## Step 5: Determine Activities and Interventions

Suggested approaches and activities and illustrative examples are presented here as appropriate choices for communicating to primary and influencing audiences about contraceptive implants. 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. Note that myths and misconceptions about implants should not be dealt with through mass media – these are best addressed through interpersonal communication in counseling with providers.

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.

**Mass Media**

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| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Short-form mass media | * Develop TV/Radio Public Service Announcement (PSA) on implants (e.g. of real couples talking about why they choose implants) | Increase product/brand awareness and knowledge of benefits | Women  Men |
| Long-form mass media | * Develop multi-episode TV/radio drama serial * Produce radio call-in shows | Stimulate social dialogue and couple communication  Shift social norms | Women  Men  Extended family  Communities  Providers (clinical and non-clinical) |
| Print media | * Develop/adapt take home brochures and/or posters on implants, including available quality service locations | Increase product knowledge / knowledge of where to find quality services | Women  Men  Non-clinical providers |
| Digital media and mHealth | * Produce SMS service on family planning methods, including implants, with information on quality service points for implants counseling and services. The MAMA partnership has developed adaptable messages on implants that 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). * Host family planning hotline, including implants (phone and/or SMS-based) * Launch Facebook and other relevant social media platforms for peer-to-peer communication and support | Increase product/brand awareness and knowledge  Stimulate social dialogue | Women  Men  Non-clinical providers |

**Clinic-Based Services**

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| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| Clinic services | * Establish dedicated service-providers for implants * Have a “family planning” counselor (IPC worker) in waiting rooms, to answer questions, provide information, and support women’s family planning choices * Hold clinic waiting room dialogues * Develop video for clinic waiting room * Develop and disseminate quality guidelines via professional peer networks or associations * Train providers on face-to-face counseling, including post-partum counseling (implants as an optional method for family planning/promote healthy birth spacing) * Develop/adapt job aids that focus on key counseling steps and specific messages on implants * Increase the use of new technologies as job aides, e.g. ACE (application for contraceptive eligibility) for Android (<https://www.k4health.org/product/ace-mobile-app>) | Increase product awareness/knowledge  Establish quality standards to ensure good service for clients  Improve provider-client counseling and services on implants | Women  Clinical providers |
| Social franchising/ service promotion | * Establish network of social franchise providers with set quality standards and denote those who follow these standards with a symbol of quality. * Promote this symbol through mass media and location-specific apps | Establish recognized brand of quality family planning sites that offer implants | Clinical providers  Women  Men |
| Digital/distance learning | * Develop/adapt long-distance curricula to include specific information about counseling on implants * Develop short video clips and print frequently asked questions that model counseling and implant insertion and removal that can be disseminated via print, video, smartphones and tablets | Increase knowledge and skills | Clinical and non-clinical providers |
| Supportive Supervision | * Establish regular supportive supervision visits to trained providers – reinforce skills, correct technique and ensure quality * Remind providers to promote implants * Available to supervise or assist with removals – as gap between training and removals may be up to 3 years | Increase knowledge and skills | Clinical and non-clinical providers |

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

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| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| CHW outreach | * Recruit and train male and female CHWs to conduct community-based counseling & referral for implants * Provide CHWs with sample implants as part of the communications materials, to give women an opportunity to touch and feel the flexible rods * 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/adapt materials and job aides to provide guidance on counseling and referral for implants * Develop badges, buttons and other items that support the central positioning and promotion of quality. * 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. | Improve knowledge and skills of CHWs  Provide peer-supported learning opportunities  Ensure quality counseling and referral  Promote quality services/brand recognition  Encourage social dialogue | Non-clinical providers |
| Community approaches | * Hold community theatre and dialogues around reproductive health, maternal and child health, and family planning using satisfied users (and their partners) as key advocates * Show and tell with the flexible rods * Organize discussion groups for men, women and/or couples | Encourage social dialogue  Increase social support for implants | Women  Men  Extended family  Communities |
| Champions | * Identify satisfied users as community advocates * Identify “everyday heroes” - men in the community who support family planning and are helping to ensure the health of their families – and celebrate them at community events and through community and mass media | Encourage social dialogue  Increase social support for implants | Women  Men  Extended family  Communities |

**Structural**

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| **INTERVENTION AREA** | **ILLUSTRATIVE ACTIVITIES** | **PURPOSE** | **INTENDED AUDIENCE** |
| **Policy and guidelines** | * Disseminate guidelines for counseling, insertion, and removal of contraceptive implants as another FP option * Twitter feed on international, national, and local progress toward making contraceptive implants available at community level, local impact, studies/reports published, implementation tips, and other relevant information   *Scaling Up Lifesaving Commodities for Women, Children, and Newborns: An Advocacy Toolkit* provides advocacy resources for utilizing the Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in policy. See: <http://www.path.org/publications/detail.php?i=2381> | Ensure consistent availability, promotion, and proper use of contraceptive implants as another affordable option for family planning  Enable community-level distribution and use of contraceptive implants | District health officials |
| Pre-service training | If appropriate for district-level managers: Integrate contraceptive implants counseling, insertion and removal into pre-service training for all providers, including pharmacists, doctors, nurses, midwives, CHWs, etc. | Increase awareness and proper use of contraceptive implants | Pharmacists, doctors, nurses, midwives, CHWs, etc. |