Organizing Work to Provide Permanent Methods

Program managers and staff at service sites should be empowered to plan and adjust work flow in order to best serve their clients. Two common problems are: (1) reluctance to change a work flow "just because we have always done it that way," and (2) planning a work flow that is almost entirely for the providers' convenience.

Following are some issues to consider in developing a work flow for provision of female sterilization and/or vasectomy:

Service Delivery Setting

Female Sterilization

Female sterilization usually involves a surgical procedure (unless a transcervical option is available), however the procedure is relatively simple and does not require a fully equipped hospital. Basic facilities needed for performing female sterilization should include a waiting or reception area, an examination area, a clean surgical area isolated from the outside and from clinic traffic, and a recovery area.

Most female sterilization services are provided in permanent service delivery sites (for example, tertiary, regional or district hospitals, or family planning clinics having simple operating theaters), but are also offered by mobile surgical teams who are deployed on a periodic or seasonal basis.

Vasectomy

Vasectomy requires little equipment or infrastructure and can be performed in almost any health care setting, including hospitals, primary care facilities, treatment rooms in family planning clinics, doctors' offices, or mobile clinic sites. Similar to female sterilization, basic facilities should include a waiting or reception area, an examination area, a clean surgical area isolated from the outside and from clinic traffic, and a recovery area.

Best Practices

Female sterilization and vasectomy services should adhere to internationally accepted best practices about counseling, informed consent, method procedures (that is, methods for accessing and occluding the fallopian tubes or the vasa), surgical and infection prevention techniques, client eligibility, and client follow-up. Provision of female sterilization and vasectomy often suffers from medical barriers that are not scientifically sound and that unreasonably restrict access. These barriers include: age, marital, and parity requirements; spousal permission requirements;

restrictions on the timing of when the procedure can be performed (for example, denying women female sterilization if they just gave birth within the last 7 days or if they are breastfeeding); requiring blood tests or other routine laboratory tests; and requiring cervical cancer screening.

Division of Labor of the Various Tasks Involved

Tasks required for providing female sterilization and/or vasectomy include counseling and screening, providing informed consent, performing the procedure, and client follow-up. Also consider the various support activities including maintaining instruments and supplies, training, and supervision. Depending on the setting, these tasks can be done by different people, but all must be properly addressed. One general principle is to allocate job tasks in a way that balances effectiveness and cost. For example, doctors are often highly paid, and their time and skills may be best directed to the more technical tasks such as performing the female sterilization or vasectomy procedure and dealing with clinical problems that may arise. With appropriate training, other clinic staff can provide counseling on the permanent method being considered, conduct informed consent, and possibly even screening for eligibility. In some settings other cadres of health care professionals, such as nurses, who are appropriately trained can safely and effectively perform female sterilization or vasectomy.. (See "Who Can Provide Permanent Methods of Contraception?" in the Permanent Methods Toolkit.)

Ideally, female sterilization and vasectomy service provision should be assigned to staff who are enthusiastic and competent ("champions"). Staff who are well trained and allowed to master skills related to providing female sterilization and/or vasectomy under supportive supervision are more likely to get satisfaction from providing these methods and find the experience rewarding.

Work Flow and Client Flow

A major factor to consider is the likely demand for permanent methods in each setting. In situations with a high volume of clients, more time, space, and trained staff need to be devoted to providing female sterilization and/or vasectomy.

It is important to strike a balance between minimizing the amount of time clients have to wait, and not rushing clients currently being served. Also, try to limit the number of "stops" that a client must make during the clinic visit, because these stops can become bottlenecks, as well as limit the number of times a client must come back to the clinic in order to obtain female sterilization or vasectomy. This advice can conflict with the division of labor principle described earlier: On the one hand, service quality might best be served by having one provider offer counseling, screening, and conduct informed consent, and another perform the procedure. On the other hand, it is possible that dealing with two different providers may entail more waiting time or visits for the client. Program managers will need to determine which system best suits their staff, setting, and clients.

The provision of good counseling is critical both to ensure informed choice as well as to ensure that the client is satisfied, and won't regret the procedure later.

Design a Flexible Work Flow to Accommodate Possible Problems and Fluctuations

One of the most common errors in designing work flow is to do so for only an optimum situation (full staffing, adequate space, consistent patient load, etc.). In real-life situations, however, staff shortages and absences are common. So, for example, if a staff member who is responsible for supplies is absent, others need to be able to fulfill that function.

Empower Staff at the Service Delivery Site to Make Improvements

Quality improvement literature indicates that staff at the site are often in the best position to understand their situation and come up with good approaches to improving service delivery. Moreover, if improving work flow can be carried out through a team approach, it can promote team-building, which can enhance performance in other ways.

Attention to Equipment, Instruments, and Supplies

A common and frustrating impediment to providing female sterilization or vasectomy is stock-outs of the equipment, instruments, and supplies, such as sterile gloves, suture material, or lidocaine, needed to perform the procedure. While some of the responsibility for this rests with the country's supply and logistics system, staff at the sites need to do their part by proper and timely ordering, storing, and record keeping to ensure adequate supplies. Sites need sufficient supplies to accommodate peak client demand.

Good Job Aids

Work can be enhanced by a variety of female sterilization- and vasectomy-related job aids, clinical guides, counseling aids such as flipcharts, wall charts on infection prevention, and wall charts that may help clients understand the various contraceptive methods.

Linkages With Other Sites

Service provision should be coordinated with other sites as needed. Certain common problems can be dealt with at almost any site, but less typical problems or complications might be referred to another site with specialized expertise.

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