# Beyond Bias Mystery Client Debrief Form

**Administrative Section**

**Facility ID_____**

**Facility name _____**

***Visit ID (role-visit-facility ID)_____***

**Enumerator Name (MC name)_____**

*Mystery Client Role*

Married: (Y) (N)

Children: (Y) (N)

Age: (Younger client) (Older client)

Preference: (Implant (BF or TZ) /IUD (PK)) (Injection)

**Intro for mystery client:**
"After completing your visit at the facility, please fill out this form with your supervisor as soon as possible after the encounter. We will ask both about things that may have happened during the interaction with the provider and how you felt during the visit"

| Number | Type | Question (Eng) | Answer (Eng) | Skip Pattern |
|---|---|---|---|---|
| 1. | Free text | Was there anything particularly noteworthy about how the provider interacted with you? (Think about the provider's body language, the conversation you had, and anything they said to you or that you could hear them saying to other people about you, or how they treated you) | 1.Yes (specify) _____<br>2.No | |
| 2. | Free text | Do you have any general comments about your interactions at the facility? (Think about any interactions with other facility staff, the general experience of getting care at the facility etc.) | 1. Yes (specify) _____<br>2. No | |
| 3. | Single select | Do you think that any of the doctors, nurses, or staff expected that you were not a real client? | 1. Yes, definitely<br>2. Maybe, but not sure<br>3. No | |
| 4. | Free text | What made you think that someone expected you were not a real client? | _____ | Skip this question if Q3==No |

**Timing of visit**

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| 5. | Date Entry | What was the date of your visit? | Enter date | Restrict date to data collection period |
| 6. | Clock Entry | What time did you arrive at the facility?<br><br>[This includes waiting in line outside the facility] | Enter time<br>HH: MM | |
| 7. | Clock Entry | What time did you exit the facility at the conclusion of your visit? | Enter time<br>HH:MM | |

**Service provision**

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| 8. | Single select | Were you able to see a provider today?<br><br>[Select no if you were not able to see a provider (e.g. you could not get past the registration/check in )] | 1. Yes<br>2. No | If 1, skip to 9 |
| 8b. | Multi select | Why were you unable to see a provider today? | 1. Facility was too busy<br>2. Staff or receptionist said that I should not be using contraceptive method<br>3. Staff or provider said I needed permission from parents/in-laws/husband<br>4. I couldn't afford the service/I did not have enough money to pay<br>5. Was told the facility did not offer family planning<br>6. I was told I was too young<br>7. I was told it was because I was unmarried<br>8. I was told it was because I did not have children<br>9. No reason given<br>10. Referred to another facility<br>11. I missed group counseling (BF only)<br>12. Other (Specify) | End survey after this question if Q8==2 |
| 9. | Single select | How long did you wait to see the provider? | 1. Less than 5 minutes<br>2. 5-15 minutes<br>3. 16-30 minutes<br>4. 31-60 minutes<br>5. Over 1 hour | |

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| 10. | Text box | How many minutes did you spend with the provider who counseled you on/talked to about family planning? | Enter number of minutes____ | Restrict answers to between 1-40 minutes |
| 11. | Single select | Where did your visit with the provider take place? | 1. In a private room<br>2. In an open area with other clients<br>3. Other _____ | |
| **Provider characteristics** | | | | |
| 12. | Single select | What was the gender of the provider who provided most of your counseling? (If there was more than one provider, think about the main provider who you interacted with) | 1. Male<br>2. Female | |
| 13. | Single select | How old do you think the provider is who provided most of your counseling (use your best estimation)? (If there was more than one provider, think about the main provider who you interacted with) | 1. Under 30<br>2. 30-39<br>3. 40-49<br>4. 50-59<br>5. 60 or above | |
| **Counseling** | | | | |
| 14. | Single select | Did the provider discuss any contraceptive methods with you? | 1. Yes<br>2. No | If 2, skip to Q16 |
| 15. | Multi select | Which contraceptive methods did the provider say were options for you?<br><br>*Enumerator: Ask about each question individually* | 1. Condoms<br>2. IUD<br>3. Injectables<br>4. Implant<br>5. Pills<br>6. Emergency contraception<br>7. Abstinence<br>8. Natural methods (rhythm, withdrawal, LAM)<br>9. Permanent methods | |
| 16. | Single select | Do you think the provider did not discuss any family planning methods with you today because of your age? | 1. No<br>2. Yes<br>3. Not sure | |
| 17. | Single select | Do you think the provider did not discuss any family planning methods with you today because of your marital status? | 1. No<br>2. Yes<br>3. Not sure | |

