## Step 5: Determine Activities and Interventions

Suggested approaches and activities are presented here as appropriate choices for communicating to primary and influencing audiences about ECPs. These suggestions are a starting point, and close collaboration with communication and creative professionals can help ensure that design and execution are innovative and compelling.

Refer to page 22 for supporting guidance on this step as well as “Step 5” on the Demand Generation Implementation Kit [INSERT HYPERLINK to step 5] for further resources.

In crisis settings ECPs should be provided as part of a comprehensive programmatic intervention. For more information, consult the “Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations by the Women’s Refugee Commission – distance learning module”. <http://misp.rhrc.org/>

**Mass Media**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Short-form mass media | * TV or radio ad addressing major misconceptions on ECPs and benefits of using ECPs
 | Awareness raising | Women of Reproductive Age (WRA)Male partnersPeer/friend |
| Long-form mass media | * Radio or TV drama
 | Awareness and correct knowledge Change social norms | WRAMale partnersPeer/friend |
| Print media | * Photonovela
* Magazine or newspaper ad/story read by the intended audience
 | Awareness and correct knowledge | WRAMale partnersPeer/friend |
| Digital media and mHealth | * Hotline number for one on one counseling
* Free texting for standard information. The MAMA partnership has developed adaptable messages that include emergency contraception and are based on WHO and UNICEF guidelines. MAMA messages located on the website are offered free of charge, and any organization can apply to adapt and use the messages in their own local programs. Messages are available through [www.mobilemamaalliance.org](http://www.mobilemamaalliance.org).
* Informational websites
* Facebook page
 | Awareness and knowledge of correct timing and dosage/ mode of action and when to use | WRA Male partners |

**Outlet-Based Interventions (pharmacies, drugstores)**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Pre-service training | * Integrate ECPs into pre-service training curricula
 | Increase awareness | Pharmacy staff |
| Medical Detailing | * Visits to pharmacies by trained detailers on a regular basis to create relationship with outlet staff and change behaviors
* Communication of key messages and information to help outlet staff counsel clients properly
 | Increase accurate knowledge of ECPsCorrect misconceptionsHelp answer questions | Pharmacy staff |
| Job aids | * “Cheat sheet” with dosage card that pharmacy staff can use to communicate key messages about ECPs to clients
 | Ensure correct knowledge and key messages are covered for each client | Pharmacy staff |
| Digital/distance learning | * Hotline or SMS service. The MAMA partnership has developed adaptable messages that include emergency contraception and are based on WHO and UNICEF guidelines. MAMA messages located on the website are offered free of charge, and any organization can apply to adapt and use the messages in their own local programs. Messages are available through [www.mobilemamaalliance.org](http://www.mobilemamaalliance.org).
* Sharing latest research and practice
* Publication / distribution of professional journals
 | Increase accurate knowledgeIncrease confidence for administration of ECPsAddress biases | Pharmacy staff |
| Point of Sales material  | * Brochure for clients to take home and read
 | Increase knowledge among clients | WRAMale partnersPeers/friends |
| In service training | * Integrate ECPs into existing curricula
* Develop / refresh clinical guidelines for ECPs
* Organize meetings with national or regional medical / pharmaceutical associations
 | Increase accurate knowledge | Pharmacy staff |
| Social marketing of a low priced product | * Work with a social marketing organization to introduce a subsidized / low priced product and ensure distribution throughout the country
 | Increase availability and affordability | WRAMale partners |
| Incentive scheme  | * Reward pharmacies / outlets that carry the product with special offers or promotional materials
 | Increase availability  | Pharmacy staff |

