

# Implants Program Models

This brief provides an overview of diverse service delivery models for providing implants services.

## What is a service delivery model?

A service delivery model is a way of: (1) organizing health and family planning services that facilitates planning, budgeting, monitoring and evaluating the operation, and (2) documenting the benefits and costs of any specific set of health services.

## Why is knowledge about models important?

We already know a great deal about implants, their characteristics and the training required to provide them safely (see “[Essential Knowledge about Implants](#)” in the Implants Toolkit). We actually know less about the combination of components required to provide implants to clients in diverse settings that both meet their reproductive health needs and ensure that the providers have the supplies and support they need to provide the service at a given standard of quality and cost.

## What are the components of a service delivery model?

The components of a comprehensive service delivery model include: clinical guidelines for providers; training and supervision strategies; logistics arrangements for ensuring availability of the method and related instruments and supplies needed to provide it; the organization of services; marketing and educational strategies; procedures for counseling and ensuring informed choice and informed consent; and follow-up plans for clients. In short, these are all the elements that a program manager needs to understand in order to provide the service.

While all of these components are important, program planners and the managers of service delivery sites often characterize service delivery models for implants on a smaller number of critical dimensions:

- **Timing of implants services:** When are implants provided to the client? For example, postpartum, postabortion, and/or during the interval between the birth of a child and a subsequent pregnancy?

- **Location of service delivery:** Where will the counseling and service provision take place? For example, on a hospital Obstetrics-Gynecological ward, at a fixed clinic facility, or through a mobile clinic or outreach program?
- **Type of provider:** What type of personnel will provide the service, both counseling and clinical management? For instance, a nurse, midwife, or physician? Would providers work in the public or private sectors?

Understanding these three critical dimensions allows the program manager to better plan the service, identify key participants and estimate the resource requirements. Typically, implants are only one of the options available to a client visiting any service outlet, thus counseling about method choice and the requirements for method use should be key features of any service.

## How are potential clients identified?

All service models also require a known source of client referrals. For example, within the context of Safe Motherhood Programs, potential clients for implants might be identified during prenatal care or in the early postpartum period during counseling on birth spacing. If the birth is planned at a hospital, implants might be offered immediately postpartum (if the client is not planning to breastfeed), or at any time convenient to the client during the first year postpartum (delay insertion for at least 6 weeks after giving birth if the client is breastfeeding).

Alternatively, outreach and mobile clinics can identify potential implants clients through community networks such as community-based distribution (CBD) programs, social marketing, providers and satisfied users of implants. For this strategy to be successful, providers of implants have to ensure that potential clients know about the availability of services—that is, where and when implant services will be provided and how to access them. In other words, who to contact and how much the implants will cost.

## What are the costs of diverse models?

The costs of services depend on a number of factors, including the level of care, the type of provider and number of users of the service. Typically, the most efficient programs are those that provide implants services in the context of other services, e.g., postpartum and postabortion, and use providers such as nurses and midwives for both counseling and service provision. Nevertheless, the cost of any service is a function of the elements of care in each site.

## How should one choose between models?

Within a health district, which includes hospitals and clinic sites as well as urban and rural client populations, it may be appropriate to utilize more than one model at a time. The most appropriate model for a given setting depends ultimately on the:

- Needs, mobility and resources of potential clients
- Organization, human and financial resources of the health system
- Expected costs and benefits of the models adopted in the settings selected

*Adapted from: MAQ IUD Subcommittee. [IUD program models](#). In: IUD Toolkit.*