were each available at most facilities (79–95%); far fewer facilities could show written copies of national family planning guidelines on demand (52%) or describe any quality assurance measures that were in place (39%).

In interviews, most providers (81%) reported discussing multiple methods with their clients; fewer than half (48%) asked their clients their preferred method. Between 30% and 53% of providers helped clients select a method, explained how to use the method or discussed warning signs of potential method-related problems; however, 81% reported explaining possible side effects of the client’s chosen method. Half of providers had received in-service training on the provision of family planning services—our proxy for technical capacity. Providers reported slightly lower levels of integration of family planning with other services than facility audits showed (70–81%).

In exit interviews, 47% of clients reported receiving information on multiple methods during their visit, and 57% reported being asked about their method of choice. Of clients initiating a contraceptive method or switching methods, 66% reported that their provider had explained proper method use, while fewer said that their provider had helped them select a method (41%). Among all clients, 58% were told about potential side effects and 65% about how to manage problems. Regarding the relationship between providers and clients, 35% of clients reported that their provider had asked about their reproductive goals and 33% said their provider had treated them “very well”; only 21% said that other facility staff had treated them “very well.” Sixty-six percent of clients had been asked by their provider if they had any questions, 91% had felt comfortable asking questions and 79% had had all their questions answered by the provider. The vast majority of clients (93%) had been told when to return to the facility for method resupply. In terms of client satisfaction, more than eight out of 10 clients reported that they had had adequate privacy during their visit, their services would be kept confidential, they had received the right amount of information, and they were satisfied with services overall; fewer (76%), however, were satisfied with the waiting time. Clients nearly universally reported that they would use the same facility again and would recommend it to others.

**Multivariate Analyses**

In our first analytic model, which included facility audit and provider interview measures among the full weighted sample of facilities, only one variable was associated with use of a modern method: Clients of facilities at which providers reported explaining method side effects had an increased likelihood of contraceptive use (prevalence ratio, 1.1; Table 4, page 74). In addition, one aspect of method choice measured by the facility audit—providing a mix of methods that has not been out of stock in the previous year—was marginally significant (1.1).

Our second analytic model was restricted to higher volume facilities and included client interview measures, as well as facility audit and provider interview measures. In this model, facilities’ having a consistently stocked mix of methods was marginally associated with clients’ contraceptive use, and the magnitude of the relationship was slightly larger than in the unrestricted sample (prevalence ratio, 1.2). Method choice was associated with contraceptive use when measured by provider interviews: Women attending facilities at which providers reported asking clients about method preferences were significantly more likely than others to use contraceptives (1.1). Providers’ discussion of method side effects—significant in the full sample—was not significant in the restricted sample.

Finally, three client interview measures were found to be positively associated with contraceptive use in our second analytic model: Women attending facilities at which clients reported receiving a provider’s help with method selection had a 6% greater likelihood of contraceptive use for each 25 percentage-point increase in the indicator (prevalence ratio, 1.1). Women attending facilities at which clients reported their provider treating them “very well” were more likely than others to be using a contraceptive (1.1). And women attending facilities at which clients reported that they would use the facility again or recommend the facility had a greater likelihood of contraceptive use (1.2).

In general, the association between several aspects of service quality and contraceptive use was much stronger for younger women and those who were less educated. The relationship between contraceptive use and feeling well-treated by their provider was strongest among 15–19-year-olds (prevalence ratio, 1.4; Figure 1), but diminished with age so that it was no longer significant for women aged 35 or older. A similar modification was observed for some aspects of quality and education, where the magnitude of effect was strongest among the least educated women. For example, the strength of the relationship between provid-