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| 18. | Single select | Do you think the provider did not discuss any family planning methods with you today because of the number of children you had (or did not have)? | 1. No<br>2. Yes<br>3. Not sure | Skip to 33 if Q14==2 |
| 19. | Single select | Do you know why the provider did not offer the IUD/implant as an option for you? | 1. Yes, they said something that made it clear why<br>2. No, but I have a guess to why they did not<br>3. No, not at all | Display if implant or IUD not on list of options selected in Q15<br><br>Skip question 20 and 21 if 3 |
| 20. | Multiple select | Why did the provider not offer the IUD/implant as an option for you? | 1. Provider would not give it to me<br>2. The method is not available in the clinic<br>3. It requires additional lab test / services<br>4. Provider advised against it<br>5. Provider told me I was too young<br>6. Provider told me I was too old<br>7. Provider said it was because I didn't have any children<br>8. Provider said it was because I already had children<br>9. Provider said it was because I was not married<br>10. Provider said it was because I was married<br>11. Other | |
| 21. | Open text | Why do you think you were not offered an IUD/implant as an option? | _____ | |
| 22. | Single select | Do you know why the provider did not offer the injection as an option for you? | 1. Yes, they said something that made it clear why<br>2. No, but I have a guess to why they did not<br>3. No, not at all | Display if injection not on list of options selected in Q15<br><br>Skip Q23 and Q24 if 3 |
| 23. | Multiple select | Why did the provider not offer the injection as an option for you? | 1. Provider would not give it to me<br>2. The method is not available in the clinic<br>3. It requires additional lab test / services | |

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| | | | 4. Provider advised against it<br>5. Provider told me I was too young<br>6. Provider told me I was too old<br>7. Provider said it was because I didn't have any children<br>8. Provider said it was because I already had children<br>9. Provider said it was because I was not married<br>10. Provider said it was because I was married<br>11. Other | |
| 24. | Open text | Why do you think you were not offered an injection as an option? | _____ | If injection is not on list of options in Q15 |
| 25. | Single select | Did the provider **encourage or recommend** that you take/use any methods in particular? | 1. Yes<br>2. No | If no, skip next question (Q26) |
| 26. | Multiple select | Which method(s) did the provider **encourage or recommend** that you take/use? | 1. Condoms<br>2. IUD<br>3. Injectables<br>4. Implant<br>5. Pills<br>6. Emergency contraception<br>7. Abstinence<br>8. Natural methods (rhythm, withdrawal, LAM)<br>9. Permanent methods | |
| 27. | Single select | Were there any methods that the provider **discouraged** you from using? | 1. Yes<br>2. No | If 2, skip next 2 questions (q28 and q29) |
| 28. | Multi select | Which method(s) did the provider **discourage** you from using?<br><br>*Enumerator: Probe to make sure you mark all methods* | 1. Condoms<br>2. IUD<br>3. Injectables<br>4. Implant<br>5. Pills<br>6. Emergency contraception<br>7. Abstinence<br>8. Natural methods (rhythm, withdrawal, LAM)<br>9. Permanent methods | |

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| 29. | Multi select | Did the provider say why that method(s) was not good for you? | 1. I'm too young<br>2. I'm too old<br>3. I am not married yet<br>4. I'm already married<br>5. Have not had a child yet<br>6. I have already had children<br>7. Will affect my fertility in the future<br>8. I have a health/medical condition that is not compatible<br>9. Thought I will use FP method incorrectly<br>10. FP method not available in the clinic<br>11. FP method too expensive<br>12. Need for additional lab test / services<br>13. Doesn't protect against HIV/STIs<br>14. Method has side effects<br>15. The method didn't match my fertility intentions<br>16. No reason given<br>17. Other (Specify) _____ | |
| 30. | Single select | Do you think you would have been able to take a method today if you had been a real client? | 1. No<br>2. Yes<br>3. Don't know | If no, skip to Q33 |
| 31. | Single select | Do you think you would have been able to take an IUD or Implant today if you had been a real client? | 1. No<br>2. Yes<br>3. Don't know | |
| 32. | Single select | Do you think you would have been able to take the injection today if you had been a real client? | 1. No<br>2. Yes<br>3. Don't know | |
| 33. | Multiple select | Did the provider tell you to do any tests before they could give you a method? | 1. No tests mentioned<br>2. Pregnancy test<br>3. Blood pressure<br>4. Measure weight<br>5. Sexually transmitted infections/HIV<br>6. Pelvic exam<br>7. Other (specify) | If Q14==No skip to Q39 |
| 34. | Single select | Were you informed about possible side effects or problems with the methods you were offered? | 1. Yes<br>2. No | |

