Organizing Work to Provide IUDs

Program managers and staff at service sites should be empowered to plan and adjust the way work proceeds in order to best serve their clients. Two common problems are organizing work in a certain manner “just because we have always done it that way” or 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 IUDs:

Service delivery setting
IUDs can be provided in a variety of clinical settings, including a small clinic with only one provider; an outpatient clinic attached to a hospital with many staff and many services; a setting in which IUDs are inserted immediately postpartum or postabortion; in a “mobile” clinic where services are provided at various fixed sites on a rotating basis.

Best practices
IUD services should adhere to internationally-accepted best practices about counseling, insertion and infection prevention techniques, client eligibility, timing of insertion, and client follow-up. IUD provision often suffers from medical barriers that are not scientifically sound and that unreasonably restrict access. These barriers include age and parity requirements, restrictions on the timing of IUD insertion (only during a client’s menstrual period), exaggerating STI risk of clients, and requiring a “rest period” or early removal of the IUD.

Division of labor of the various tasks involved
Tasks required for IUD provision include counseling, insertion, client follow-up (including removal), and infection prevention such as decontamination and waste disposal. Also consider the various support activities including supplies and logistics, 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 to the person and level of staff 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 the IUD insertion and dealing with problems that can arise. The bulk of the counseling may be better provided by other staff. In any case, allocation of work should also be equitable, or work bottlenecks and staff dissatisfaction might result.
Also, work should be assigned to staff who are competent and who get satisfaction from it. Some providers are particularly good at providing IUDs and find it rewarding. Such providers tend to be comfortable doing such internal procedures. Others, however, are not so comfortable and can lose skills quickly. Thus, it is crucial to identify and nurture providers who enjoy and are skilled at IUD provision and to encourage them to mentor others.

**Work flow and client flow**

A major factor to consider is the likely demand for IUDs in each setting. In situations with high volume of clients, more time, space and attention may be devoted to IUDs. However, IUDs are often provided along with other methods and may be provided somewhat sporadically. In such settings it is important to recognize that an IUD insertion may be somewhat disruptive of the general flow of other methods that take less time. Staff need to be mentally prepared for such disruption and procedures need to allow providers to take the necessary time needed in an expeditious fashion.

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. 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 and another do the insertion. On the other hand, dealing with two different providers may entail more waiting time for the client. Program managers will need to determine which system best suits their staff, setting, and clients.

**Design work a flexible flow to allow for problems and fluctuations**

One of the most common errors in designing work flow is to do so for only an optimum situation (total staffing, total space etc.). In real world health 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 adapt work organization**

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

**Attention to supplies and equipment**

One of the most common and frustrating impediments to IUD provision is the lack IUDs and other necessary supplies and equipment. 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 ordering, storing, and record keeping to ensure adequate supplies and
equipment. Sites need sufficient equipment to accommodate peak client demand.

**Good job aids**

Work can be enhanced by a variety of IUD-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**

Work design 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.