**Clinic-Based Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Pre-service training | * Integrate ECPs into pre-service training curricula for all providers, including doctors, nurses, midwives
 | Increase awareness | All medical staff (physicians, nurses, midwives) |
| In-service training | * Integrate ECPs into existing medical curricula
* Develop / refresh clinical guidelines for ECPs
 | Increase accurate knowledgeIncrease confidence for administration of ECPs | All medical staff (physicians, nurses, midwives) |
| Clinic services | * Introduce ECPs counseling and administration as part of comprehensive family planning services in clinics – through public, private or NGO sectors
* Train /refresh providers on ECPs administration and dosage
* Develop counseling job aides
 | Increase accessFacilitate link with other contraceptive methodsAddress provider bias | All medical staff (physicians, nurses, midwives) |
| Medical visits to clinics | * Offer in-person support through supportive supervision visits and on-the-job training
 | Address provider bias and knowledgeIncrease accurate knowledge | All medical staff (physicians, nurses, midwives) |
| Incentive scheme | * Reward clinics that offer the product with special offers or promotional materials
 | Increase availability  | All medical staff |
| Digital/distance learning | * Offer distance support for medical staff through a hotline or texting options with trained medical personnel
* Access to web-based information via cell phones
* Sharing latest research and practice
* Publication / distribution of professional journals
* Organize clinical meetings with national or regional medical associations
 | Increase accurate knowledgeIncrease confidence Increase acceptabilityIncrease coverage | All medical staff (physicians, nurses, midwives) |
| Point of Sales material | * Brochure for clients to take home and read
 | Increase accurate knowledge  | WRAMale partnersPeers/friends |
| Job aides | * “Cheat sheet” with dosage card to communicate key messages about ECPs to clients
 | Ensure correct knowledge and key messages are covered for each client | All medical staff (physicians, nurses, midwives) |

**Community-Based Services, Outreach and Community Approaches**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| CHW outreach | * Integrate key messages on ECPs into existing curriculum for CHWs
* Develop/adapt materials and job aides to provide guidance on counseling and referral for ECPs
* Provide CHWs with sample products
* Allow CHW to distribute and administer ECPs
* Develop formal referral system between CHW and clinics – non-monetary incentives such as allowing referred clients to be seen quickly positively impacts on the prestige of the CHW in the community.
* Develop and produce radio distance learning program for community workers that model positive behaviors and relationships with communities and referral clinics
* Establish CHW radio listening groups and/or peer support groups for distance learning program
* Develop badges, buttons and other items that support the central positioning and promotion of quality.
 | Increase awareness and accurate knowledgeIncrease access Address misconceptions  | Community-based providers  |
| Peer-to-peer interventions[[1]](#footnote-1) | * Train young women who had an unintended pregnancy or know someone close who had an unintended pregnancy to counsel their peers about ECPs.
* Leverage campus media and friendly marketed (soft-sell) magazines for youth.
 | Increase awareness and acceptabilityChange social norms | Young women |
| Community approaches | * Hold community theatre and dialogues around reproductive health, maternal and child health, including ECPs and family planning, using satisfied users (and their partners) as key advocates
* Organize discussion groups for men, women and/or couples and/or young people
 | Increase social support for ECPs | WRAMale partnersPeers/ friends |

**Police Stations and Crisis Settings**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Training and distribution | * Train police officers on comprehensive care for sexual assault survivors and how they can provide women with the help and assistance they need
* Allow police officers to administer ECPs
 | Increase awarenessStrengthen referral system to gender-based violence services | Police officers |
| Referrals  | * Brief police officers to refer rape survivors to local hospitals or clinics for treatment
 | Increase awarenessImprove accessStrengthen referral system to gender-based violence services | Police Officers |
| Information / Printed material | * Develop flyers to inform women about why and where to access care for rape
 | Increase awareness | Women survivors of sexual assaultsPeers/friends |
| Referrals | * Brief soldiers / aid workers to refer rape survivors to local clinics for treatment
* Use midwives/ TBAs as "focal points" or to deliver messages and encourage women to come confidentially and get referred as needed
 | Increase awarenessImprove accessStrengthen referral system to gender-based violence services | Staff working in a crisis settingWomen survivors of sexual assaults |
| Women’s centers | * Establish safe care areas where women can come for advice and help confidentially
 | Improve access | Staff working in a crisis settingWomen survivors of sexual assaults |

1. Peer education and outreach was a strategy used in the Aunties Project in Cameroon (Görgen and Ndonko, 2006), in which adolescent mothers attended a training workshop that included information and counseling on reproductive health, ECPs and STIs. The young mothers then self-selected to be “Aunties” in their community to provide SRH education to other girls. The project found that this was a successful, but time-bound context specific intervention to rapidly increase awareness of ECPs and broader reproductive health, suggesting that short term interventions could have a ripple effect within a community to increase awareness and acceptability, especially of a new product. [↑](#footnote-ref-1)