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## **Strengthening Family Planning Project**

تعزير تنظيم الأسرة

### **Family Planning Voucher Redemption Analysis**

Submitted to:

Dr. Basma Khraisat  
Agreement Officer's Technical Representative (AOTR)  
USAID/Jordan

Submitted by:

Reed Ramlow  
Strengthening Family Planning Project  
Abt Associates Inc.

Prepared By:

Dr. Nadia Al-Alawi

February 2012

Strengthening Health Outcomes through the Private  
Sector (SHOPS)

Associate Cooperative Agreement No. 278-A-00-10-  
00434-00

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## **Acknowledgements**

The author would like to acknowledge the assistance of Ansam Bizzari, the Community Outreach Program Manager with the Strengthening Family Planning Project, who co-facilitated all discussions and interviews, and provided support in organizing all of the discussions and interviews. The author is grateful for the support of many members of the Strengthening Family Planning Project team, both in Jordan and in the USA, for their valuable technical assistance in developing the focus group discussion guides and reviewing the study report.

The Strengthening Family Planning Project would like to acknowledge the support of Dr. Sahar Izzat, field director, Circassian Charity Association (CCA); Dr. Ahlam Khubiez, field director, General Union of Voluntary Associations (GUVS); and Khayriah Muhammad, field supervisor, CCA; for their invaluable support in organizing focus group discussions and individual interviews.

The project also wishes to express appreciation to the community health workers who gave their valuable time to participate in the focus group discussions, as well as to the outreach clients who welcomed researchers into their homes and participated in individual interviews.

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## **Acronyms and Abbreviations**

CCA	Circassian Charity Association
CHW	Community health worker
JAFPP	Jordanian Association for Family Planning and Protection
FP	Family planning
GUVS	General Union of Voluntary Associations
IUD	Intrauterine device
MOH	Ministry of Health

## Executive Summary

The goal of the Strengthening Family Planning Project (*Ta'ziz Tanzim Al Usra*, in short *Ta'ziz*) is to expand the access, quality, and use of family planning services through partnership with the private sector in Jordan. One of the project's major activities is to implement a community outreach program targeting low-income women. During home visits, community health workers (CHWs) inform women about family planning and its benefits, and refer interested women to obtain family planning (FP) services in both the public and private sectors. It is thought that some women's inability to pay for these services may inhibit contraceptive adoption. To address this affordability issue, CHWs provide vouchers to some women to enable them to obtain free FP services and contraceptives from doctors assembled in a project-supported private network, for outreach clients meeting specified criteria, provided they meet the following criteria:

1. Have an unmet need for FP
2. Are interested in adopting a modern FP method
3. Have low income (self-reported and CHW observations)
4. Do not have access to appropriate public sector FP services (e.g., access to preferred female provider in a public clinic)

Despite being given a voucher to obtain free FP services at a private physician's clinic, approximately 50% of women receiving these vouchers do redeem them. The project conducted focus group discussions with CHWs, as well as individual interviews with outreach clients (women), to determine why vouchers are unredeemed.

According to respondents of the discussions and interviews, the most common reasons for non-redemption of vouchers by outreach clients were the following:

- CHWs gave vouchers to clients who did not meet the criteria for receipt of vouchers (i.e., to those who express interest in contraceptive adoption).
- Outreach clients changed their minds or became pregnant after receiving a voucher.
- Private network doctors did not provide methods to clients for both valid and invalid reasons.
- Women attempting to redeem the vouchers encountered additional unforeseen costs.

Based on the above, below are considerations for improving client redemption of FP service vouchers:

- Offer discounted vouchers for FP services and methods prior to offering free vouchers for services and methods (do not discuss the free voucher until other options prove inadequate).
- Use a checklist as a job aid and verification for the above (accessibility of other services and financial need).
- Share tracking information on voucher redemption with CHWs, so they can modify and adapt their working modalities as needed.
- Identify network doctors who reportedly are not honoring vouchers for valid reasons and remind them they have a responsibility to do so in accordance with the memorandum of understanding (MOU) they signed with the project.

