

## Curriculum: COPE/PLA in practice

### Timetable COPE/PLA workshop

Day 1	Topic	Time
Session 1	Introduction and climate setting	1,25 hrs
Session 2	Orientation on the COPE concept and process	3,5 hrs
Session 3	Components and tools of COPE/PLA	1 hrs
<b>Day 2</b>		
Session 4	Conducting client interviews	2,25 hrs
Session 5	Team building exercise	1,25 hrs
<b>Day 3</b>		
Session 6	Continuation of client interviews	
Session 7	Transect walk	2-3 hrs
Session 8	Analysis and presentation of the client exit interviews	1 hrs
Session 9	Presentation and prioritisation of problems	0.5 hrs
<b>Day 4</b>		
Session 10	Developing action plans	2 hrs
Session 11	Follow up	1 hrs
	Evaluation of the workshop	0.5 hrs
	Closing of the workshop	0.25 hrs

### Materials needed:

Meta cards:	200	Scale 2ft:	1
Soft Board:	2	Scissors:	1
Brown paper:	20 sheets	Camera:	1
Cardboard paper:	5 sheets		
Marker:	1 dozen		
Tape:	1 roll		
Push pins:	2 packets		

## Day 1

### Session 1: Introduction and climate setting

**Objective: To create an appropriate environment among participants and facilitators in the workshop**

.Through an ice breaking game<sup>1</sup> the participants and the facilitators are introduced to each other

30 Min

.Participants express their expectations

15 Min

Ask them to write their expectations on a Meta card

Display the cards and group them under similar headings

Discuss, clarify and agree

. Objective and expected outcome of the COPE/PLA workshop

15 Min

Explain the objectives, the expectations and the process of the workshop

#### General objectives

To enhance the capacity of the local health team (Health Management Committee and the Health Post staff) to manage local health services effectively in order to improve the quality of service.

**Specifically**, it is meant to equip the local health team with the tools to enable them to:

- Develop a team spirit among participants
- Identify the strengths and weaknesses of the health facility and its services
- Prioritise the identified problems
- Develop an action plan with clear indicators, time frames and responsibilities

<sup>1</sup> The seed mixer game is used by PHC for this introductory session. Each person gets the amount of beans, seeds, raisins etc. according to the number of persons in the room. The participants are given a set amount of time in which to introduce to themselves to each of the other participants. During each introduction they exchange a bean and keep the collected beans separately. This game helps to create a relaxed but animated atmosphere and to establish an informal tone for the training.

### **Expected outcomes**

- The team approach in health service management will be improved
- Client satisfaction at local level will be increased
- The participation of the community in health service management will be enhanced
- An action plan for quality improvement of health services will be developed and implemented

### **Ground rules**

15 Min

- Discuss with the participants how to work effectively and productively to achieve the objectives of the workshop
- Discuss and agree the ground rules

Suggested ground rules:

- Do not blame each other - respect each other
- Be honest while addressing a problem or issue
- Be flexible
- Raise questions if you are not satisfied
- Keep time
- Listen to others
- Do not say, "I don't agree..."

## Session 2: Orientation on the COPE concept and process

### Objective: Participants will

- be familiar with COPE/PLA activities
- explain the needs of quality of health services
- demonstrate their commitment towards service quality improvements

### Role-play

45 Min

A role-play is a good tool for sensitising participants about a problem by changing their perspectives.

Participants in the role-play receive a card on which a situation is explained and are asked to play a particular role.

#### Example: Role card for a mother:

A mother comes to the immunisation clinic with her six-month old baby. The child is sick and losing weight, and the mother is very worried. She wants to see a health worker to seek advice. Patiently she waits for an hour. When it is her turn, the health worker asks her to come again the next day. When the mother comes back, the health worker immunises the baby without giving any explanation, and recommends further appointments.

#### Example: Role card for a health worker:

There is a crowd in the immunisation clinic and the senior health worker is busy immunising the children. In order to complete this, he does not check any patients that day, only does the immunisations and sends other patients back home.

**Plenary discussion**

15 Min

After the role-play, the participants discuss the scene. The facilitator guides the discussion by asking questions, like:

- How did the mother feel?
- How did the service provider feel?

Explain the COPE concept and why COPE is being done referring to the role-play

**Quality of Health Services**

30 Min

The facilitator asks the participants:

- Where do you go when you are sick?
- Why do you prefer going to the hospital/ clinic/ certain health person?

List the preferences and the causes. On this basis explain the concept of quality health services.

Ask the participants what they expect when they approach a health worker. Collect the responses on Meta cards, display them and discuss with the participants.

**Factors affecting the quality of health services**

30 Min

Divide the participants into three groups

Encourage them to discuss the factors influencing quality health services

Collect group responses on Meta cards and cluster them under similar headings

**Suggested headings:**

- Client provider relationship, including communication
- Technical quality, including prevention
- Physical infrastructure and environment
- Logistic supplies, resources and equipment
- Management, administration and reporting

Discuss and agree upon the outcomes

**Elements of quality health services**

30 Min

Brain storm on elements of quality health services

Explain the elements of quality health services

**Elements of quality health services:**

- Prevention of diseases and promotion of health
- Access to health services
- Acceptability and affordability of services/
- Technical quality of health services
- Supply of essential tools and equipment
- Interaction among service providers and users
- Information and counselling
- Participation in decision making
- Integrated services
- Complete services
- Continuity of services and follow up
- Instruction for health workers and supervision

Ask participants, on the basis of quality health elements, which indicators they want to improve

Write the responses on cards and display them on the wall. These will be used in the action plan development

**Client rights and providers needs**

45 Min

**Clients rights:**

Ask the participants what types of health service they would expect from this health facility

List, discuss and agree on the responses

Draw out remaining issues and provide examples

Explain clients' rights referring to above points

**Providers needs:**

Similarly, encourage the participants to ascertain the providers' needs and analyse where these meet the clients needs.

