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## Quality Assurance Mystery Client Study Report

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## **Abbreviations**

|                |  |
|----------------|--|
| <b>CBE</b>     | Clinical Breast Exam                               |
| <b>COC</b>     | Combined Oral Contraceptive                        |
| <b>CuT-IUD</b> | Copper-T Intra-Uterine Device                      |
| <b>FP</b>      | Family Planning                                    |
| <b>GP</b>      | General Practitioner                               |
| <b>IUD</b>     | Intra-Uterine Device                               |
| <b>JMC</b>     | Jordan Medical Council                             |
| <b>LAM</b>     | Lactational Amenorrhea                             |
| <b>POP</b>     | Progestin Only Pill                                |
| <b>PSP</b>     | Private Sector Project                             |
| <b>QA</b>      | Quality Assurance                                  |
| <b>RH</b>      | Reproductive Health                                |
| <b>RTI</b>     | Reproductive Tract Infection                       |
| <b>STI</b>     | Sexually Transmitted Infection                     |
| <b>USAID</b>   | United States Agency for International Development |

## **I. Background**

The Private Sector Project for Women's Health (PSP) Jordan is a five-year project funded by the United States Agency for International Development (USAID) with a mandate to improve the health of Jordanian women and families. The project works to increase demand for and use of modern contraception and women's health services; improve private sector quality and access; increase early detection of breast cancer; and address violence against women. To improve the quality of private sector services, PSP focuses on provider training and education. The multi-faceted education of providers occurs through classroom-based sessions, roundtables incorporating evidence-based medicine, detailing visits to doctors' clinics, a quality assurance and certification program, and advocacy around continuing medical education policy.

Qualitative research with females in Jordan reveals that many believe that patients receive better care in the private sector than they do in the public sector. The women interviewed highlighted short waiting times, clean facilities, more respectful treatment, and protection of a patient's privacy. In Jordan, physicians in private practice are outside the purview of the Ministry of Health's supervisory systems; private practices are unregulated after obtaining licensure. PSP's Quality Assurance (QA) and Certification Program was developed in response to the need of private providers for tools centered on self-assessment of quality of care and clinical standards.

In collaboration with the Jordan Medical Council (JMC), PSP developed a Quality Assurance and Certification Program for physicians working in the private sector in all governorates of Jordan. The project responds to the lack of continuing medical education requirements for private providers and complements traditional classroom-based trainings led by PSP. There are four certification programs: Family Planning; Family Planning for Specific Medical and Personal Conditions; Clinical Breast Exam (CBE); and RTI/STI Diagnosis and Care.

## **II. Provider training and certification**

The standardized clinical guidelines which form the basis for the Quality Assurance and Certification Program are based upon best practices endorsed by the World Health Organization, International Planned Parenthood Federation and the United States Centers for Disease Control and Prevention. The guidelines were reviewed by a committee of leading physicians from different sectors in Jordan. Participating physicians are trained in the clinical standards during a four hour classroom-based information session and given materials for review. The training focuses on orienting providers to the guidelines and ensuring they are comfortable referring to the materials during client visits. Following a clinical update on international best practices, the certification process is initiated. The process, which varies by topic, ensures that the services and information provided to clients by physicians reflect the clinical guidelines reviewed during the classroom sessions.

The certification process is detailed below. Providers elect to participate in the steps required for certification; not all physicians who are sensitized to the clinical guidelines elect to participate in the certification.

### ***1. QA Certification for Family Planning***

Providers are assessed based on competency in IUD insertion and family planning counseling. The IUD insertion assessment is conducted at the clinical skills laboratory at the Faculty of Medicine at the University of Jordan using a model. FP counseling is evaluated using a standardized client (simulated patient), ensuring that the provider assesses a client's FP needs and personal risk factors for each method. In addition, providers are evaluated on counseling on the use of each method, method initiation, and what to do if a pill is missed or side effects occur. Providers are evaluated against a skills checklist.

### ***2. QA Certification for Family Planning for Specific Medical and Personal Conditions***

Providers are assessed based on competency in IUD insertion and family planning counseling. As with the basic FP certification program, the provider's insertion of an IUD is assessed using a model at the clinical skills laboratory and FP counseling is offered to a standardized client. Unlike, the basic FP certification, the emphasis is on providing medically appropriate FP counseling when a client presents with conditions which may contraindicate one or more FP methods. Providers are evaluated against a skills checklist.