- Increase the number of network doctors to increase access to FP services in the private sector, provide women more choice among private providers, and to create a climate of competition for the vouchers.
- Ensure voucher recipients understand what services the voucher will cover and will not cover.
- Create and distribute additional vouchers for clinical services that may be required prior to IUD insertions, including reproductive tract infections and Pap smear, as well as for follow-up visits.

## Introduction

The goal of the Strengthening Family Planning Project is to expand the access, quality, and use of family planning services through partnership with the private sector in Jordan.

Expected outcomes are:

1. Strengthened management and governance systems and increased financial sustainability at the Jordanian Association for Family Planning and Protection (JAFPP)
2. Increased access to and improved quality of private sector family planning (FP) services
3. Increased demand for FP products and services in the total market

One of the project's major activities is to implement a community outreach program targeting low-income women. During home visits, community health workers (CHWs) inform women about family planning and its benefits, and refer interested women to obtain family planning (FP) services in both the public and private sectors. The Ta'ziz outreach effort is a continuation of the outreach program implemented by the sister project Private Sector Project for Women's Health from 2005 to January 2012, which reached an estimated 1.5 million women.

To conduct its home outreach program, the project has engaged former PSP's former NGO partners, Circassian Charity Association (CCA) and General Union of Voluntary Associations (GUVS), which have a combined force of over 120 community health workers (CHWs) who conduct door-to-door visits and provide FP information and education to women in their homes. The CHWs conduct at least two home visits with all married women of reproductive age (aged 15 to 49) residing in areas with low contraceptive prevalence rates, high unmet need for FP, and in recognized poverty pockets or "refugee camps". CHWs conduct third and fourth visits to 32% of the women to follow up new adopters of modern FP method or address unmet need for FP. A further 11% are visited up to eight times for similar reasons.

Experience has demonstrated that approximately 50% of women agree to seek FP services during a home visit. In these cases CHWs refer women to FP services in both the public and private sectors. In some cases, cost considerations may inhibit low-income women from seeking FP services in the private sector. To address this cost consideration, CHWs provide clients with vouchers for private FP services and methods if they meet the following criteria:

- Have an unmet need for FP
- Are interested in adopting a modern FP method
- Have low income (self-reported and affirmed by CHW observation)

- Do not have access to appropriate public sector FP services<sup>1</sup>

If a woman has high maternal risk, even with access to MOH facilities, she may receive a voucher for FP services provided by a private physician or JAFPP clinic.

Despite being given a voucher for FP services offered by a private physician, approximately 50% of women receiving these vouchers do not use them. The project conducted focus group discussions with CHWs and individual interviews with outreach clients, to determine why women did not redeem their vouchers. Findings from this study will guide the project in refining its outreach and voucher programs to increase redemption of distributed vouchers.

## Methodology

To carry out this study, the project team developed guides for focus group discussions and individual interviews (see Annex A for consent script and discussion guides for both groups and individuals).

Upon initial appraisal of the study methodology and tools, Abt Associates Inc. Institutional Review Board provided approval for the study. The review board ensures that all studies adhere to Abt Associates' ethical and confidentiality guidelines.

With assistance from its implementing partners, the project team conducted the following discussions and interviews in Amman, Jordan from November 21-27, 2011:

1. One focus group discussion with six CCA CHWs
2. One focus group discussion with seven GUVS CHWs
3. Two individual interviews with CCA outreach clients who received and redeemed vouchers
4. Two individual interviews with CCA outreach clients who received but did not redeem vouchers.

For individual interviews, CCA randomly selected women who had redeemed or not redeemed vouchers from their database of previous clients living in the Ras Al Ain neighborhood of Amman. The project team conducted individual interviews in the homes of the women. See Table 1 below for a summary of women interviewed.

**Table 1:** Characteristics of Women Interviewed

	<b>Age</b>	<b>Number of Children</b>	<b>Current Method of FP</b>
Redeemed voucher	43	7	Condoms, waiting to get intrauterine device (IUD) re-inserted
	27	5	New IUD user

<sup>1</sup> While MOH services are free, some women may live too far from an MOH facility. In addition, many women will only seek FP/RH services from a female physician, which may not be available at a convenient MOH facility.

