Community COPE®

Building Partnership with the Community to Improve Health Services

ENGENDERHEALTH
Improving Women's Health Worldwide

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Introduction

EngenderHealth* developed COPE®—"client-oriented, provider-efficient" services—in 1988 as part of a package of tools intended to help staff and supervisors at health care sites improve the quality of services provided and make services more efficient and responsive to clients' needs. Since then, many EngenderHealth-supported programs have come to recognize the increasing importance of involving the community in such efforts. As Anrudh Jain stated, "Inadequate attention to community and clients' perspectives may result in current clients discontinuing the services or potential clients avoiding the services. Meeting clients' needs and expectations is therefore considered critical in attracting and keeping clients" (Jain, 1989).

Although charters and quality-of-care frameworks have evolved to inform programs on issues that are important to clients in general, many programs have developed methodologies to seek the views of clients directly (AVSC International, 1995; Bruce, 1990; Cleary & Edgman-Levitan, 1997; Huezo & Diaz, 1993; Williams & Schutt-Ainé, 1995). This is because staff members' and clients' perceptions of quality often differ. When staff take their clients' perspectives into consideration, they can better understand and meet the clients' needs. For this reason, COPE contains a client-interview guide in addition to self-assessment guides. However, client interviews and client-satisfaction surveys often suffer from shortcomings, such as courtesy bias, as well as from inadequate focus or prioritization of issues (Cleary & Edgman-Levitan, 1997; Simmons & Elias, 1994).

In order to better meet the needs of individual clients as well as the communities they serve, staff at several sites in East Africa receiving technical assistance from EngenderHealth sought to gather feedback from a broader base than clients. In addition to the shortcomings mentioned above, client interviews reach only those clients who come to the site, not potential clients who have chosen not to come or clients who have stopped using the services. For these reasons, EngenderHealth and its partners developed a process for health care staff to interact with the community.

The idea that community participation is important to promote good health is not a new one (WHO/UNICEF, 1987). Yet the reality of community participation does not match the rhetoric (Askew, 1989; Bastian, 1996). Decisions related to health and health outcomes—particularly in the areas of family planning and reproductive health—are not only related to technical issues and program capacity but to individual preferences and the larger social context of consumers of services (Dohlie & Satia, 1997).

This handbook is designed to help supervisors and staff at service-delivery sites:

- Learn how community members feel about the services they provide
- Gather community members' recommendations for improving the services or enhancing service strengths and assets

* Prior to March 2001, EngenderHealth was known as AVSC International.

- Determine ways to encourage community members to participate in and take ownership of quality-improvements efforts both at the site and community levels

Influences of Health-Sector Reform

Health systems in many countries are experiencing the process of health-sector reform (HSR), and with it come opportunities and challenges related to maintaining and improving the quality of reproductive health services. According to Katherine Krasovec and R. Paul Shaw (Krasovec & Shaw, 2000):

> The challenge for health reform efforts is to determine and manipulate the mix of major levers of health reform (financing, organization, provider motivation, regulation and promotion of health behaviors) that most effectively and efficiently influence improvements in the process of health care and, in turn, health outcomes.…
>
> A second important reason for health reform in many countries is to make the health care system more **equitable** in the form of access to care as well as financing and funding of care. In health care, under-served population groups are often defined by income (e.g. poor), socio-economic status (e.g. less educated), age (e.g. adolescents), ethnicity (e.g. minority groups) or gender (e.g. females, young girls). Although equity in health may be defined as equity of health status (self or professionally assessed) or equity of access, most health sector reforms are concerned with equity in terms of equity of access to health care.

Through HSR and the process of decentralization, local communities can have a greater say in reproductive health service delivery. For example, clients might now be able to choose which service providers and sites they use, choose which medical procedure is performed when options exist, or participate in influencing health care policies. With increased community participation, services can become more responsive, making service providers, third parties (such as health insurance companies and NGOs), and governments more accountable to community members. Clients and communities have strong views on the need for choice and quality in health services, and service providers must take them into account if they want to provide appropriate, accessible services that clients will seek out and use. HSR gives communities an opportunity to explore these views and gives providers an opportunity to better understand their clients'needs.

Though many service providers and policy makers understand the need for health care services to be more responsive to community needs, this approach has yet to become reality in many countries undergoing HSR. Participatory models, such as Community COPE, offer the opportunity to involve the community in quality improvement efforts and to educate communities about their rights and ways they can influence the content and quality of health services. District-level administrators and site-based health care staff can use the process described in this handbook to gather information about the community's needs and views, as well as to foster community participation in order to make services better meet the needs of the community.

Looking Beyond the Health Care Site

Does your site face the following challenges?

- Fewer clients than expected use the services
- Some segments of the community do not use the services, even though you think your site has something to offer them
- Clients do not return for follow-up care
- Clients complain about the services, waiting times, and fees
- Serious health problems persist in the communities served by your site
- Your community could do more to support your site and the staff

If you answered "yes" to any of these statements, it may mean that even though you and your colleagues engage in COPE or other quality improvement (QI) activities, many service-quality issues at your site are still not being adequately addressed. Looking within your site for solutions is not enough. Going beyond the site—learning the *community's* views about the services you provide and the services they desire—is vital to improving quality and increasing access to services.

Whether you are a site manager, supervisor, or staff member, you can use this handbook to learn:

- How working with the community can improve quality at your site
- How to incorporate community involvement into your site's ongoing COPE or other QI process
- How community members view your services and their recommendations for improvement
- How to encourage community members to participate with the staff and share ownership of QI efforts at the site and community levels
- How to initiate, conduct, and evaluate participatory community activities
- How to raise community awareness about individuals' rights to quality health care services
- Whether your site is ready to begin involving the community in its QI efforts

Why Work with the Community?

