

Report on 'Mystery Clients' exercise – Phase 2

Introduction

The 'Mystery Clients' concept is an important research technique that serves as a performance improvement tool. It helps to monitor and evaluate service delivery programs, health facilities and providers, through providing information on good practices as well as essential service delivery elements that may be overlooked during routine clinic tasks and activities.

Mystery clients are trained people who visit health facilities in the assumed role of clients, and then report on their experience. Using mystery clients/ customers is very useful for collecting information about health facilities and providers, but should be conducted with the voluntary consent of the participating service providers and clinics. When the findings are used to assess the quality of services, this technique serves the interests of both clients and the program by identifying the ways that service provision can be improved to attract more customers.

The Pilot Exercise

In 2005, the NGO Service Delivery Program (NSDP) conducted the 'Mystery Client' pilot exercise, with the voluntary participation of nine clinics under four NGOs – Concerned Women for Family Development (CWFD), Jatiya Tarun Sangha (JTS), Swanirvar (SWV) and Tilottama. The exercise was a sequel to a research survey on reaching the poor that revealed that the providers' behavior was one of the major barriers that prevented the poor customers to receive services from the Smiling Sun clinic. The survey also showed that the providers need to improve their interpersonal and counseling skills to satisfy customers' demands. The overall objective of the exercise was to improve the interpersonal and counseling skills of the counselors and other service providers, particularly towards the poor customers.

According to NSDP's innovative strategy, the counselor or service provider of one clinic acted as a 'Mystery Client' and visited another clinic as poor/least advantaged customer to seek services on RTI/STI, ANC (before 12 weeks), limited curative care (LCC) and family planning. BCCP developed different cases for role-play on these services and provided orientation to the role players as well as the Clinic Managers on the 'Mystery Client' concept, objectives, approach and process. Each mystery client held a debriefing and discussion session with all the staff of the visited clinic immediately after the clinic visit.

The findings were remarkable, and upon sharing with the NSDP NGOs – participating and non-participating ones – there was a positive response with recommendations for replication of the exercise on a wider scale.

Therefore, the second phase of the 'Mystery Clients' exercise was planned and conducted through the Smiling Sun clinics during September – December 2006.

The 'Mystery Clients' Exercise – Phase 2

A total of 95 clinics of eleven NSDP NGOs were identified to implement the second phase of the 'Mystery Clients' exercise. Both inter-NGO and intra-NGO visits by the mystery clients were conducted during this phase.

Participating in this exercise enabled both the performer and the provider to be able to understand the sufferings/ pain of the poor customers if they receive any unwanted behavior during service provision; and also helped to identify the shortcomings of the providers if they don't display the appropriate behavior.

Objectives of the 'Mystery Client' Exercise

The overall objective of this exercise was to improve the interpersonal and counseling skills of the counselors and other service providers, particularly towards the poor customers.

However, the specific objectives of this concept were to:

- Understand the level of behavior that the clinic staff displayed with the customers
- Make the clinics poor - friendly
- Share observations on the spot and make appropriate corrections
- Learn by own experience and internalize understanding
- Have fun

The clinic staff were assured that there would be no punishment and nobody would be identified for doing wrong while participating in the exercise.

Methodology

Based on the recommendations of the pilot program conducted in 2005, the 'Mystery Client' exercise was replicated on a wider scale through 95 clinics of eleven NSDP NGOs from September to December 2006.

Orientation for the NGO/ HQ-Project Directors, Program Managers/Medical Officers, Field Area Managers included: introduction to the concept and objectives of the exercise; presentation of a demonstration video developed during the pilot program; discussions on the mystery client-clinic implementation plan and clinic-wise mystery client visits and the role of NGOs and clinics during the mystery client exercise including the process of debriefing session and documentation.

Orientation for the Clinic Managers included: introduction to the concept and objectives for replication of the exercise; presentation of a demonstration video developed during the pilot program; sharing of the key findings and recommendations from the pilot exercise; discussions on the role of the Clinic Managers including the process of debriefing session and documentation.