Did not redeem voucher	39	8	None, former IUD user
	32	3	Never used any method, now pregnant

For the CHW focus group discussions, the project team interviewed five CHWs from each of its two implementing partners, CCA and GUVS. Participating CHWs had been working as CHWs for four to 10 years.

For all interviews and discussions, one project team member facilitated the discussion while another took detailed notes.

In this report, all quotations are translations of the original Arabic statements, thus are not verbatim quotations.

This study is limited by the small number of discussion groups and interviews conducted by the project team. While the team planned more individual interviews, results from all group discussions and interviews were consistent. The team did not feel more discussions and interviews were necessary.

## Summary of Findings

### *Giving and Receiving Vouchers*

#### **CHW counseling**

According to CHWs from both GUVS and CCA, CHWs conduct around 100 one-to-one home visits among married women of reproductive age residing in geographical areas with low contraceptive prevalence rates, high unmet need for FP, and in recognized “poverty pockets” or “camps” for refugees or internally displaced people. After discussion, questions and answers, and full counseling on FP, CHWs offer vouchers to some outreach clients. The portion of women who receive vouchers varies by location and individual women’s needs.

Interviewed home outreach clients are satisfied with the FP counseling provided by CHWs. “She gave very good counseling” said a 27-year-old voucher redeemer. “She covered all methods and explained well,” said a 32-year old non-redeemer. “She gave me condoms to use until I got my period and could go to insert an IUD,” said a 43-year old redeemer.

GUVS CHWs stated that there is a lot of interest and need for CHW work and vouchers. People in the street ask them what they are doing. “They say ‘it’s good you came, we need you’ or ‘we’ve been waiting for you to come’.”

#### **Criteria for Giving Vouchers**

According to Dr. Sahar, the Field Director at CCA, CHW use the following criteria for dispensation of vouchers:

- No FP service, with a female provider, near women’s home
- Poor and high maternal risk
- Not covered by Royal Medical Services
- Interested in FP



According to GUVS CHWs, the organization trained CHWs on the criteria for distribution of vouchers. The project gave them very clear instructions on how to give out vouchers. They were told, “Do not give vouchers to everyone.”

When probed as to whether all voucher recipients wanted FP and a voucher, CHWs gave mixed responses. Some CHWs claimed they only gave vouchers to women clearly expressing a desire to use modern FP and that the organization wants them to use good counseling skills, not to just give vouchers and leave the house.

- “I have one client, I gave her a voucher. I saw her the next day and she had already visited the doctor and received an IUD,” said a GUVS CHW.
- “I cannot give her a voucher unless she wants it,” said another GUVS CHW.
- “I never give it to women who are hesitant, never,” said one CCA CHW.
- “I don’t want to push her,” said a CCA CHW.
- “We ensure women know that other women might need the coupon, so they only take it if they will use it—that it is precious and valuable,” a CCA CHW said.
- “If she is hesitant [about using modern FP methods] I refer her maybe to the MOH or I might wait until the next visit,” stated a CCA CHW.

### **Desire for Modern FP Methods**

Many women wanted modern FP services:

- “I was ready for FP. I was nervous. I was going to go to the MOH or the same private doctor and would have paid for it myself if it were not too expensive,” said a 27-year-old redeemer.
- “I have had enough kids,” said a 43-year-old redeemer,
- “I asked to get an IUD, which I have used before,” said a 32-year-old non-redeemer.

CHW also admitted that, at times, they provide vouchers to women who do not express clear desire for the voucher:

- A GUVS CHW stated that a small portion of women are skeptical or unsure if they want FP and CHW give these women vouchers to try to help them make decisions.
- CCA CHWs stated that they used to give out a lot more vouchers, but once they realized there could be issues with targeting, the organization instituted a policy of limiting the number of vouchers distributed.

### **Presence of Accessible MOH Services**

In addition, discussions with CHWs and outreach clients who received vouchers indicated that CHWs sometimes give vouchers to women who do not meet the criteria (stated above). In some cases, CHWs provide clients with vouchers despite the presence of a nearby MOH facility.