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| 35. | Single select | Did the provider discourage you from using any contraceptive methods because of the side effects? | 1.Yes<br>2. No | Skip next question if answer to this question is No |
| 36. | Multi select | Which methods did the provider discourage you from using because of side effects? | 1. Condoms<br>2. IUD<br>3. Injectables<br>4. Implant<br>5. Pills<br>6. Emergency contraception<br>7. Abstinence<br>8. Natural methods (rhythm, withdrawal, LAM)<br>9. Permanent methods | Subset of methods from question 15 |
| 37. | Single select | Did the provider talk about how to use the method(s) you discussed? | 1. Yes<br>2. No | |
| 38. | Single select | Did the provider talk about using condoms to prevent sexually transmitted infections and HIV? | 1. Yes<br>2. No | |
| 39. | Single select | Would you recommend this clinic to a friend who needs a contraceptive method or advice on contraception? | 1. Not at all<br>2. Somewhat<br>3. Mostly<br>4. Completely | |
| 40. | Single select | Would you recommend this clinic to a friend who is 17 who needs a contraceptive method or advice on contraception? | 1. Not at all<br>2. Somewhat<br>3. Mostly<br>4. Completely | |

**Questions asked by the provider**

For the following questions, please indicate whether the provider asked you about each characteristic and whether you think the provider treated you differently based on that characteristic.

| | | Did the provider ask about…? | Do you think the provider treated you worse based on…? |
|---|---|---|---|
| 41. | …your age? | 1.Yes<br>2. No | 1. No<br>2.Yes<br>3. Not sure |
| 42. | …whether you were married? | 1.Yes<br>2. No | 1. No<br>2.Yes<br>3. Not sure |
| 43. | …your education level? | 1. No<br>2.Yes<br>3. Don't remember | 1. No<br>2.Yes<br>3. Not sure |
| 44. | …how many children you had (or did not have)? | 1.Yes<br>2. No | 1. No<br>2.Yes |

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|---|---|---|---|
| | | | 3. Not sure |
| 45. | …the gender of your children?<br>(Do not display if MC is nulliparous) | 1. Yes<br>2. No | 1. No<br>2.Yes<br>3. Not sure |
| 46. | …your religion? | 1. No<br>2. Yes<br>3. Don't remember | 1. No<br>2.Yes<br>3. Not sure |
| 47. | …your ethnicity/tribe? | 1.No<br>2. Yes<br>3. Don't remember | 1. No<br>2.Yes<br>3. Not sure |
| 48. | .. if you were still in school? | 1.No<br>2. Yes<br>3. Don't remember | 1. No<br>2.Yes<br>3. Not sure |
| 49. | …your occupation/job? | 1.No<br>2. Yes<br>3. Don't remember | 1. No<br>2.Yes<br>3. Not sure |
| 50. | …whether you had permission from your parents, in-laws, or spouse/partner to receive FP service? | 1.Yes<br>2. No | 1. No<br>2.Yes<br>3. Not sure |