Involving community members in your site's QI efforts means fostering a partnership between the community and your site—a partnership that can prove beneficial to all.

Learning community members' views about health care services:

- **Lets your site staff know why some community members do not seek services, do not gain access to services, or stop using services.** Many community members never seek or gain access to services, or may stop using services, even though they might benefit from them. Learning why these community members are not using the services at your (or any other) site can help you determine how to minimize barriers to quality care, whether they be physical, social, or other barriers. It can also help you develop services that better meet clients' needs. In addition, individuals who do not use the services may affect the health care decisions of those who might.

- **Provides another way to learn clients' views about the services.** Your site has many opportunities to learn your clients' views—for example, through client exit interviews, other QI exercises, or suggestion boxes. Still, many clients are hesitant to express negative views of your services or appear critical of the services or staff, especially while on-site. Having an opportunity to express their feelings in another location or to participate in group discussions with their peers may help clients feel more comfortable to share their views and consider aspects of services they might have overlooked.

- **Helps your site provide more relevant, accessible services.** Community feedback can give your site essential information about which services community members want and need. This information can help your site determine whether it is possible or feasible to provide additional services that community members request. It also fosters a holistic approach to public health.

- **Builds trust between clients and site staff.** Working with community members strengthens the relationships between clients and service providers and other staff. Ultimately, this improves quality of care.

- **Makes your services more sustainable.** Involving community members in your site's QI process can help raise the community's understanding of health issues. This, in turn, can increase support for your site from community members, officials, and leaders, which is key to increasing your site's sustainability. In communities undergoing health-sector reform, or where fee-for-service or cost-sharing practices are being introduced, site managers and staff must ensure that services are of high quality if they wish to attract fee-paying clients. Involving community members can also build their willingness to help finance health care improvements using local resources as well.

- **Promotes empowerment, increased awareness, and behavior change in the community.** EngenderHealth's experiences conducting COPE exercises around the world have shown that the COPE process empowers site staff. The same is true for community members who participate in this kind of process. When community members are asked their opinions about how services are provided, they feel a sense of empowerment and

ownership of the services. This process also raises community members' awareness of their rights to quality health services. It encourages them to give feedback to others and to take more responsibility for articulating their needs. And when community members learn that they can solve many problems using local resources, they begin to take a more active approach to problem solving.

- **Ensures ongoing, two-way communication between your site and the community.** Community members usually are not asked their opinions of the health services they receive or suggestions for improving them. Establishing a formal mechanism for getting community feedback builds open communication between staff and the community into the site's routine workplan.
- **Makes your work more interesting and satisfying.** Working with the community can be fun! As a health care worker, you may not often get the chance to meet with local community leaders, interview community members, or facilitate community activities. Doing so may give you a renewed sense of purpose and commitment to your work and help you develop new skills.

What Is a Community?

Before learning more about working with the community to improve quality, it is important to understand who are the people who make up your site's community.

A site's "community" may consist of many groups of people with different needs. Some sites may serve a stable population of people who live in a relatively small geographical area; other sites may serve transient populations or populations that are spread over a large area; and still other sites may serve a combination of populations. Some sites may serve people of a single ethnicity, religion, or socioeconomic status, while other sites may serve people of various ethnic, religious, or socioeconomic groups. Sites may also serve groups of people who share common characteristics, common interests, or a common health problem or health care need.

Some groups may be *marginalized*—that is, their beliefs, opinions, and needs may not be well represented by community leaders, in community meetings, or through community interventions. For example, unmarried women or adolescents may not be well represented when community leaders discuss which reproductive health services they would like to be offered in the community or how they would like existing services to be improved. As a result, your site may not be aware of these groups and may have difficulty gaining access to their views and health care needs. Finding ways to learn the views and needs of marginalized groups is an important component of the community-involvement process.

> Though the word *community* is used in this handbook, it is intended to refer to a number of "communities." Therefore, in order to serve all the people who use or might use your site's services, it is important to seek and pay attention not to just the opinions, beliefs, and needs of a single group or a few groups of people but to members of all the groups, whether they are formal or informal.

Part of the Quality Improvement Process

Community COPE is a major component of continuous QI in health services. However, it is not a "magic bullet." Rather, it is one of several components of EngenderHealth's QI package, all of which reflect international standards and better practices and are most successful when used together, continuously reinforcing the underlying value of addressing rights and needs in order to improve quality.*

These approaches and tools can be applied at the site level, at the district, regional, or provincial level, and at the institutional level. They are particularly useful for district health-management teams, or other supervisory units, of health systems undergoing reform. They provide such teams and supervisors with approaches to improve the quality of supervision, clinical quality assurance, and training systems, and they enable site administrators to engage the community in defining and supporting the quality of services they want at the facilities that serve them.

Originally developed for family planning programs, these approaches and tools have been adapted and/or used for other reproductive health services, maternal care, child health services (including places where Integrated Management of Childhood Illnesses, or IMCI, is practiced), adolescent services, and even psychiatric services. They have been used in public- and private-sector sites, in large hospitals, and in very small clinics.

EngenderHealth's approaches for continuously improving the quality of services include:

- **Facilitative supervision.** This is an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised (EngenderHealth, 2001). In order to facilitate change and improvement and to encourage staff to solve problems, supervisors must have the solid technical knowledge and skills needed to perform tasks, know how to access additional support as needed, and have time to meet with and support the staff they supervise.

- **Medical monitoring.** This is an approach to continuously monitoring health care services aimed at identifying and rectifying gaps between actual practice and established standards and is a key element of facilitative supervision. Supervisors use a facilitative approach throughout site assessment, morbidity and mortality case review, onsite coaching and updates, and modeling client-provider interaction. Through medical monitoring, supervisors encourage staff to solve problems and communicate better through self-assessment and to incorporate solutions into an ongoing action plan at the site.