- “The MOH wouldn’t insert an IUD, so I gave her a coupon,” said a CCA CHW. Upon further probing, CHWs stated that, at times, MOH physicians refused to insert IUDs if a woman as yet had no children, a woman had only one child (especially if it was not a male), or was not at a specific date within her menstrual cycle, so they gave the women vouchers to visit private sector network doctor clinics.
- CCA CHWs also stated that if a woman could not go to the MOH clinic in the mornings (when the MOH is open), due to work obligations for example, they would sometimes give her a voucher to use a private sector network doctor.

- “I would go to the MOH if I wanted FP,” said a 32-year-old non-redeemer.
- “The MOH is crowded and busy, with no privacy,” said a 43-year-old redeemer.
- “The MOH is slow and UNRWA has a male doctor,” said a 27-year-old redeemer who wanted to have a female doctor.
- “I prefer private sector doctors. They have better service and more time than the MOH doctors,” said a 32-year-old non-redeemer, “There is a nearby MOH which is clean, but the private sector has better service.”

### **Financial Need**

In other cases, CHWs provided vouchers to women who were not financially needy:

- “I would go on my own and would have no trouble paying for it,” said a 27-year-old redeemer.
- “I would use a discounted voucher. The doctor would charge JD30, which is a bit expensive for me, but I would use a 20% discount voucher,” said a 43-year-old redeemer.
- “Yes, I would have no problem with a discounted voucher” (compared with a voucher for free services), said a 27-year-old redeemer.
- “Sometimes women deceive us about their income [to get the vouchers],” said a GUVS CHW.
- “I cannot afford even a discount. I would go to the MOH (if there were one),” said a 39-year-old non-redeemer when asked if she could afford a voucher for discounted, rather than free, services.

### **Desire for Vouchers**

Many outreach clients want to take or accept the vouchers but not the FP services:

- “They want and like vouchers,” said a GUVS CHW.
- “Some women like receiving free vouchers, even though they are not really interested in FP,” said a GUVS CHW.
- Both CCA and GUVS CHWs stated that some women say yes to be polite to the CHW, though they are not interested in modern FP methods.
  - “The doctor is too far away (from the woman’s home), but clients don’t refuse the voucher,” said a GUVS CHW.

### **Changing Opinions**

Many women seem to change their minds about modern FP methods after receiving a voucher from CHWs:

- “I was on the fence about family planning and wanting to get pregnant. In the end, I wanted to get pregnant. I wanted to use something after my last pregnancy. I said I wanted a voucher, and then I changed my mind,” said a 32-year-old pregnant non-redeemer.
- “They start thinking on their own and realize that they want a baby boy,” said another GUVS CHW.
- “Women are excited about the idea when with CHW, but change their mind later, they get lazy, or they hear bad rumors,” said one CCA CHW.
- “There are rumors in the community that an IUD kills the fetus, that this is abortion, which is not allowed by our religion, therefore women do not want to use IUDs,” stated a GUVS CHW.

- “Some women have peer pressure not to use FP. The women are interested when the CHW is there, but after speaking with neighbors or friends...,” said a GUVS CHW.
- “Different doctors [not participating in the outreach program] will tell the woman not to take FP methods, so she doesn’t go,” stated a CCA CHW.
- All CHWs agreed that some husbands refuse to allow their wives to insert IUDs or go to the private sector doctor for modern FP methods.
- “There was one woman who used to run and hide when she saw me coming down the road. She would pretend she was not home. One day I finally caught up with her. She told me ‘My husband will remarry if I decide not to have more kids. You cannot make me put in an IUD’.” stated a GUVS CHW.

## Doctor Visits

In some cases, outreach clients who receive vouchers visit private sector network doctors but do not receive modern FP methods (thus, the voucher for a free method is not redeemed). The project investigated why women do not receive modern FP methods upon visiting participating physicians.

## Counseling

There are differing opinions about the quality of services provided by private sector network doctors to whom the outreach clients are referred:

- “I was satisfied with the doctor. I prefer private providers,” stated a 43-year-old redeemer. “I would go to a private doctor on my own if I could afford it.”
- “The doctor was nice,” said a 27-year-old redeemer.
- A GUVS CHW felt that some doctors have the wrong information and do not counsel properly. Doctors provide misleading information about the side effects, which conflicts with information from the CHW.
- “The doctor refuses to insert an IUD if the woman has no children or only one child,” complained a GUVS CHW.
- “The doctor treats them badly in Jabal Hussein because they are free patients,” said a CCA CHW, despite the fact that the project pays doctors for each visit from an outreach client with a voucher for “free” services.
- “The doctor discriminates against voucher patients. She may refuse to see them (or pretends not to be present) or she may counsel all voucher patients as a group. Other women hear these stories and do not bother to go see the doctor,” said a GUVS CHW.