**For the next set of questions, please indicate whether the provider did any the following:**

| | | |
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| 51. | …ask you what specific family planning method you wanted? | 1.Yes<br>2. No |
| 52. | …ask you if there was anything specific about your method that was important to you (your preferences)? | 1. Yes<br>2. No |
| 53. | …ask if there were any family planning methods you did not want to use? | 1. Yes<br>2. No |
| 54. | …ask you if you had any questions? | 1. Yes<br>2. No |
| 55. | … ask you if you had ever used contraceptives before? | 1.Yes<br>2. No |
| 56. | … ask if you were currently using contraception? | 1. Yes<br>2. No |
| 57. | …ask why you wanted contraception? | 1.Yes<br>2. No |
| 58. | …ask if you would like to have a(nother) child? | 1. Yes<br>2. No |
| 59. | …ask when you would like to have a(nother) child? | 1. Yes<br>2. No |
| 60. | … ask if you were pregnant? | 1.No<br>2. Yes<br>3. Don't remember |
| 61. | .. ask if you were breastfeeding? | 1. No<br>2. Yes<br>3. Don't remember |
| 62. | …ask if you had given birth in the last 48 hours? | 1. No<br>2. Yes<br>3. Don't remember |
| 63. | …had vaginal bleeding that was unusual for you? | 1.No<br>2. Yes<br>3. Don't remember |
| 64. | …ask if you had any health issues (e.g. infections, blood pressure, heart disease, diabetes, cancer)? | 1.No<br>2. Yes<br>3. Don't remember |
| 65. | .. ask if you were taking any medications? | 1.No |

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| | | 2. Yes<br>3. Don't remember |
| 66. | … take your blood pressure? | 1.No<br>2. Yes<br>3. Don't remember |
| 67. | …ask if you had any symptoms of sexuality transmitted infections (abnormal vaginal or urethral discharge)? | 1.No<br>2. Yes<br>3. Don't remember |
| 68. | …ask if you had been tested for HIV? | 1.No<br>2. Yes<br>3. Don't remember |
| 69. | ...ask to look at your health card or identification? | 1.No<br>2. Yes<br>3. Don't remember |
| 70. | …ask you questions about your sexual relationship with your partner? | 1.Yes<br>2. No |
| 71. | …express any judgments about your romantic relationship? | 1.Yes<br>2. No |
| 72. | …express any judgements about your sexual activity? | 1.Yes<br>2. No |
| 73. | …express any judgments about you wanting to use contraception? | 1.Yes<br>2. No |
| 74. | …express any judgements about your decision about when to have children? | 1.Yes<br>2. No |

**Experience with the provider**

| | | | |
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| 75. | Single select | During your time in the health facility did the provider you saw for family planning introduce themselves to you by name when they first came to see you? | 1. Yes<br>2. No |

The next set of questions are about how you were treated at the health facility during your family planning visit today Please report if the following things happened all the time, most of the time, a few times, or it never happened. You can say a few times if it happened one or two times, and most of the time will be if it happened three or more times, but not always."

**Safe welcoming space**

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| 76. | Single select | Did the provider you saw for family planning treat you with respect? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 77. | Single select | Did the provider you saw for family planning treat you in a friendly manner? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 78. | Single select | Did you feel the provider you saw for family planning paid attention to you during your stay in the facility? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 79. | Single select | Did you feel the provider you saw for family planning cares about you as a person? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

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| 80. | Single select | Did you feel you could completely trust the provider you saw for family planning with regards to your care? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 81. | Single select | In general, did you feel safe in the health facility? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 82. | Single select | Did you feel the provider judged you? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 83. | Single select | Did you feel the provider scolded you? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 84. | Single select | Did the provider make you feel uncomfortable because of your sex life (e.g. when I started having sex, my sexual preferences, the number of partners I have, the number of children I have)? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

**Sensitive communication**

| | | | |
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| 85. | Single select | Did you feel the provider you saw for family planning at the facility clearly explained things to you? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 86. | Single select | Did the provider you saw for family planning talk to you about how you were feeling? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

**Seek understanding and agreement**

| | | | |
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| 87. | Single select | Did you feel like the provider you saw for family planning involved you in decisions about your FP choice? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time<br>5. Did not have to make any decisions |
| 88. | Single select | Did the provider you saw for family planning allow you to give your opinion about what you needed? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 89. | Single select | Did the provider you saw for family planning give you enough information to make the best decision about your birth control method? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

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| 90. | Single select | Did you have any problems communicating with the provider? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

**Security of information**

| | | | |
|---|---|---|---|
| 91. | Single select | When meeting with the provider during your visit, do you think other clients could see you? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 92. | Single select | When meeting with the provider during your visit, do you think other clients could hear what you said? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |
| 93. | Single select | Did the provider make an effort to make sure that others in the facility could not see or hear your conversation with her/him? | 1. No, never<br>2. Yes, a few times<br>3. Yes, most of the time<br>4. Yes, all of the time |

The next set of questions are also about how you were treated at the health facility during your family planning visit today, but use a different answer scale. For the next set of questions, please tell me if you agree with the following statements. You can say "no, not at all", yes, somewhat", "yes, mostly", or "yes, completely".