- **Whole-site training (WST).** This approach is aimed at meeting the learning needs of a site. WST links supervision and training, emphasizes teamwork and sustainability, and includes a range of training strategies. WST actively engages supervisors in identifying learning needs at a site; planning and implementing the required training either on-the-job, on-site, or off-site; and facilitating the implementation of newly acquired skills through

* For more information about how the tools function together as a package, see Dohlie et al., 1999.

coaching, mentoring, and teamwork. The types of training include orientations to new services or concepts, knowledge updates, and skills training. WST includes inreach (staff orientations, referrals, linkages between departments, and adequate signs) to ensure that clients do not miss opportunities to access information and services for all their reproductive health needs when they come to the site.

To help implement these approaches, EngenderHealth has developed the following simple and practical tools designed to help supervisors and staff improve the quality of services:

- **COPE.** This is a process and set of tools for health care staff to continuously assess and improve the quality of their services (AVSC International, 1995). COPE, which stands for "client-oriented, provider-efficient services," is built on a framework of clients' rights and providers' needs. COPE consists of four tools: self-assessment guides (one for each of the clients' rights and providers' needs), a client interview guide, client-flow analysis, and an action plan. The self-assessment guides encourage staff to review the way they perform their daily tasks, and serve as a catalyst for analyzing the problems staff identify. The guides contain key questions based on international clinical and service standards, and the guide on safety includes a medical record review. The tools also highlight client-provider interactions and other areas of concern to clients.

- **Quality Measuring Tool (QMT).** This tool is used annually to measure QI over time (EngenderHealth, 2002). Based on the self-assessment tool used in COPE, site staff and supervisors use the QMT together to determine whether clients' rights are being upheld and providers' needs are being met. Any new problems identified are then incorporated into the site's ongoing action plan.

- **Cost Analysis Tool.** Health care staff use this tool to determine the direct costs of providing specific health services (AVSC International, 2000). It measures the cost of staff time spent directly providing a service or clinical procedure, and the costs of the commodities, expendable supplies, and medications used to provide that particular service or procedure. The information can be used to improve the efficiency of staffing and use of staff time and supplies at a site, as well as to set user fees for different services that reflect the actual direct costs.

- **Community COPE.** This participatory process and tools, an extension of COPE, is for health care staff to build partnerships with community members in order to improve local health services, making them more responsive to local needs. It can also have the result of increasing community "ownership" of health facilities and services and advocacy for resources for health. It is particularly useful to site administrators in areas undergoing health reform as a means of engaging the community in defining and supporting the quality of services they want.

As described above, COPE is a continuous QI process that encourages all levels of staff and supervisors to work together and to involve clients in assessing services, identifying problems, and developing solutions using local resources. Based on the notion of maximizing local resources and creativity in order to solve problems at a site, COPE encourages and helps

sites to rely less often on the central government or institutional headquarters to provide additional resources and solutions. Not only does this help make the site more self-reliant, but it avoids having staff feel disappointed—and left without solutions—when the higher levels fail to provide such assistance in a timely manner.

Broadening a site's QI activities by encouraging and helping the community to develop solutions locally is a natural extension of COPE. Community COPE is based on the same principles as other QI initiatives: staff involvement and ownership, customer mindset, focus on processes, cost-consciousness and efficiency, ongoing QI, and continuous learning, development, and capacity building. It is also based on the same clients' rights and staff's needs framework, as described on the next page.

Community activities should not take the place of conducting regular COPE or other QI activities at your site. While working with the community allows your site to reach out to a wide range of people, site-level COPE exercises help staff assess their services based on standards of care and learn their clients' views about their services. Community activities should take place after staff members are acquainted and comfortable with the COPE process and have started to see some results from the COPE action plan.

The Rights of Clients and Needs of Health Care Staff

Clients have the right to:

- **Information.** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality and to health overall. Educational materials designed for clients need to be available in all parts of the health care facility.
- **Access to services.** Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, caste, religion, or sexual orientation.
- **Informed choice.** Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before coming to a facility for services. It is the service provider's responsibility to either confirm an informed choice that a client has made or help the client reach an informed choice.
- **Safe services.** Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality-assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.
- **Privacy and confidentiality.** Clients have a right to privacy and confidentiality during delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and other procedures, as well as in staff's handling of clients' medical records and other personal information.
- **Dignity, comfort, and expression of opinion.** All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of their service providers.
- **Continuity of care.** All clients have a right to continuity of services, supplies, follow-up, and referral.