### ***3. QA Certification for Clinical Breast Exam (CBE)***

Physicians complete a CBE assessment at the clinical skills laboratory at the Faculty of Medicine at the University of Jordan. The assessment is done on a standardized client; additionally, clinicians perform an exam on a model while being evaluated against a skills checklist.

### ***4. QA certification for RTIs/STIs***

Private physicians are trained in Pap smear and wet mount procedures according to standard protocol. The certification process includes completing and reviewing monthly RTI/STI statistics, scoring one's performance using a self-assessment questionnaire tool, developing an action plan to resolve identified performance gaps, and meeting established minimum facility requirements. The self-assessment tool helps physicians in private practice who are without regular supervision in the identification of personal performance gaps while engaging with other professionals to collaborate in the mobilization of resources. Providers also work together to help address performance gaps.

Under each topic, physicians are oriented to the certification procedure during the classroom education session. During the assessment process, physicians must achieve a

passing score in the observed model and client interactions checklist detailed above. In addition to scoring well, certified physicians must also demonstrate competency in required elements of treatment and counseling. Only the evaluator is aware of the critical elements prior to the completion of the certification process.

Following successful completion of the Quality Assurance and Certification Program, certified doctors are recognized in a ceremony with USAID and medical professionals. PSP publishes the names of providers who are recently certified in a local newspaper.

The QA Program emphasizes training and certifying female private sector physicians who work as General Practitioners; these providers form the core of the PSP network doctors. Network doctors are geographically dispersed private physicians—GPs, Obstetricians/Gynecologists, and Family Practitioners—who provide family planning and reproductive health services to women who are referred by PSP outreach efforts. Network doctors are reimbursed by PSP for the care they provide to low-income women who present a voucher for FP/RH care.

### **III. Methodology**

In July 2009, PSP Jordan implemented a mystery client study to assess the long-term impact of Quality Assurance certification on the clinical practices of private providers. The mystery client study was designed to observe provider interaction with patients, assess medical appropriateness of prescribed family planning methods, and document the available resources in clinics. The study was reviewed and approved by the Institutional Review Board of Abt Associates, Inc. Local staff reviewed all study documents to ensure they were culturally appropriate for administration in Jordan.

Five mystery clients were each trained in one of two scenarios. The scenarios were reviewed by a local medical doctor for cultural appropriateness and relevance to the information presented in the course on Family Planning for Specific Medical and Personal Conditions. The mystery client profiles are as follows:

***Profile 1.*** A woman aged 36, who smokes more than 15 cigarettes a day. She has been a regular smoker for more than ten years. This woman has had two normal vaginal deliveries and has two children, a boy aged 6 and a girl, aged 1.5, and one abortion. She wants to delay her next pregnancy for at least 2 years. She and her husband have been using withdrawal, but she is interested in a more secure method. She wants to know what FP options are available; she is interested in oral contraceptives, but not the IUD as she has heard that it may cause infertility.

She is not currently breastfeeding, and has no history of previous ectopic or pelvic surgeries. She has no history of hypertension, stroke, or other diseases which would present a contraindication for hormonal family planning methods. She has regular cycles, lasting 5 days with moderate bleeding, and no history of STI or fibroids. She is on no medications other than those specified for treatment of migraine as she suffers from migraines with aura. Her migraines began in adolescence and have

continued; they seem to be triggered by stress and changes in the weather. Her mother also suffered from migraines. She is now on Almotriptan (Axert) and ibuprofen for the migraine and she responds well.

**Profile 2.** A 32 year old woman who had her third child ten weeks ago; she is partially breastfeeding. Her other children are ages 5 and 3. She wishes to delay her next pregnancy for approximately four years and is seeking a family planning method. She has been using withdrawal, but would like an easier, more reliable method. She has used COCs previously but she is worried that their use may decrease her milk production; she has heard that COCs cause cancer.

The client is a non-smoker with no history of abortion, ectopic pregnancy, or pelvic surgery. She does not suffer from cardiovascular or endocrine diseases, but does have a history of varicose veins. She has regular, but heavy, menstruation cycles, which last eight days with dysmenorrhea and anemia (Hb 10); her last menstrual period was two days ago. She is taking an iron supplement for anemia, but no other medications. She has no history of STI or fibroid diagnosis, but has been previously treated with COCs for a benign ovarian cyst.

