

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.



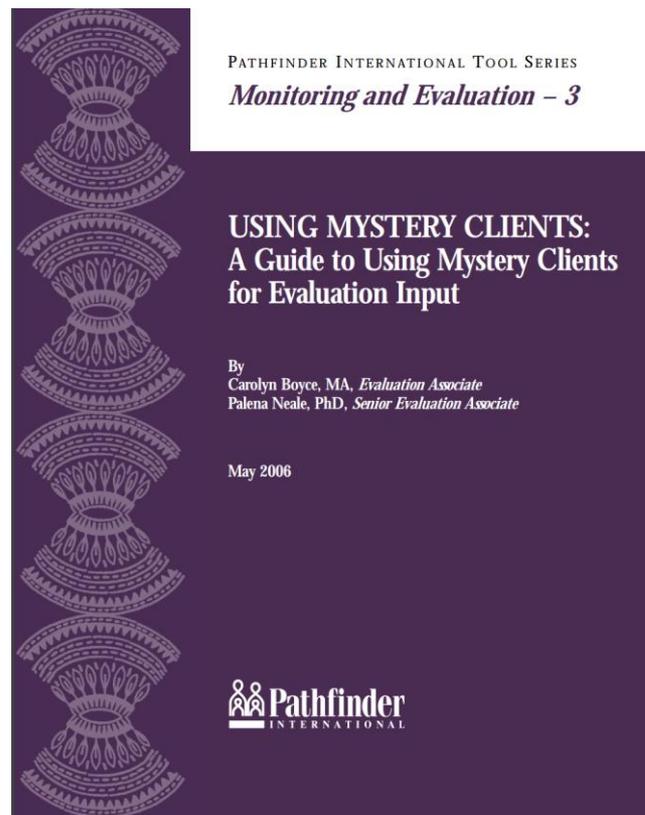
Source: <http://www.comminit.com>

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.”



Source: Boyce C, Neale P. USING MYSTERY CLIENTS : A Guide to Using Mystery Clients. Pathfinder International Tool Series. 2006: 1–20.

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**.

Table 2

Criteria	Inclusion	Exclusion
Time	2000-2016	Prior to 2000
Study Population	Studies where the beneficiaries of the findings were young people (10-24), male or female	Studies where the beneficiary group were children (<10) or adults (>24)
Study Design Methodology	Studies that utilized quantitative and/or qualitative methods including an evaluation portion using adolescent (males or females, aged 10-24) mystery clients to assess health provider (nurse, doctor, pharmacists, technician, staff, receptionist) behavior when delivering ASRH care	Methodology that either did not make use of adolescent mystery clients or used them for evaluation of another capacity
Geographic Scope	Low and low-middle income countries - (African, South East-Asian, Latin and South American, Western-Pacific, Eastern-Mediterranean Regions) High-income countries - (United States, Western Europe)	
ASRH care	Studies focusing on how adolescents perceived or observed health provider behavior during mystery client visits to service providers of ASRH care	Studies focusing on other aspects of provider or service delivery for a different population
Language	Studies published in English	Articles or grey literature in any language other than English (Spanish, French, German...)
Article type	Peer-reviewed journal articles, grey literature	

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

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.



Source: <http://www.unfpa.org/>

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.