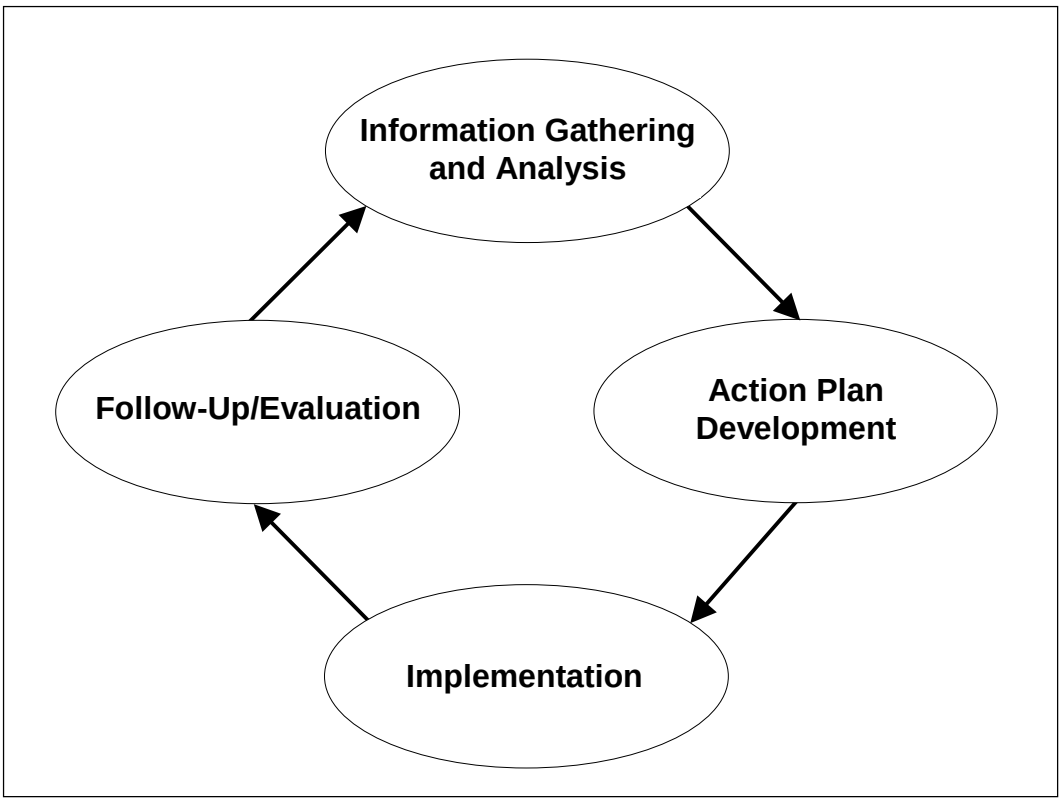
Health care staff have the need for:

- **Facilitative supervision and management.** Health care staff function best in a supportive work environment in which they receive facilitative management and supervision that motivate them, enable them to perform their tasks well, and enable them to better meet the needs of their clients.
- **Information, training, and development.** In order for a facility to provide quality health care services, staff must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best reproductive and overall health care services possible.
- **Supplies, equipment, and infrastructure.** In order for a facility to provide quality health care services, staff need reliable and sufficient supplies, equipment in working order, and adequate infrastructure.

Source: Adapted from Huezo, C., and Diaz, S., 1993, Quality of care in family planning: Clients' rights and providers' needs, *Advances in Contraception* 9:129–139.

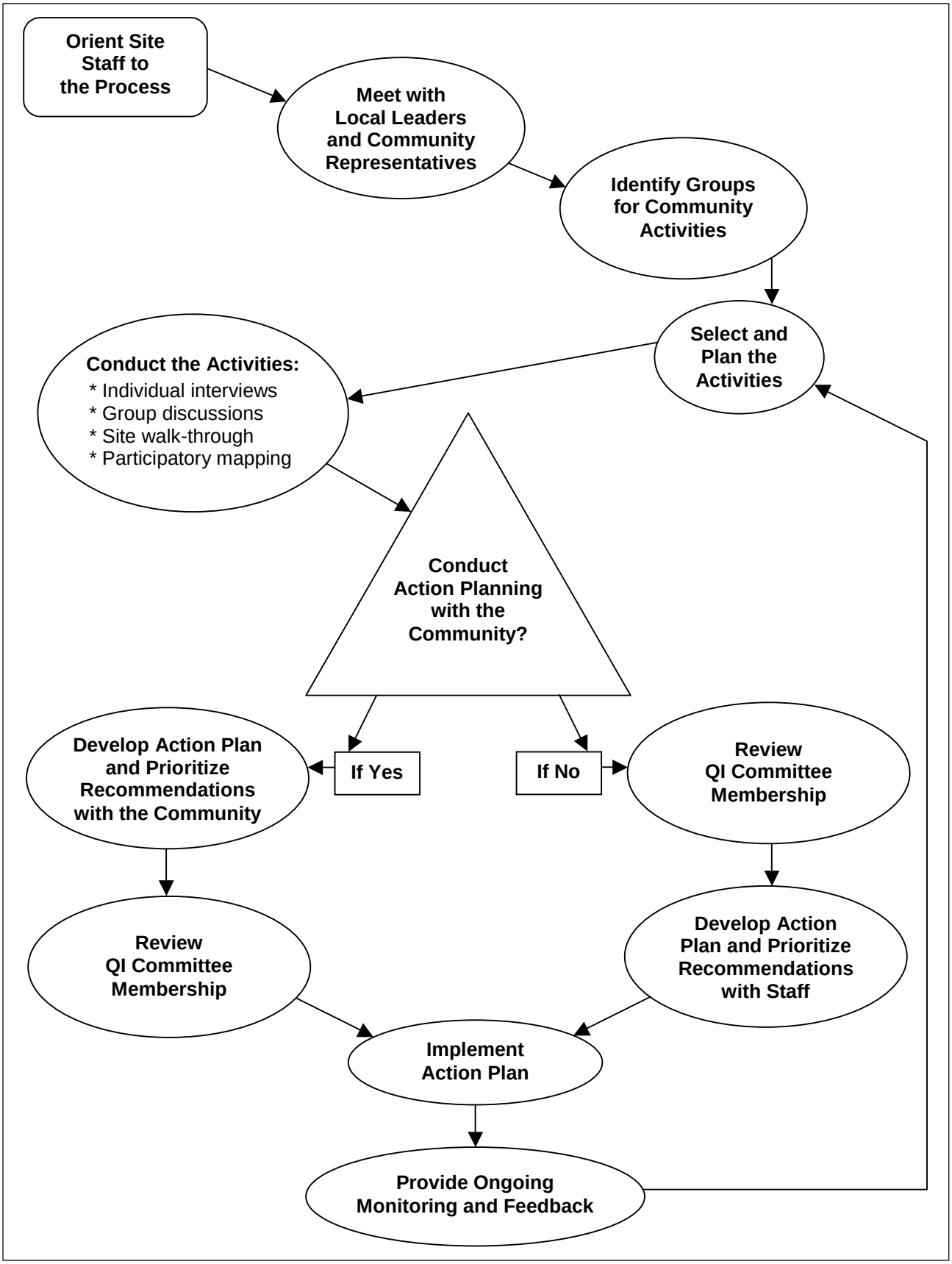
Community COPE: An Overview

Similar to COPE, the Community COPE process consists of four steps:



This process, including preparation and follow-up, is described in this handbook. It is a two-way process that depends on participation from both your site and the community. It uses participatory methodologies to help communities define the quality of care they want and expect to see at the sites that serve them. The entire process is shown on the next page.