## Logistics

Sometimes, the timing of outreach client visits to referral doctors is not conducive to receiving a modern method:

- All CHW agreed that in some cases, the doctor does not give FP because the woman is not at the correct part of her menstrual cycle (for IUD insertion).
- “The doctor tells her to come back after one month, sixty days, or even six months,” stated a GUVS CHW, referring to situations in which women have just had a cesarean section or their first child.
- CHW also stated that at times, the doctor is not at the clinic. She might be working at that clinic only one day per week.
- “The doctor was not at the clinic so she went to the MOH instead,” said a CCA CHW.

- Both GUVS and CCA CHWs agreed that sometimes the doctor has no stock of supplies at the time of the outreach client visit.
- “Some doctors are overloaded and keep asking women to come back another time, but might take regular paying clients,” stated Dr. Sahar. “There are too few network doctors.”
- CHWs agreed that in many of the cases in which a client is turned away, there are issues with returning to the doctor, whether it is income, attrition or lack of time, which prevent women from going a second time.
- All CHWs stated that women are busy with kids and/or work, so if they have barriers at the doctor’s clinic, they resort to traditional methods.

### **Hidden Costs**

While vouchers provide outreach clients with one free visit to a private sector network doctor, including a free modern FP method, there can be costs associated with this voucher:

- All CHW agreed that many women could not afford to go back to the private sector network doctor for follow up visits (often needed for reassurance and counseling on side effects).
- “I didn’t go for the follow up check-up,” admitted a 27-year-old redeemer.
- Both CCA and GUVS CHWs stated that some doctors require women to do a Pap smear or treat an infection prior to IUD insertion or dispensing a method, and the women cannot afford it. In some cases, this is a valid demand and in others, it appears to be a moneymaking request by the physician.
- “Doctors won’t accept check-ups from other doctors (e.g., Pap smears),” stated a CCA CHW.
- “The doctor tells the patient that the project IUDs are poor quality and tries to make the women buy a more expensive product!” stated a CCA CHW.

### **Timing**

According to group participants, some women do not redeem vouchers merely because of poor timing:

- “I will go get FP after this pregnancy regardless of the sex of the child,” said a 32-year-old non-redeemer, who had become pregnant after receiving her voucher.
- “I wanted an IUD. My husband said not to go until I got period and it has not come yet. I have not had my period in 1 ½ or 2 years,” said a 39-year-old non-redeemer who has an older baby.
- Women sometimes wait for the right time of their cycle, according to many CHWs.
- GUVS CHWs stated that some women get pregnant after or realize they were pregnant when they received the voucher. They might get pregnant while breastfeeding and therefore not need the voucher any more.

### **Recommendations**

Based on the above, below are considerations for improving client redemption of FP service vouchers:

- Offer discounted vouchers for FP services and methods prior to offering free vouchers for services and methods (do not discuss the free voucher until other options prove inadequate)

- Use a checklist as a job aid and verification for the above (accessibility of other services and financial need)
- Share tracking information on voucher redemption with CHWs, so they can modify and adapt their working modalities as needed.
- Identify network doctors who reportedly are not honoring vouchers for valid reasons and remind them they have a responsibility to do so in accordance with the memorandum of understanding (MOU) they signed with the project.
- Increase the number of network doctors to increase access to FP services in the private sector, provide women more choice among private providers, and to create a climate of competition for the vouchers.
- Ensure voucher recipients understand what services the voucher will cover and will not cover.
- Create and distribute additional vouchers for clinical services that may be required prior to IUD insertions, including reproductive tract infections and Pap smear, as well as for follow-up visits.

## **Annex A: Consent Script and Guides**

### **Recruitment and Verbal Consent Script for Focus Groups and Individual Interviews**

I am a member of a team doing a study of the use of family planning and family planning service providers. We would like to invite you to participate in this study.