Three mystery clients were trained to present as clients with Profile 1; two clients presented with Profile 2. The mystery clients were trained by Dr. Nagham Abu-Shaqra, who oversees the QA training program and provider certification process. During the orientation of the mystery clients, they were also instructed on the use of the provider assessment checklist (Annex 1). The assessment checklist was based on the document used to certify providers in Family Planning for Specific Medical and Personal Conditions. Training also included correct presentation of the scenario, providing information when questioned but not before, and methods for redirection to extend the length of the counseling session which precedes the physical examination.

Mystery clients were instructed to make an appointment, if appropriate based on clinic protocol, to see a certified provider. The mystery clients proceeded with the appointment, until the provider completed the patient intake and any counseling activities. They provided information on their personal and medical history when questioned by the doctor. Mystery clients disclosed their role prior to initiation of a physical exam. Upon completion of the encounter, the clients completed a checklist based on tools used during the provider training and certification. The mystery clients also debriefed after each visit with Dr. Nagham Abu-Shaqra, who oversees the QA training program and provider certification process.

Thirty medical providers were randomly selected for participation in the study from a pool of 72 providers certified in Family Planning for Specific Medical and Personal Conditions. Since 2008, 150 medical providers have participated in this quality assurance program; upon completion of the program, 78 private doctors have been assessed. Of the 78 doctors evaluated, 72 (92%) were certified. The 30 providers selected for inclusion in the study were composed of 29 General Practitioners and 1 Obstetrician/Gynecologist. The doctors were located in Amman (N=16), Balqa (N=5), Madaba (N=2), Irbid (N=3),

Zarqa (N=3) and Jarash (N=1). Providers have been certified for an average of 5.5 months (minimum: 2, maximum: 9).

#### IV. Results

Provider counseling, infection control practices, and clinic infrastructure were assessed by mystery clients who presented seeking family planning advice. The assessment checklist asked mystery clients to document whether or not key elements of family planning counseling, and assessment of medical conditions and personal circumstances influencing contraceptive method choice, were included in the patient/provider interaction during the visit. It is important to note that the mystery client visits concluded prior to a physical examination; therefore, mystery client assessment is limited in scope and duration.

**Table 1. Key elements of family planning counseling, provider behavior**

|   | <b>% of visits in which behavior occurred</b> |
|---|---|
| Doctor discusses at least one family planning option  | 97  |
| Addresses any misconceptions or rumors regarding contraceptive methods as related to her particular medical or personal condition | 97  |
| Counsels the patient in privacy   | 93  |
| Asks the patient about her previous family planning experiences   | 93  |
| Asks the patient which family planning methods interest her most  | 73  |
| Asks patient to describe her reproductive plans   | 70  |
| <i>N</i>  | 30  |

Evaluators report comprehensive counseling by most certified providers. Areas for improvements include an emphasis on requesting information on a client’s reproductive intentions and her partiality for specific contraceptive methods. Protection of confidentiality is high with 93% of mystery clients reporting that the visit was conducted in a private area.

During the debriefing session following each visit, mystery clients were asked about their perceptions of the visit and the doctor’s counseling skills. The researchers reported:

*“She explained about each method, the advantages and disadvantages and whether it is good for me or not.”*

*“She gave me the chance to express my opinions and she discussed them with me.”*

*“She explained everything to me in a simple way. She gave me the chance to talk and she convinced me in her opinion. She took my concerns seriously.”*

*“She asked me a lot of questions before she decided what is suitable for me.”*

*“...because she didn’t have any job aids, she pulled out a piece of paper and drew the organs and the instruments for demonstration.”*

During the visit, mystery clients were asked to document basic infection control practices and available clinic resources. Areas of interest included appropriate hand-washing technique, coverage of the examination table or couch, and clean facilities. Missing data is attributed to visits in which mystery clients were unsure of or unable to assess clinic capacity.