Community COPE Flowchart



Your Site's Role

In some localities, community structures such as community health committees are already in place to help improve health services. If your site's community does not have such a mechanism in place, you must initiate contact with community representatives and add the community's strengths to your own in order to improve services. The process described in this handbook can help your site both work with existing structures more effectively and establish new connections with the community that may facilitate input about your services.

In exchange for community members' participation, your site must:

- Let community members know why you want to involve them in your QI process, and have them confirm that your goals are important. (This will help establish trust and ownership.)
- Explain the barriers you believe your site faces in providing high-quality services
- Help community members identify and use local solutions to problems
- Regularly communicate with community members which improvements have been made, and get their feedback about how the improvements are working
- Commit to responding to problems identified by the community whenever possible—and readily and honestly admit when your site does not have the power to provide particular solutions (such as opening an additional hospital or providing AIDS-management drugs at no cost)
- Help community members gain access to information that may help them make good decisions about their health care

The Community's Role

Your site and the community share the goal of ensuring that community members are healthy. Some of the activities needed to ensure this goal are at the site level, while others are at the community level.

The community may be involved in your site's QI process on a variety of levels. For example:

- The community may be involved only in providing information and identifying problems and their root causes
- The community may also be involved in:
  - Identifying and recommending solutions to the problems
  - Developing action plans for solving the problems
  - Determining which problems are priorities
  - Carrying out the action plan recommendations
  - Providing regular input by serving on your site's QI committee
- The community and the site may be involved in community-level actions to promote health, such as immunization campaigns or arranging emergency transportation for obstetric care or other emergencies, or other activities. For example:

- **Local health committees and NGOs can work with the site to promote better health in the community.** Local health committees can become important sources of support for a site and active promoters of health in the community. They may even play a role in monitoring quality by accrediting health care sites. Similarly, local NGOs that receive needed information and training from your site may be willing to help reinforce health messages, refer clients to the site, conduct surveys, and continue to work in other areas that affect reproductive and general health.
- **Local community leaders and officials from other sectors (such as education, the environment, or sanitation) may participate in your site's regular COPE exercise.** This may help these individuals better understand health care issues and the constraints under which your site operates. It may also help increase their understanding of the interdependence among the different sectors and, by encouraging them to work together, may promote better use of scarce resources. For example, if site staff identify increased levels of sexually transmitted infections (STIs) among truck drivers in the area, they could meet with administrators or other leaders of the truckers' organization or union. The administrators, in turn, could then organize lectures about STIs and work with guest houses that truckers frequent to distribute condoms and information about preventing transmission of STIs.
- **Fundraising or volunteer efforts can support cleaning and renovation at the site.** Campaigns to garner donations—such as linens, bed nets, or cleaning supplies—may also be useful.

The greater the level of community involvement, the more invested the community will be in your site's QI efforts, and the more successful those efforts will be. Therefore, encourage community members to be part of the entire process, since many problems can be addressed at the community level. If community members cannot be involved at every stage, ask them to focus on issues of community practices or resources. Site staff members can take the lead in analyzing further the root causes of problems that are based in the site.

How Involved Should the Community Be?

The chart on the next page lists some of the advantages of involving community members in the entire Community COPE process, as well as some of the resources needed to do so effectively.

Involving the Community Past the Problem-Analysis Stage

Possible Advantages	Resources Needed for Effective Participation
• Gives community members a greater level of commitment toward and ownership of QI at the site, which makes their input more valuable • Gives the site access to more shared resources (human effort, time, etc.) to apply toward solutions, which may provide more in-depth analysis and design of more effective solutions and action plans • Creates a sense of teamwork and better ongoing communication between the site and the community • Encourages the community to think about ways to avoid potential health problems *before* they become problems • Gives community members a better sense of the problems the site faces in providing services	• More time is needed to explain the process to community members and to get community members to agree on certain solutions than when working exclusively with staff members, who are already familiar with the COPE process and with each other • Staff, community members, or members of NGOs or other local organizations are needed to facilitate these activities • Staff members must be flexible and open to community members' suggestions about how to resolve problems • Staff members who facilitate these activities must be able to speak the local language(s) • As a result of their participation, some communities may want to engage in activities that require resources beyond what is available locally. The community should be prepared at the outset to emphasize the goal of utilizing local resources as much as possible.

Success Takes Time

The more engaged the community is in your site's QI process, the more problems may be identified and may need to be solved. This may mean analyzing a large amount of community feedback and carrying out many recommended solutions—which can seem overwhelming.

Be realistic about what your site can achieve; do not try to do too much with limited time and staff. Otherwise, you will raise expectations beyond what is possible, creating distrust among community members and contributing to a sense of failure at your site.

Remember: Success takes time. QI is an ongoing process, and, like COPE, seeing the benefits of community involvement happens in stages and over time. Problems are not all solved at once. Rather, they are solved incrementally, depending on the level of commitment, effort, and support in your organization and the community for finding sustainable solutions. This handbook suggests ways to gain support in the community and increase the community's interest in health, which can help increase local community leaders' commitment to your site's QI efforts.