Orientation for the Mystery Clients/ role players included: introduction to the concept and objectives for replication of the exercise; presentation of a demonstration video developed during the pilot program; discussions on the cases for role-play, guideline for the mystery client/ role player, mystery client observation checklist and questionnaire, process of debriefing session and documentation.

Guideline developed for the 'Mystery Client' to play the role of a customer / client in an appropriate way

- The 'Mystery Client' should play the role of a least advantaged or poor client/customer;
- Appropriate dress up and getup of a least advantaged or poor customer would be maintained;
- The 'Mystery Client' will seek service as a customer for RTI/STI, ANC (before 12 weeks), family planning or limited curative care (LCC);
- They will maintain an image of a poor customer as closely as possible and will avoid over-acting;
- The 'Mystery Client' should have all the information about the locality of the clinic where she would go for getting services to establish her identity during the role play;
- The suggested suitable time for the 'Mystery Client' visit was between 2 PM – 3 PM, when there will be adequate time to get proper counseling and have a debriefing with staff members immediately following the visit.

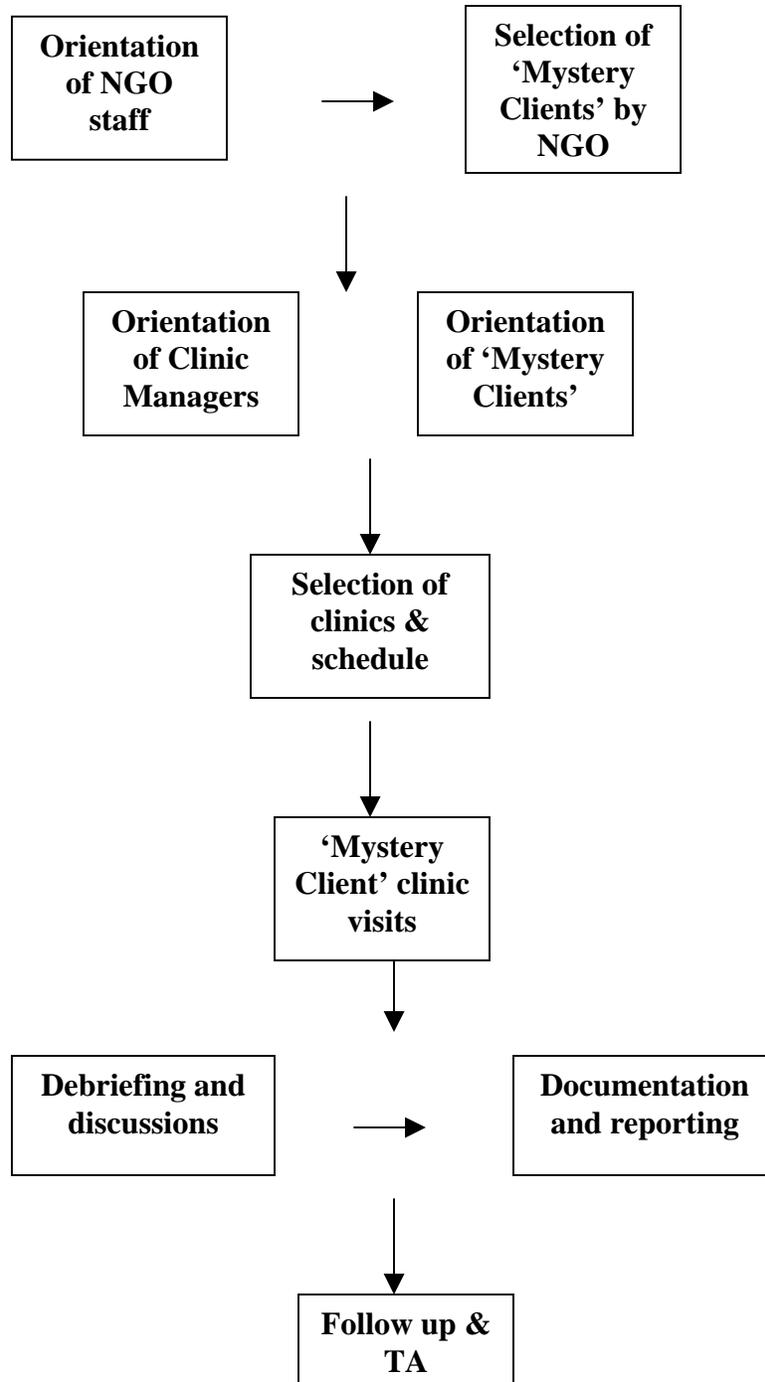
As per the planned schedule, the mystery clients visited the assigned clinic using any one of the scenarios for seeking health service. Soon after receiving the service from service provider, s/he disclosed her/his identity and filled up an observation checklist regarding what happened during receiving the service, cleanliness of the clinic, friendliness and behavior of service providers, counseling process, and use of BCC materials. The observation checklist and the questionnaire are attached.