**Table 2. Infection control and clinic resources**

|  | <b>% of visits<br/>in which<br/>practice<br/>was<br/>observed</b> | <b>N</b> |
|--|---|----------|
| Toilet for patients and staff that is clean                                | 100   | 30       |
| Capacity for washing hands with soap and water for both staff and patients | 100   | 29       |
| A sheet or paper to cover the unclothed patient is available               | 97  | 30       |
| There is a couch with a cover for examination                              | 83  | 30       |
| Doctor washes her hands with soap and water before physical examination    | 13  | 23       |

Physicians have made available adequate coverings for examination tables (83%) and patient privacy (93%). All facilities have a clean lavatory available and a sink with soap and water for hand-washing. Of the 23 mystery clients who reported on a provider’s hand-washing, only 13% indicated that the doctor had done so in her presence. This may be due to inadequate infection control procedures or a doctor’s preference for hand-washing immediately prior to the physical examination. Due to the truncated nature of the visits, it is impossible to fully assess this practice.

The mystery clients who presented with Profile 1 are eligible for all FP methods other than combined oral contraceptives (COC); all other methods, including hormonal methods, are not absolutely contraindicated. No methods are absolutely contraindicated for women with the conditions specified in Profile 2, although IUD is not preferred due to prolonged painful menstrual period with anemia; follow-up is necessary for those electing CuT-IUD.



**Table 3. Methods recommended by providers according to client scenario**

|                        | <b>Profile 1. Heavy smoker with migraine</b> | <b>Profile 2. Woman who is partially breastfeeding with heavy bleeding and anemia</b> |
|------------------------|--|---|
|                        | <b>N</b>                                     | <b>N</b>  |
| COC                    | 5  | 11  |
| POP                    | 6  | 11  |
| LAM                    |  | 1   |
| Injectable             | 3  | 5   |
| CuT-IUD                | 10   | 12  |
| Hormonal IUD           | 1  | 8   |
| Condom                 | 6  | 3   |
| Sterilization/Surgery  | 4  |   |
| Withdrawal             | 3  |   |
| No method              | 1  |   |
| Total number of visits | 18   | 12  |

*N indicates number of times the method was recommended.*

Five providers indicated that women presenting with Profile 1 could use COCs as a family planning method. This is contraindicated by the woman's medical condition, a restriction noted by the World Health Organization and included in the guidelines distributed by the QA Certification Program. This suggests that additional support may be needed in interpreting guidelines or improving client interviewing skills. The providers may not fully understand the medical conditions with which the woman presents.

The mystery clients discussed the ways in which providers approached the various methods and their family planning options.

*"She introduced all the methods and gave me choices according to my condition and asked me to decide."*

*"She tried to refute the rumors that I had about the pills and that they suit me better than the copper IUD since I am anemic."*

*"She advised me to use the pills and encouraged me to discuss the IUD insertion with my husband before making any decision."*

*"She showed interest about my willingness to use the pills but told me that the [POPs] are a good choice for me not the [COC]."*

## **V. Conclusions**

Providers who participate in the quality certification for Family Planning with Specific Personal and Medical conditions provide high-quality, comprehensive counseling for patients who present with complicated medical scenarios. Although there are some gaps in counseling and infection control, mystery clients are mostly happy with the services offered by trained providers.

The results of this evaluation indicate that the program can work to reinforce specific messages and provide ongoing support to private providers after the completion of the certification process. A debriefing session will be held with participating providers to discuss key findings, areas for improvement, and mystery client feedback.

## Annex 1: Checklist for use by mystery client

Date: \_\_\_\_\_

Mystery Client Id: \_\_\_\_\_

Facility Code: \_\_\_\_\_

Did you make an appointment?  Yes  No

Time of arrival in clinic: \_\_\_\_\_

Time of visit with doctor (start): \_\_\_\_\_ Time of visit with doctor (end): \_\_\_\_\_

