentiality
- Attitudes of the service providers
  - Including differences between male/female service providers
- Other barriers in accessing services
  - For example, shortage of staff, timing and timelines

Most adolescent SRH provider behavior and service provision found to be satisfactory.

*However, instances of inadequacies in quality of services and inappropriate behavior by health providers persisted throughout the studies - in high, middle, and low-income countries.*
Lessons Learned

• Studies reported reduced observation bias
• Investment in training the mystery clients is crucial to attain valuable outcomes
• One study reported that mystery clients accompanied by adults received more information than those that were unaccompanied

Source: http://www.restlessdevelopment.org/
Conclusion

• Mystery clients are a useful and unique methodology for monitoring improvement in SRH service provision

• Adolescents and young persons can be involved as mystery clients to report insightful and unique feedbacks

• The method has been found useful and informative in high income countries and low/middle income countries

Continuing gaps and limitations in provider behavior and services for ASHR signify ample opportunity for further research to strengthen the evidence base for program design, implementation, and evaluation.