Immediately after the mystery client clinic visit, a debriefing session was organized where all available clinic staff, including the Clinic Manager, were present. The Clinic Manager acted as the facilitator of the debriefing session. The mystery client shared his/her findings with the clinic staff and the issues were

discussed during the session. The Clinic Manager documented the discussion findings and sent the reports to NSDP/BCCP for compilation and report writing. Follow-up visits were undertaken to monitor changes.

The Process Implementation Flowchart is given:

Process Implementation Flowchart



Findings

The findings from the debriefing sessions across the 95 clinics have been compiled and are presented here collectively based on the checklist (given in the box below) that was provided to the mystery clients.

Mystery Client Checklist

1. Upon arrival at the clinic, were the necessary steps followed before the customer was seen by a service provider?
2. How did the counselor welcome/ greet the customer?
3. Did the counselor ask the customer about:
 - a. Needs/ demands
 - b. History
 - c. Customer's knowledge about the issue/problem
4. Did the counselor tell the customer about:
 - a. Services provided
 - b. Information on customer's needs
 - c. Customer's choice of services
5. Did the counselor inform about the 'Cafeteria choice' of Family Planning methods? Did the counselor show the TIARHT chart?
6. How did the counselor help to make the decision?
 - a. Forced the decision on the customer
 - b. Helped to make an informed decision
7. Were the following service-related issues taken care of/ discussed in detail:
 - a. Did the counselor mention about Follow-up?
 - b. Did the counselor have the skills to encourage/motivate the client through verbal and non-verbal communication?
 - c. Was the counselor's language easily understood by the customer?
 - d. Was the customer's issues rephrased in easy terminology? At what point during counseling?
 - e. Did the counselor address/explain in details about the customer's concerns?
 - f. What were the skills of the counselor in giving and obtaining feedback?
 - g. Did the counselor give correct and complete information?
 - h. Did the counselor show respectful to the customer?
 - i. Was the counselor empathetic and sincere towards the customer?
 - j. Wherever necessary, did the counselor explain the other 3 Cs of condom use?
 - k. Was the use of BCC materials adequate?
 - l. Did the counselor try to avail 'missed opportunities'?

The findings are compiled under the following topics:

Welcoming, Registration and Token

- Majority of the mystery clients reported that they were welcomed respectfully when they arrived at the clinic.
- Most said that upon arrival all the steps were appropriately followed i.e. the registration was done, they were given a token, and then taken to see the service provider.
- But, there were many cases where the token was not given because, either there were no other customers or the customers were less in number.
- In one clinic, service was provided on the earlier ESP card without filling up a new card.
- In one clinic, the ESP card was not given.

Clinic Cleanliness

- Most of the clinics were clean and well-maintained.
- Some clinics needed to be better maintained.
- There was one instance where the water filter didn't have any water.
- There were spider webs in the bathroom of one clinic.