| <b>Indicator A. Standards of Care to Guide FP service delivery</b>  |     |    |        |     |
|---|-----|----|--------|-----|
| A1. Use the Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use. تستخدم جدول المعايير الطبية لمنظمة الصحة العالمية   | Yes | No | Unsure | N/A |
| <b>Indicator B. Counsels and provides FP methods according to current standards including "Clinical Guide for Family Planning for Women with Specific Medical and Personal Conditions".</b> |     |    |        |     |
| B1. Counsels the patient in privacy. تقدم المشورة في خصوصية   | Yes | No | Unsure | N/A |
| B2. Asks patient to describe her reproductive plans. تسأل المريضة عن خططها الانجابية  | Yes | No | Unsure | N/A |
| B3. Asks the patient about her previous family planning experiences. تسأل المريضة عن تجربتها السابقة مع وسائل منع الحمل   | Yes | No | Unsure | N/A |
| B4. Tells the patient all family planning options are available. تشرح للسيدة كل وسائل منع الحمل المتاحة لها.  | Yes | No | Unsure | N/A |
| B4a. Tells the patient some family planning options that are available. تشرح للسيدة بعض وسائل منع الحمل المتاحة لها.  | Yes | No | Unsure | N/A |
| B5. Asks the patient which FP methods interest her most. تسأل السيدة ما هي الوسيلة ترغب في استخدامها  | Yes | No | Unsure | N/A |
| B6. Addresses any misconceptions or rumors regarding contraceptive methods as related to her particular medical or personal condition. تصحح اية اشاعات او معلومات خاطئة عن الوسيلة          | Yes | No | Unsure | N/A |
| B7. Takes history to identify personal conditions that might prevent using certain methods: عند اخذ السيرة الطبية تسأل عن:  |     |    |        |     |
| العمر Age   | Yes | No | Unsure | N/A |
| عدد الولادات Parity   | Yes | No | Unsure | N/A |
| الرضاعة حالياً Currently breastfeeding  | Yes | No | Unsure | N/A |
| determine if exclusive or partial<br>كانت كاملة أو مع حليب اصطناعي  | Yes | No | Unsure | N/A |
| تاريخ اخر ولادة Date of last delivery   | Yes | No | Unsure | N/A |
| اي اجهاض و كم كان عمرة ومتى<br>History of abortion including which trimester and date   | Yes | No | Unsure | N/A |
| التدخين Smoking   | Yes | No | Unsure | N/A |
| تاريخ سابق لحمل خارج الرحم<br>History of previous ectopic   | Yes | No | Unsure | N/A |
| تاريخ سابق لعملية في الحوض<br>History of pelvic surgery   | Yes | No | Unsure | N/A |
| B8. Ask questions about presence of symptoms/medical conditions:  |     |    |        |     |
| Neurological: Migraine headaches<br>صداع نصفي   | Yes | No | Unsure | N/A |

|  |     |    |        |     |
|--|-----|----|--------|-----|
| <b>Cardiovascular</b> القلب و الاوعية الدموية  |     |    |        |     |
| 1.Hypertension/high blood pressure ارتفاع الضغط  | Yes | No | Unsure | N/A |
| 2.Stroke جلطة دماغية   | Yes | No | Unsure | N/A |
| 3.Blood clot in legs/ lungs جلطة في الساق او الرئة   | Yes | No | Unsure | N/A |
| 4.Heart attack جلطة قلبية  | Yes | No | Unsure | N/A |
| 5.Valvular heart disease امراض الصمامات  | Yes | No | Unsure | N/A |
| 6.Hyperlipidemia ارتفاع الدهون في الدم   | Yes | No | Unsure | N/A |
| <b>Breast</b>  |     |    |        |     |
| 1.Undiagnosed breast mass وجود كتلة في الثدي   | Yes | No | Unsure | N/A |
| 2.Current or previous breast cancer وجود سرطان في الثدي حاليا أو سابقا   | Yes | No | Unsure | N/A |
| <b>GI الجهاز الهضمي</b>  |     |    |        |     |
| 1.Gall bladder disorders المرارة   | Yes | No | Unsure | N/A |
| 2.Serious liver disease or jaundice امراض في الكبد او صفار   | Yes | No | Unsure | N/A |
| <b>Endocrine (Diabetes) سكري</b>   | Yes | No | Unsure | N/A |
| <b>Reproductive الجهاز التناسلي</b>  |     |    |        |     |
| 1.Vaginal bleeding نزيف من الرحم   | Yes | No | Unsure | N/A |
| 2.Uterine fibroids الليف في الرحم  | Yes | No | Unsure | N/A |
| 3.Active or history of PID or STI التهابات في الحوض التهابات منقولة جنسيا  | Yes | No | Unsure | N/A |
| 4. Asks date of last menstrual period موعد اخر دورة  | Yes | No | Unsure | N/A |
| 5. Asks about flow of menstrual period كمية الدم اثناء الدورة  | Yes | No | Unsure | N/A |
| 6. Asks about length of menstrual period مدة الدورة-عدد الايام   | Yes | No | Unsure | N/A |
| <b>Hematology (Anemias, coagulation disorders) امراض الدم فقر دم او تجلطات</b>   | Yes | No | Unsure | N/A |
| اي نوع من السرطانات مثل الرحم عنق الرحم<br>Any kind of cancer (e.g. genital organs or precancerous conditions like CIN)  | Yes | No | Unsure | N/A |
| <b>Medication (patient is taking medication that is contraindicated for certain FP methods) ما هي الادوية التي تستعملها حاليا .</b>  | Yes | No | Unsure | N/A |
| <b>Indicator F. Follow-up on Infection Prevention Protocol and steps to protect doctor and staff from getting any infection.</b>   |     |    |        |     |
| F1. Doctor washes her hands with soap and water before physical examination هل تغسل الطبيبة يديها قبل الفحص  | Yes | No | Unsure | N/A |
| F2. There is a waiting area with adequate seating for patients. . يوجد في العيادة غرفة انتظار ومقاعد كافية   | Yes | No | Unsure | N/A |
| F3. You are seen in a separate area for counseling with a table or desk and two chairs that is private (not in the waiting area). . تمت المشورة في مكتب الطبيبة الذي يحتوي على طاولة و كرسيين وله خصوصية | Yes | No | Unsure | N/A |
| F4. There is a couch with a cover for the bed. يوجد سرير فحص مع غطاء له  | Yes | No | Unsure | N/A |
| F5. A sheet or paper to cover patient when unclothed is available. يوجد شرشف لتغطية المراجعة   | Yes | No | Unsure | N/A |
| F6. Toilet for patients and staff that is regularly cleaned. . يوجد  | Yes | No | Unsure | N/A |