30 Min

## COPE/PLA and quality improvement

Explain why COPE is done, why quality improvement is essential and how COPE/PLA works to improve the situation

## Session 3: Components and tools of COPE/PLA

**Objective: To be familiarised with COPE/PLA tools and processes and to develop a client perspective. To utilise of clients' information in health planning at local level**

Explain the purposes of:

- Client interview
- Transect walk
- Self-assessment questionnaire
- Skills mapping
- Prioritisation of problems
- Action plan development and follow up

60 Min

Explain in brief how the COPE/PLA tools help to identify strengths and problems, and how a plan for improvement can be developed

## Day 2

### Session 4: Client interviews

#### Objective

To develop a mechanism for utilising client perspectives on available health services, and thus to improve quality.

#### Conducting client interviews

2 hrs

Explain:

- Client interviews as base line data
- Use of client perspective information in health service planning at local level
- Methods of client exit interviews

Explain:

- How client exit interviews can help us
- How client interviews can be used as baseline data
- How to conduct interviews with clients and community members



**Note: At the beginning of day 2, health services are provided by some health workers, while the other staff members and the HMC members conduct the client interviews.**

#### Plenary discussion on client reflection

15 Min

Ask each interviewer what where the major reflections of clients regarding the available services

Discuss the outcome



**Note: remind participants that client reflections on available health services will also be collected the next day and compiled as base line information**



## Session 5: Team building exercises

**Objective: To encourage participants to identify the needs of teamwork and create an environment for effective teamwork. To motivate participants to identify and realise their own potentials and skills within the team.**

### Tower building game

30 Min

Discuss the rules and criteria for the construction of the tower

Divide participants into three groups

Provide essential materials

Assess towers according to defined criteria (durability, looks, cost effectiveness)

Discuss the factors of effective teamwork related to the exercise

### Skills mapping

45 Min

Divide participants into three groups and explain the process of this exercise

Let the groups draw pictures of the skills they have and display these

Cluster the pictures into 'professional skills related to health' and 'other skills' and let the participants explain their skills

### Recognise the capacity of team (individual vs. team):

Show that everybody has skills which are needed, and therefore everybody can contribute to the functioning of the team

**Note: This activity can also be organised the next day.**



## Day 3

### Session 6: Continuation of client interviews

60 Min

### Session 7: Transect walk

2-3 hrs

#### Transect walk

Explain the strengths of the transect walk as a visualisation process

Explain the process

Divide participants into 2-3 groups

Draw a sketch map of the health facility

Ask the group to think about each quality heading and observe critically each sector (compound, toilet, waiting hall, dressing room, patient examination room, MCH and counselling room, dispensary, store, records, reports etc.)

Each group makes brief notes on their observations

The group is encouraged to take photographs if appropriate

After the walk, the group prepares a presentation on Meta cards

**Objective: To identify and analyse the strengths and weaknesses of the health facility and services**

#### Presentation and discussion on findings of transect walk

30 Min

Display the cards of each group

Guide the following discussion by asking questions like:

- What do we mean by clean?
- What should be the minimum standard?
- What are the problems in communication and why are they so?

## Session 8: Analysis and presentation of the client exit interviews

**Objective: to analyse the information from client interviews from the clients' perspective**

Analyse the client interviews in small groups

60 Min

Present and discuss the findings

Relate the findings to clients' rights and identify the gap in available services and client needs

## Session 9: Presentation and prioritisation of problems

**Objective: To prioritise the problems based on available resources and ability of the team**

Write down the five quality headings on the board

Display the findings of the client exit interviews and transect walk under similar headings

Ask participants to consider the issues below before prioritising the problems:

30 Min

Find out the gaps and add remaining issues!

- How can we improve the quality?
- What is possible to improve?
- What are the most severe problems?

Hand out three color pins (red=urgent, yellow=moderate and green=OK for now)

Encourage participants to prioritise considering the above issues

## Day 4

### Session 10: Developing action plans

2 hrs

**Objective: to develop an action plan for the next four months based on prioritised problems**

Explain the purpose, the components (problems, actions, time, responsibility and indicators) and the development of the action plan

Work with the team to develop the action plan, according to the different components

Display the final plan, discuss and agree

Obtain commitment from the HMC and the Health Post staff for effective implementation of the planned activities

### Session 11: Follow up

**Objective: to develop a mechanism for regular monitoring and follow up of the planned activities**

Explain the need for the follow up

Divide the participants into three groups and ask them how the team can follow up the COPE/PLA activities on a regular basis

Group presentation and discussion

Agree on follow up plan

60 Min

#### Evaluation of the workshop

Ask each participant individually:

- What s/he liked most in the workshop (content, method, environment, games etc.)
- What s/he disliked or where s/he sees need for improvement

Display participants' responses, discuss and clarify

30 Min

### Closing of the workshop

20 Min

Remarks and commitments from HMC chair person, HP incharge and other participants



**Note: Remind the participants of some of the positive things about the quality of health services at the site so that they do not end the exercise thinking that the site has nothing but problems**

