

Program Models for Permanent Contraceptive Methods

This brief provides an overview of diverse service delivery models for providing female sterilization and vasectomy services.

What is a service delivery model?

A service delivery model is a way of improving easy access to effective services through: (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 female sterilization and vasectomy, their characteristics and the training required to provide them safely (see “[Essential Knowledge about Female Sterilization](#)” and “[Essential Knowledge about Vasectomy](#)” in the Permanent Methods Toolkit). We actually know less about the combination of components required to provide permanent methods 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: up-to-date clinical guidelines for providers; effective 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; established procedures for counseling, screening, 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 consider and plan for 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 female sterilization and vasectomy based on a smaller number of critical parameters:

- **Timing of the procedure:** When is female sterilization or vasectomy provided to a 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 procedure take place? For example, at a hospital, at a fixed clinic facility in an operating theater, or through a mobile clinic?
- **Type of provider:** What type of personnel will provide the service, including counseling, screening, the procedure, and clinical management/follow-up? For instance, a nurse, midwife, or physician? Would providers work in the public or private sectors?

Understanding these three critical parameters allows the program manager to better plan the service, identify key participants and estimate the resource requirements. Typically, female sterilization or vasectomy 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:

- Potential clients for female sterilization 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, female sterilization counseling may be done during one of the antenatal care visits and the procedure may be provided immediately postpartum if informed consent is made in advance (and not during a stressful situation, such as labor).
- Program managers of vasectomy clinics can work with family planning and primary care clinics within their region to build a referral network to direct men to the vasectomy service sites.

Alternatively, outreach and mobile clinics can identify potential female sterilization and vasectomy clients through community networks, social marketing, community health care providers, and satisfied users of permanent methods. For this strategy to be successful, providers of female sterilization and vasectomy have to ensure that potential clients know about the availability of these methods—that is, where and when the methods will be provided, how to access them, and how much the procedure will cost.

What are the costs of diverse models?

The costs of services depend on a number of factors, including the procedure used and the setting in which the procedure is performed. Generally, female sterilization procedures cost two to four times more than vasectomies. Typically, the most efficient programs are those that provide

female sterilization or vasectomy services in the context of other services, e.g., at the time of a cesarean section, and use providers such as trained nurses and midwives with surgical experience 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.