



Organizing Work Better

Increasingly, family planning and other health care organizations in developing countries must do more with the same or reduced resources. To cope, organizations can make simple changes in the way work is organized—changes that can help them serve clients better, offer more satisfying work to the staff, operate more effectively, and become more efficient.

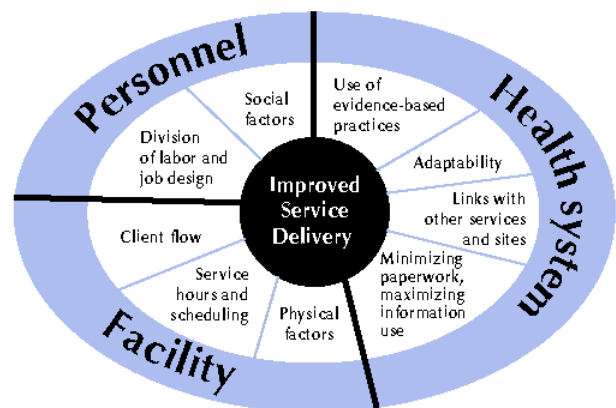
One Solution: Organizing Work for Greater Efficiency and Better Services

Improving work processes offers one common-sense way to help staff members at all levels cope with growing demands. The organization-of-work approach encourages managers and providers to see their organization as a collection of resources and processes and to ask: How well do the resources and processes work together? Do they meet clients' and providers' needs? How can they work more productively? By addressing these questions, staff often can devise ways to work more efficiently and effectively.

The MAQ Organization of Work Strategy

The Maximizing Access and Quality (MAQ) Initiative's Subcommittee on Organization of Work has identified nine key elements of service delivery that, when given specific attention, can improve access to and quality of services. The elements apply to the different levels of service delivery—the **health system**, the **facility**, and **personnel** (see figure). Good work organization—and improved service delivery—results when all nine elements of service delivery are addressed, integrated, and managed as a whole. To help organizations accomplish this, the MAQ Organization of Work Subcommittee developed a set of guiding principles for the elements. In each of the following examples, one of these principles is cited with an illustration of how the principle was effectively put into practice.

Nine Key Elements of Organization of Work



Use evidence-based practices to provide effective health care efficiently. When hospitals in Russia updated diagnostic criteria and treatment procedures for pregnancy-induced hypertension, fewer women were mistakenly diagnosed with the condition. Costs declined.

Be prepared to adapt to meet the changing conditions common to health care delivery. Two district health centers in Moldova swapped supplies to avoid wasting overstocked contraceptives whose labeled expiration dates were approaching.

Improve links with other services and delivery sites so that clients can obtain care appropriate to each level of the health care system. In Pakistan many providers are linked nationwide in a tiered



referral network—from "lady health visitors" who provide hormonal and barrier contraceptives in women's homes or small rural clinics to women doctors who provide the IUD in clinics.

Minimize paperwork and maximize information use. Collecting up-to-date, reliable, and relevant information is crucial to analyze operations, use resources wisely, and reduce time-consuming paperwork. Following a reorganization of data collection processes, health workers at a rural hospital in Rajasthan, India, could use immunization dropout rates to plan better childhood immunization coverage.

Pay attention to the physical factors of service delivery, which include supplies, equipment, and workspace. In Camaçari, Brazil, the health center director reorganized services across the four wings of a clinic to reduce client and provider traffic, improve infection prevention, and make working at the clinic more pleasant and productive.

Tailor service hours and schedules to meet both clients' and providers' needs. In Senegal, as in clinics elsewhere, providers found that emphasizing follow-up during counseling and scheduling clients' next visits to coincide with their need to interact with providers—such as for contraceptive resupply—encouraged clients to return.

Examine client flow to make sure waiting times are minimized, giving more time for clients to interact with providers. To keep patients moving through the emergency room, staff at a Jordanian hospital created separate pre-screening and triage areas to determine who needed care immediately and who could be referred to the outpatient department.

Define division of labor and job responsibilities to let staff know what is expected and to enable them to make decisions and take action. Employing her authority, a clinician at a health center in Tanzania arranged for clients seeking sexually transmitted infection (STI) services to go directly to the appropriate office rather than first meeting with the admitting provider. This change improved confidentiality and reduced STI clients' discomfort.

Consider social factors, such as good supervision, to motivate and support staff and encourage skill development. In Uganda, after clinic supervisors were given a day's training on supervisory techniques, staff members reported receiving more and clearer feedback on their job performance.

Applying the Principles

Improving organization of work requires that people look at their programs and jobs with fresh eyes and strive to work together in better ways. It need not be complicated, costly, or time-consuming. Applying the guiding principles to each of the nine elements can help managers begin to rethink and improve the way work is organized.

For more information: This brief is based on **Population Reports, Organizing Work Better**, prepared by The INFO Project in collaboration with the MAQ Subcommittee on Organization of Work (<http://www.maqweb.org>). Full text of the report can be seen online at: <http://www.populationreports.org/q02/>. For printed copies of the report, send an e-mail to Orders@jhuccp.org or write to: Orders Department, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA. A web-based order form can be found at: <http://www.jhuccp.org/cgi-bin/orders/orderform.cgi>.

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