- Are you over 18 and under 49? (if yes, continue)
- Are you married? (if yes, continue).

This study is voluntary. Your decision whether or not to participate will not affect the health care you receive. Would you like to hear more about this study in order to help you decide whether to participate?

If yes, continue.

If no, thank them for their time.

Abt Associates are conducting the study. The purpose of the study is to learn about use of family planning methods and service providers. Abt will use the findings to assist in planning and delivery of USAID-funded family planning services.

We would like to ask you and other women like yourself to take part in a group discussion/individual interviews. We will be asking questions about family planning methods and service providers.

The discussion will last about 1 hour.

The information you discuss will be kept confidential. Your name will not be recorded and will never be used in summary reports. No audio or video recording will be taken during this activity.

You may refuse to answer any question. You may end your participation at any time during the discussion.

Do you have any questions about this study?

Do you give your consent to take part in the focus group discussion?

If yes, continue.

If no, thank them for their time.

I certify that the nature and purpose, potential benefits, and possible risks associated with participating in this research have been explained to this participant.

Signature of person recruiting and obtaining consent

## **Focus Group Discussion Guide Community Health Workers**

The Strengthening Family Planning Project is conducting focus group discussions to investigate services provided by the family planning outreach program free voucher program for family planning services.

Your ideas will be important in determining how the project can better serve the women with whom it works. We will not mention your name in connection with any answers you give. No audio or video recordings will be made. You are not required to provide us personal information that you do not wish to, nor answer questions you do not wish to, and if at any time you wish to end your participation in the focus group discussion, please let us know and we will stop.

We will remind all participants to keep confidential what was said in the group and who participated.

You may refuse to answer any question. You may end your participation at any time during the discussion.

Thank you for your participation.

### **INTERVIEWEE PROFILE**

Date of Interview:

---

Number of Persons Participating in the Discussion:

---

Range of number of years working as CHW:

---

1. What portion of women you visit receive vouchers?
2. What are your criteria for determining who receives a voucher?
3. Do you follow these criteria? Why/why not?
4. What criteria should there be for a woman to receive a voucher?
5. When do you give the women the voucher?
6. Why do you think some women do not act upon the vouchers?
7. What could improve the number of women who use vouchers they receive?

**Individual Interview Guide**  
**Women who receive and redeem vouchers**

The Strengthening Family Planning Project is conducting focus group discussions to investigate services provided by the family planning outreach program free voucher program for family planning services.

Your ideas will be important in determining how the project can better serve the women with whom it works. We will not mention your name in connection with any answers you give. You are not required to provide us personal information that you do not wish to, nor answer questions you do not wish to, and if at any time you wish to end your participation in the focus group discussion, please let us know and we will stop.

Thank you for your participation.

**INTERVIEWEE PROFILE**

Date of Interview:

---

Number of Persons Participating in the Discussion:

---

Approximate age range of the group:

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1. Are you satisfied with the counseling provided by CHWs (is it clear? Convincing?)
2. Why were you given a voucher?
3. Did you use the voucher?
4. Were you satisfied with the doctor you visited? Why/why not?
5. Why did you choose a private doctor over the MOH?
6. What would you do if you did not receive a voucher?
7. If you received a voucher for a discounted voucher (rather than a free one), would you go to the private doctor?



**Individual Interview Guide**  
**Women who receive but do NOT redeem vouchers**

The Strengthening Family Planning Project is conducting focus group discussions to investigate services provided by the family planning outreach program free voucher program for family planning services.

Your ideas will be important in determining how the project can better serve the women with whom it works. We will not mention your name in connection with any answers you give. You are not required to provide us personal information that you do not wish to, nor answer questions you do not wish to, and if at any time you wish to end your participation in the focus group discussion, please let us know and we will stop.

Thank you for your participation.

**INTERVIEWEE PROFILE**

Date of Interview:

---

Number of Persons Participating in the Discussion:

---

Approximate age range of the group:

---

1. Are you satisfied with the counseling provided by CHWs (is it clear? Convincing?)
2. Why were you given a voucher?
3. Did you use the voucher?
4. Why not?
5. Why did you choose a private doctor over the MOH?