**Simple, comprehensive counseling**

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| 94. | Single select | Did the provider pressure you to use the method they wanted you to use? | 1. No, not at all<br>2. Yes, somewhat<br>3. Yes, mostly<br>4. Yes, completely |

**Sensitive communication**

| | | | |
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| 95. | Single select | Did you feel listened to by the provider? | 1. No, not at all<br>2. Yes, somewhat<br>3. Yes, mostly<br>4. Yes, completely |
| 96. | Single select | Did the provider you saw for family planning consider your personal situation when advising you about FP methods? | 1. No, not at all<br>2. Yes, somewhat<br>3. Yes, mostly<br>4. Yes, completely |
| 97. | Multiple select | Did the provider do any of the following? | 1. Shouted at me<br>2. Threatened to withhold services<br>3. Called me by an insulting name<br>4. Laughed at me<br>5. Treated me with scorn<br>6. Other type of disrespect, please explain _____<br>7. None of the above |

**Seek understanding and agreement**

| | | | |
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| 98. | Single select | Did the provider you saw for family planning let you say what mattered to you about your FP method? | 1. No, not at all<br>2. Yes, somewhat<br>3. Yes, mostly<br>4. Yes, completely |

**Security of information**

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| 99. | Single select | Do you feel like your personal information was or will be kept confidential at this facility? | 1. No, not at all<br>2. Yes, somewhat<br>3. Yes, mostly<br>4. Yes, completely | |

We are almost finished. We have a few more questions for you about payment, COVID-19, and signs at the facility.

**Payment**

| | | | | |
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| 100. | Single select | Were you asked to pay anything for the service today? | 1. Yes<br>2. No | |
| 101. | Multiple select | What were you asked to pay for? | 1. Visit with provider<br>2. Supplies needed to provide the method<br>3. The method itself<br>4. A test (pregnancy, HIV, STI etc.)<br>5. I don't know<br>6. Other (specify)_____ | If 100==1 |
| 102. | Entry | How much were you asked to pay for:<br><br>[Enter -99 if you cannot remember the amount] | Visit with the provider? ___<br>Supplies needed to provide the method? ____<br>The method itself? ____<br>A test? _____<br>Other? _____ | Skip pattern based on answer to above question |
| 102b. | Entry | How much were you asked to pay?<br><br>[Enter -99 if you cannot remember the amount] | _____ | Display if Q101 = "I don't know" |

**COVID**

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| 103. | Multiple Select | Did the facility do any of the following? Check all that apply. | 1. Require a COVID test for you<br>2. Require you to wear a mask during your visit<br>3. Provide a mask for you to wear during the visit<br>4. Have a separate waiting room/isolation area for those experiencing symptoms of COVID-19<br>5. Take your temperature upon arrival<br>6. Check to see if you were experiencing any symptoms related to COVID-19<br>7. Make you wash your hands or use hand sanitizer on arrival<br>8. Require you to pay a fee to cover the cost of PPE | |

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| | | | 9. Require you to pay a fee to get tested for COVID/pay for screening for COVID symptoms<br>10. None of the above<br>11. Other _____ | | |
| 104. | Text entry | How much did you have to pay for PPE?<br><br>[Enter -99 if you cannot remember the amount] | | _____ | If COVID Q=8 |
| 105. | Text entry | How much did you have to pay for COVID testing/screening?<br><br>[Enter -99 if you cannot remember the amount] | | _____ | If COVID Q==9 |
| 106. | Single select | Were the staff and providers wearing masks in the facility? | 1. None had masks on<br>2. Some had masks on<br>3. All had masks on | | |
| | **Intervention** | | | | |
| 107. | Single select | Did you see any Beyond Bias posters in the facility? | 1. Yes<br>2. No | | |