About Participatory Activities

The activities presented in this handbook were developed as a result of work to improve quality at health care sites around the world. Some of them have been adapted from participatory learning and action (PLA) approaches—which have been used by many community-development organizations and in education, agriculture, and other fields—in a way that allows health care sites to extend COPE to link site-level QI efforts with community needs and involvement. In this handbook, we have focused on simple, practical tools that most people can learn quickly and adapt to meet their needs.

Participatory Learning and Action (PLA)

PLA is an umbrella term that refers to a wide range of approaches and methodologies that incorporate the *participation* of people in the processes of learning about their needs and the *actions* required to address them (IIED, 2000). According to Robert Chambers, participatory approaches "enable local people to share, enhance and analyse their knowledge of life and conditions, and to plan, act, monitor and evaluate" (Chambers, 1997). The different approaches may be called by a variety of names, though they all follow the same basic principles.

PLA bears many similarities to the COPE process and tools. Both emphasize participation and ownership, respect for people's existing knowledge, learning together, and involving people in development or QI processes rather than treating them as passive recipients of services and information.

Who Can Use This Handbook

EngenderHealth recommends using this handbook at service-delivery sites that have already adopted COPE or some other QI approaches and tools. Your site will find it easier to initiate community activities if the staff have participated in one or more COPE exercises and systems are in place to carry out many of the community members' suggestions. While the handbook refers to general health issues, you may adapt the information to whichever kinds of services your site provides.

Before beginning to work with the community, it is best to read this entire handbook. That way, you will have a clear understanding of all the steps involved in planning, implementing, and following up on the process. In addition, staff members working with the community must understand how to facilitate and use participatory activities. This understanding may come either from having prior experience in using these tools or by developing that understanding after reading these materials.

When you have finished reading the handbook, review the "Are You Ready?" checklist, which appears on page 57, to determine if your site is ready to begin the community-involvement process.

Community COPE at a Glance

Step	Related Appendixes and Tools
Orientation and Preparation	
Step 1: Orient Site Staff	Appendix A: Values-Clarification Exercises
Step 2: Identify Groups for Community Activities	[none]*
Step 3: Meet with Local Community Leaders	Appendix B: Guide for Initial Discussions for Local Community Leaders
Step 4: Plan the Participatory Activities	[none]*
Information Gathering and Action Plan Development	
Step 5: Conduct the Participatory Activities	• Appendix C: General Tips for Conducting Participatory Activities • Appendix D: Participatory Activities • Appendix E: Tools for Analyzing Information and Prioritizing Problems
Step 6: Develop an Action Plan and Prioritize the Problems	• *COPE: Client-oriented, provider-efficient services: A process and tools for quality improvement in family planning and other reproductive health services* (AVSC International, 1995) • Appendix F: Sample Action Plan
Step 7: Review the Membership of the QI Committee	[none]*
Implementation and Follow-Up	
Step 8: Implement the Action Plan	[none]*
Step 9: Providing Ongoing Monitoring and Feedback	Appendix G: Sample Action Plan Follow-Up Summary Sheet

* While there are no specific tools for these steps, they are explained fully in the text.

Orientation and Preparation

Orienting site staff to the Community COPE process and identifying the key leaders in the community are some of the steps involved in preparing for community involvement. This section describes the issues to consider and steps to take before initiating community activities.

Step 1: Orient Site Staff

Objectives:

- Make staff members aware of your site's goals in involving the community in its QI efforts
- Choose the appropriate staff members to work with the community
- Enlist staff members' help in identifying other organizations in the community that engage in community-involvement activities

Participants: Site managers, supervisors, and staff

Estimated time: 1–2 hours

Tools, materials, or resources needed: Values-clarification exercises, which appear in Appendix A

In order for staff members to work effectively with the community, they must understand your site's goals in involving the community in its QI efforts.

To begin the process, meet with the entire staff and:

- Explain the philosophy behind community involvement and how the process will complement and strengthen your site's COPE process (as described on pages 1–3)
- Define what is meant by "the community" served by your site (as described on page 3)
- Facilitate a values-clarification exercise about the differing perspectives of staff members, clients, and the community, and discuss why community members' views are important. (Examples of values-clarification exercises are provided on page 63.)
- Explain the varying ways in which community members may be involved in your site's QI process (as described on pages 10 and 11) and how to integrate the results of participatory community activities with your site's other quality improvement exercises (as described on pages 43 and 46)

Choosing Staff to Work with the Community

Generally, sites working with the community select a few staff members to work with a few community members. Together, these individuals organize and carry out community activities.

Staff will be needed to play the following roles:

- One or two facilitators, depending on the size of the group(s) you will be working with. The facilitator conducts community activities and answers any questions the participants may have.

Attitude Is Important

Whether you are asked to try a new clinical procedure, learn a new recordkeeping system, or help solve problems at your site, your attitude can make all the difference in whether a project is a success or a failure. The same principle applies to working with the community to improve quality: How you approach the process is critical to its success. If you recognize and understand the value of community participation, you are likely to put in more effort and reap more benefits. But if you feel that community participation is a worthless effort and a waste of time, you may not put in as much effort and may even jeopardize the outcome.

Part of your attitude about working with the community stems from the value you place on community members' views and opinions. If you regard community members as individuals with relevant information and a valuable perspective, you will likely hear their views and place importance on them. But if you feel that community members do not have valuable knowledge or insights, you will likely not hear or value what they are saying. Above all, community participation requires *listening* to what community members have to say.

Similarly, staff often are not aware of how they perceive their clients or how these perceptions influence their behavior with clients. Many participatory activities can be used to help staff recognize and clarify their attitudes. (Examples of values-clarification exercises appear in Appendix A.)

Remember: Which community activities staff choose to use is less important than the attitude staff have when using them.

