Integrating Family Planning Promotion into the Work of Environmental Volunteers

She wanted to know why I chose that method at my age [when] there are many other methods. So I told her, based on what we were taught, [that] I knew there were many methods and I had tried all the other methods but they were not suitable for me. So she let me choose, and I decided to go for tubal ligation. And I do not see any problem with it.”

Challenges with Intervention Implementation

Although our data suggest that the intervention was feasible, acceptable and well-received, they also indicate that the health sector support offered to Green Volunteers needed reinforcement. Some Green Volunteers reported that no community health extension workers were available at the local health facility to invite to community gatherings or tree nursery group meetings. Others faced resistance from community health extension workers, some of whom were reluctant to travel to the village because of the lack of a transportation allowance. Eight Green Volunteers reported receiving no help at all from community health extension workers. Seven of 20 key informants said that adequate logistic support should be offered to community health extension workers to allow them to conduct community outreach activities; seven also mentioned that Green Volunteers should receive a greater transportation allowance to permit them to move more effectively among communities.

Activity reporting also needed improvement. During the eight-month project period, only 30 of the 42 Green Volunteers submitted a report documenting their EHP activities, a finding that diverged from extension officers’ statements that all trained Green Volunteers conducted the work as intended. Moreover, the form introduced by the study to track Green Volunteers’ referrals of community members to family planning services was used inconsistently. Green Volunteers reported that even when they issued referral forms, some clients forgot to take them to the health facility, some health workers failed to fill them in and some clients failed to return them to the Green Volunteer once their visit had been completed.

Cost Analysis

Analysis of the intervention costs provide evidence of the value for money obtained through the EHP initiative and of the costs of scaling up the intervention. The planning and design phase accounted for US$99,800 (51%) of the total incremental cost (Table 3), reflecting the costs of design workshops and of activities supporting the development, testing and refinement of intervention materials. International experts participated substantially in this phase. The second phase, preparing for program implementation, accounted for US$59,400 (31%) of the total incremental cost, and included the costs of producing intervention materials, of introducing Ministry of Health officials to the intervention to seek their support and of training Green Volunteers. Finally, in the initial service delivery phase, Green Volunteers performed intervention...