Waiting Time

- Since almost all the mystery clients visited the clinic at off-peak time, they did not have to wait long before being seen by a service provider.
- However, in some clinics they had to wait until the provider finished her lunch.
- One customer was kept waiting because the counselor was busy with calculating the Service charge and RDF.
- In a few cases the waiting time was too long - up to two hours - because the service providers were busy.

Service Providers' Attitudes

- Almost all the service providers in the clinics were very cordial and friendly.
- The service providers showed respect to the mystery clients even though they were acting as poor customers.
- In one clinic, the service providers suspected the customer to be a mystery client and started treating her as one.

Counseling and Service Provision

- Many of the counselors followed the GATHER approach during counseling.
- Most of the counselors explained about all the contraceptive methods using the TIARHT chart.

- One customer seeking services for the side-effects of injection received good quality counseling and treatment.
- One very common error by the counselors was that, once the customer had chosen a method, they did not explain in details about all the other family planning methods.
- Some counselors forgot to mention about the side-effects of the family planning method selected by the customer.
- One counselor did not greet the customer respectfully but became friendly and caring during the counseling session.
- Some clinics did not have a separate room for the counseling and therefore could not maintain the privacy of the customer.
- Some counselors did not explain about the Cs of condom use and did not demonstrate how to use the condoms.
- Some counselors could not give the information on family planning methods completely and clearly.
- One counselor did not make an effort to explain clearly to the customer regarding her problem.
- In one clinic, the customer said that she had no money, but was not offered free medicine as a poor customer.
- Some counselors did not give enough importance to the customer's concerns.
- Some counselors did not spend adequate time for counseling the customer.
- A doctor in one clinic was stern-looking/not smiling, did not check the blood pressure or pulse and did not inquire about the accompanying person's problems.
- In one clinic, the paramedic did not explain about the dose of the medicine and did not ask for feedback.
- In one clinic, the paramedic and clinic aide did not ask the customer for feedback after providing services so they could not solve her problem completely.
- One customer was forced into accepting a service that was beyond her means.

Use of BCC Materials

- The use of BCC materials was good in many clinics.
- However, many counselors did not use the BCC materials during counseling, especially the EOC card with five Danger signs was not explained or given to ANC customers.
- Some counselors simply handed the BCC materials to the customers without explaining the contents.
- In a few cases, no BCC materials were given to the customers.
- A customer seeking RTI/STI services was not given the leaflet or brochure on RTI/STI.

Informing About Other Services Available at Smiling Sun Clinics

- Many customers were informed about all the other services available at the Smiling Sun clinics.
- In a few cases, the service provider did not inform about the other available services.
- In one clinic, the customer was not informed about the medicines available at the clinic.

Availing Missed Opportunities

- A few ANC customers were not informed about the five danger signs of pregnancy.
- One ANC customer was not reminded about taking a family planning method during postnatal period.
- One customer seeking services for STIs was not offered couple counseling.
- A customer seeking RTI services was not offered family planning services.
- A customer seeking services for her newborn child was not informed about taking a family planning method during the postpartum period.
- A male customer was not informed about the family planning methods because his wife did not accompany him.

Return and Referral

- Most of the counselors reminded the customers to return for follow-up.
- Some cases of ANC were referred to the maternity centers for delivery.

Recommendations and Conclusions

The second phase of the 'Mystery Client' exercise provided important information about the current attitude, behavior and practice of the service providers in most of the Smiling Sun clinics. The findings highlight many good practices that need to be reinforced and replicated throughout the clinics.

The visits also contributed to improving the quality of services as service providers remained alert about the provision of quality services that they are supposed to provide. If the clinics incorporate the learning of this exercise in the day-to-day activities, then customers would receive good behavior and quality services from these clinics. This would help to increase the customer flow.

The role of proper documentation of the debriefing session would allow the Clinic Manager and staff to identify the gaps and strive towards improving the deficiencies. There should be continuous follow up for effective implementation of the 'Mystery Client' concept in the future. It is also essential to monitor the effective use of BCC materials and standardize the IPC and counseling process for every clinic to improve the IPC/C skills of providers.