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Mystery Clients: Engaging Community Members in Evaluating Private Sector Providers



A 2006 evaluation of malaria treatment for children in Rwanda included scripted “mystery client” encounters with private drug sellers, like those working in the *Comptoir Pharmaceutique Kwizera*. The private sector is an important role player in the battle against malaria in Rwanda, but workers often lack sufficient training to provide appropriate advice and treatment.

In 2004, Rwanda’s Integrated National Malaria Control Program (INMCP) developed a strategy for home-based management of fever, primarily to increase the percentage of children under the age of five who receive correct treatment within 24 hours of the onset of malaria symptoms.

Two years after implementing the strategy in six of the country’s fourteen districts, the INMCP requested technical assistance from USAID/BASICS and USAID/RPM Plus to conduct an evaluation of the program, specifically to gauge its impact on case management, care-seeking, and overall malaria control, and to inform program scale-up nationally.

An important aspect of the evaluation was to try to target as many private sector providers as possible, including pharmacies, dispensaries, *comptoirs pharmaceutiques*, and informal vendors because these are important providers of treatment in the community. In addition to formal data collection on antimalarial availability and provider knowledge, “mystery client” observations were conducted to assess private drug seller practices. With this methodology, local community members were recruited by the assessment team to conduct a simulated purchase, avoiding the potential bias of external evaluators. The mystery clients were given a standard scenario to use with targeted drug sellers. In this case, they were instructed to tell the drug seller that they had a two-year-old child at home with fever for two days. If asked, they were to report that the child had not yet been given any medicines for this illness and had no other symptoms. The mystery client then reported back to the data collectors on what the drug seller asked the client, what was prescribed and dispensed, and any advice provided.

The client observations of *comptoirs pharmaceutiques* showed deficient practices in treating malaria. Of 23 cases, only 57 percent of mystery clients were sold an antimalarial treatment. Of those sold an antimalarial, only 23 percent were sold the correct antimalarial according to national guidelines. Worryingly, 22 percent of the simulated cases of fever (presumed malaria) were neither treated nor referred. Although

sales attendants generally asked for some history, only 52 percent checked for danger signs indicating referral of the case was required. And, although 74 percent of clients were given some verbal instructions on dosing, little other advice on the management or prevention of the condition was provided.

The use of mystery clients is a tried and tested, effective methodology for evaluating private provider practices. Use of external data collectors can create bias in the response

of the seller. Thus, using community members is a better way to guarantee that the simulated interactions are not detected. Information collected by this method is an accurate way to understand actual provider practices and is essential for corroborating results from evaluator-led knowledge assessments. The combination of objectively observed performance and stated knowledge is a powerful tandem for formulating recommendations that directly address and resolve program weaknesses.

The External Evaluation of the Pilot Phase of the Home-based Management of Malaria Program in Rwanda of which the simulated client assessment was a part is available on the Rwanda page of www.basics.org, as well as on www.msh.org/rpmlus.