Developing the Appropriate Mindset

When a continuous QI process is under way at a site, staff gradually develop a new mindset. They focus greater attention on meeting the needs of their clients and on improving systems and processes in order to address or prevent barriers to meeting those needs.

This shift in focus helps staff and supervisors move *away* from blaming individual staff mem-bers for problems and *toward* exploring constructive solutions. It also helps staff let community members know that they are interested in identifying creative solutions to the problems community members have identified, not in pointing blame at anyone.

By emphasizing the importance of including all levels of staff in the process, COPE helps staff recognize that they all have important contributions to make to their site's QI efforts. Similarly, when staff expand their QI activities into the community, they soon recognize that community members' views may differ from their own and that community members may have creative suggestions and resources for improving services.

- One or two recorders, depending on the size of the group(s) you will be working with. The recorder writes down the participants' responses during community activities, helps the facilitator observe the activities, and ensures that issues raised by the participants are addressed. (If a staff member is not available, a community member may serve as a recorder.)
- One person who will serve as the liaison between your site and the community. This staff member will make all the necessary arrangements for discussions and other activities. (This role could be played by one of the facilitators if needed.)

Identifying Appropriate Staff

When selecting staff members to facilitate community activities or work with community members in other ways, consider individuals who:

- **Have the "right" attitude.** These staff members must be good listeners and must respect community members' attitudes and opinions. (See the box on the opposite page for more information about what constitutes the "right" attitude.)

- **Are familiar with the COPE process.** These staff must have participated in at least one regular COPE exercise held at your site. They must also understand the principles underlying QI and be comfortable with the process.

- **Can easily use the tools presented in this package.** Tools to elicit community members' views about services are described later in this handbook. Before using these tools, staff members must be able to explain them to community members and use them effectively.

- **Have good facilitation skills.** These staff must have good facilitation skills and know how to work with groups. While it is particularly important for those who will be facilitating community activities to have these skills, all staff members working with the community must know how to hold discussions that allow for open, two-way communication. (Facilitation skills are described in Appendix C.)

- **Have established relationships with the individuals with whom they will be working.** Staff members who know or have worked with individual community members or key members of an established group may be more successful at approaching these individuals about participating in your site's QI efforts. For example, a community health worker who works with women's groups in the community would be a good candidate to introduce the idea of community involvement to members of one such group.

- **Can relate to the community participants.** While any talented, dedicated staff member might be able to work effectively with any segment of the community, staff members who are similar to or relate well with members of a particular group are more likely to be successful. For example, male staff members may work more effectively with members of men's organizations, and youth organizers might work more effectively with groups of adolescents or those representing their interests.

- **Have the necessary time and availability to do this work.** Giving added responsibility to staff members who are already working to full capacity is not in your site's best interest. When choosing staff to work with the community, select those who either have the time to do so or can delegate some of their work to others.

Once you have selected community groups to work with, you may need to reconsider the individuals you have chosen in order to make sure they will be effective in working with those groups.

Working Cooperatively with Other Organizations

Many organizations and government agencies work side by side in the community served by your site. Some may be health-related, while others may be in different sectors, such as agriculture or sanitation. Your aim in involving the community in your site's QI efforts is not to compete with organizations that already do this work or to duplicate their efforts. Rather, it is to complement the work of these organizations and expand your problem-solving process to the community.

Therefore, before planning community activities, ask staff members to help:

- Identify the other organizations that are working in the community and what they do
- Determine whether these organizations use community feedback to improve their services
- Consider how your site may benefit from these organizations' experience, resources, and knowledge in working with the community
- Determine whether your site can work with or in partnership with these organizations to establish links with the community, solicit community input, or involve the community in other ways
- Arrange a meeting with local administrators of these organizations to discuss your site's community-involvement process and to ask for their assistance in this effort, which may include helping you implement the community activities as a team

Step 2: Identify Groups for Community Activities

Objective: Identify participant groups for community activities who will help you identify significant issues related to your site's services

Participants: The selected Community COPE site representatives

Estimated time: 30–45 minutes

Tools, materials, or resources needed: None

Now that you have identified the need to work with the community, how will you decide which groups to work with and how best to reach them? Identifying whom to work with in the community is a challenge that can make the difference between success and failure.

Selecting participant groups for community activities means finding a balance between two concerns:

- Wanting to hear the perspectives of all segments of the population (especially marginalized groups or individuals)—whether already established groups, newly organized groups, or individuals. It is important to ensure that groups whose needs and opinions are not well represented by the majority have a voice in this process.
- Needing to work with community members who are likely to participate in and make a positive contribution to your activities

Over time, it would be beneficial to reach all segments of the community. However, it would be difficult, and perhaps overwhelming, to work with representatives of all populations at once. Therefore, focus on working with a few groups at first and then, over time, expand your discussion to include more groups.

> When identifying participant groups for involvement in your site's quality improvement efforts, you may choose to work either with individual community members and/or with preexisting community groups. Though many individuals in your site's community will be interested in working with your site to improve health care quality, it is often difficult to identify and reach out to them. Organized groups in the community are easier to identify, easier to sustain ongoing communication with, and more likely to take ownership of the process.

When considering the various community groups, ask yourself:

- **Which community members are staying away from services?** Review your site's client records to learn what types of individuals make up your client base. Do any patterns emerge? For example, do all or most of your clients live in one geographical area near your site, or do they live in a variety of areas? Do women, but not men, seek services at your site? Are most of your clients middle aged, or does your site serve many adolescents and older adults? Once you have reviewed your client base, you will be able to identify types that are not accessing services.

- **Which community members have the most need for services or do not have access to services?** It is important to consider the needs of all community members—men and women, young and old, rich and poor, those living in urban and rural areas, and those of different ethnicities or religions—to ensure that they have access to services as well. For example, though youths and adult men are often overlooked in the provision of reproductive health services, they have reproductive health care needs and require information in order to play a constructive role in health-related decision making for themselves and their family members.

