Place a clean, dry cloth under the woman’s non-dominant arm and position the arm with the elbow flexed and the hand under her head.

Mark the position on the arm for the rod’s insertion, 8-10 cm from the medial epicondyle and 3-5 cm below the sulcus.

Prep the insertion site with antiseptic solution and drape.

Inject 1-2 mL of 1% lidocaine just under the skin, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track.

Using the no-touch technique, remove the sterile disposable one-rod implant applicator from the blister pack. Hold it at the textured surface area. Visually verify the presence of the implant inside the needle. Remove the needle shield.

The provider should be positioned to visualize the insertion and ensure it is subcutaneous and parallel to the arm.

Visualizing the needle, lower the applicator until it is parallel with the surface of the skin and gently advance, while lifting the skin upwards to ensure superficial placement.

Hold the applicator in this position and press the purple slider downwards until it stops.

This action will retract the needle into the body of the applicator.

Gently remove the applicator, leaving the implant in place.

Palpate to check that the implant is in place. Ask the woman to palpate the implant to confirm its placement.

Close the incision site with a sterile skin closure.

Apply a pressure bandage to minimize bleeding and bruising.

Complete the client record and client card, indicating which implant she received and its length of effectiveness. Inform the client that she can return at any time if she has questions or to have the implant removed.

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