|   |     |    |        |     |
|---|-----|----|--------|-----|
| حمام نظيف للمرضى و الموظفين   |     |    |        |     |
| F7. Capacity for washing hands with soap and water for both staff and patients.<br>يوجد مكان يستطيع المرضى و الموظفين غسل ايديهم                                    | Yes | No | Unsure | N/A |
| F8. Educational materials on different topics including FP methods in Arabic and with pictures.<br>يوجد في العيادة مواد تثقيفية تشمل الصحة الانجابية بالعربي مع صور | Yes | No | Unsure | N/A |
| F9. New Family Planning poster about Contraceptive Methods.<br>يوجد ملصق كبير و حديث عن وسائل منع الحمل   | Yes | No | Unsure | N/A |

What family planning method(s) did the provider suggest? Check all that were suggested.  
ما هي الوسائل التي اقترحتها الطبيبة؟ ضعي اشارة امام ما ينطبق

COC الحبوب المركبة  POP الحبوب الاحادية-المرضع  LAM الرضاعة  Injection الابر-الحقن  
 Cu-T-IUD اللولب النحاسي

Hormonal IUD اللولب الهرموني  Condoms الواقي الذكري  Surgical تربيط  
sterilization الانابيب  Safe days العد

Withdrawal العزل  Other, specify غير ذلك اذكريها: \_\_\_\_\_

Did you divulge any information to the provider that is not specified in the script? If so, what?   
هل اعطيت معلومات غير موجودة في النص؟ اذكريها

Comments تعليقات :

## Annex 2: Debriefing Questions

Date of debrief: \_\_\_\_\_

Date of MC visit: \_\_\_\_\_

Mystery client id: \_\_\_\_\_

Facility id: \_\_\_\_\_

Debrief completed by: \_\_\_\_\_

### Debriefing questions

1. Overall, how did you feel about your experience seeking family planning information from the health care provider you visited?
2. Would you describe the provider's attitude and behavior as respectful? Why or why not? (*Probe to discuss whether the client felt judged and whether the provider seemed to take the client's concerns seriously*)
3. Can you describe specific examples of what the provider said or did that made you feel *comfortable* discussing family planning? Can you describe examples of the provider's words/behaviors that made you feel *uncomfortable*?
4. Do you feel the provider was equipped enough to answer about your all the queries (in terms of technical knowledge, availability of products, other aspects)?
5. If the provider was unable to answer any of the questions you had, did you feel that s/he made the effort to identify other possible resources for you (such as educational materials, referrals to other providers, etc.)? Why or why not?
6. Did you feel pressured by the provider to choose certain methods over others? Why or why not?
7. Based on your experience, what recommendations would you make to this provider to improve his/her ability to respond to the family planning needs of young people?
8. Did you feel that the provider provided you sufficient time required by you or he was in hurry to attend some other patients or do other things? Why or why not?

**Interviewer's comments:**