- **Which community members' opinions may not be represented by local leaders?** In some communities, local leaders, local organizations, and community members are in continuous communication, and local leaders may well represent community members' views. But in others, local leaders may not have close contact with all of the various segments of the population and may represent only a minority of community members' views. Moreover, some community members may not share their views openly, so their views are not known in the community. For example, the members of some marginalized groups may be put at risk if their needs seem to be placed before others'.

  If the views of some community members are not represented by local leaders or others with whom you are working, encourage representatives of those populations to take part in community activities. Try to create a safe environment in which all community members, even traditionally marginalized members, can be heard.

- **Which groups can the site reach?** Some sites may serve transient clients or clients from a large geographical area, who may be difficult to reach. If this is the case at your site, think about how to reach these and other remote groups and how to adapt the activities for use with large groups in mobile settings. Consider, too, whether reaching these groups by yourself is realistic and desirable, or whether you should work in partnership with other organizations in order to reach them.

- **Which groups include individuals who may help the site further its efforts and which groups include individuals who may create barriers?** Before beginning an activity, identify groups containing individuals who are willing to devote their time and energy to improving your site's services. Then ask representatives of the client populations who have these characteristics to participate in your activities. Similarly, try to delay working with groups that you think might create barriers until you have more experience at

facilitating community COPE exercises and feel confident that your facilitation skills will enable you to work effectively with them.

In addition, if you are aware that a particular group is likely to create barriers, find an individual within the group who may be willing to work with your site, and ask that person to participate. Not only will your site gain an understanding of the group's hesitation, but the participant can advocate on behalf of your site to the group.

Broadening Communication between the Site and the Community

One hospital in East Africa conducted interviews and group discussions in the community. When the activities began, the community health coordinator and senior hospital managers started attending monthly village meetings to enhance communication with the community. The hospital then expanded its QI committee to include the community health coordinator and a community member. The hospital is now considering adding another community member to the committee.

While influential community members may expect to be represented on the QI committee, they do not necessarily represent all the different groups in the community, particularly marginalized groups. This may be a difficult situation. Your site must either consider ways to reach groups that do not have direct representation on the committee, such as women and adolescents, or determine how to make community representatives aware of their need to represent the community at large and to discuss how this might happen.

Step 3: Meet with Local Community Leaders

Objectives:
- Discuss your site's plans for community involvement with local community leaders and local representatives of community groups
- Gain community support for community activities
- Determine the groups' level of interest in working with your site
- Get assistance in planning and scheduling community activities

Participants: Site representatives, local leaders, and other community representatives

Estimated time: 1–2 hours

Tools, materials, or resources needed: The Guide for Initial Discussions with Local Community Leaders, which appears in Appendix B

Once you have determined which groups your site would like to work with, it is time to contact and meet with group leaders or other community representatives. The purpose of this meeting is to explain your site's goals in conducting community activities, determine whether or not the group is interested in working with your site in this effort, and, if so, to get their input in planning and scheduling the participatory activities. Meeting with local leaders will also help your site gain community support for community activities and help identify specific groups and community members to work with.

Who Are the Local Community Leaders?

Most communities have leaders, or persons who have influence in the community and can speak on behalf of one or more of the segments of the population that comprise it. Before beginning any work with community members, your site should discuss its plans for community involvement with local community leaders and local authorities.

Local community leaders are known by various titles and may play a variety of roles in different countries and regions. Many communities have both formal and informal leaders. In this handbook, the term *local leaders* is used to describe those persons who have a guiding role or influence on the actions or opinions of community members. Depending on the community, they may be village/town/municipality chiefs, local council members, religious leaders, local government officials, members of nongovernmental organizations (NGOs), members of factories or other major employers in the area, or members of local organizations, such as women's groups, youth groups, micro-credit groups, unions, or different types of cooperatives.

Local leaders may have different levels of communication with, and support from, the communities they represent; often, leaders may represent the status quo. Therefore, identifying a range of leaders who represent a broad range of viewpoints may require diplomacy and sensitivity. While determining ways to identify all the different local leaders is beyond the scope of this handbook, it is important to consider the level of respect and support that community members have for the local leaders you work with, as well as to observe local protocols. Because some communities are more hierarchical than others, one of the challenges in working with local leaders is to present the process described in this handbook in a way that local leaders will view as supporting the community structure rather than threatening it.

Initial Discussions

The exchange of views and information between your site and local leaders may take place over one or several meetings. Depending on the circumstances, meetings may be formal or informal and may be scheduled in advance or take place on short notice.

Issues to Address

During your initial meetings with local leaders, address the following issues:

- **Your site's QI efforts.** *Explain* what the site has done to improve the quality of care and its commitment to continued improvement of the services. *Ask* the local leaders what suggestions they have for improving quality.

- **Constraints facing the site.** *Explain* some of the difficulties your site faces in providing high-quality services. *Ask* the local leaders whether they are aware of any other constraints or have suggestions for minimizing them.

- **Health problems in the community.** *Ask* the local leaders which health problems exist in their community, what impact the problems have on community members, and which problems they think are of highest priority at this time. If you are aware of any important problems or health trends that the local leaders did not mention, *ask* about them.

- **Community members' use of services.** *Explain* that while many community members use your services, you are also aware that others who might benefit from the services do not seek them or do not recognize their need for them. *Ask* the local leaders what they think about this and why they think this is happening. In addition, *ask* the local leaders if they believe that all community members—including men, women, adolescents, very poor people, and people with disabilities—have access to the services they need.

- **The steps of the QI process.** *Explain* the process your site is taking to improve quality:
  - Gathering and analyzing information in order to identify problems and causes
  - Developing an action plan, which includes identifying and recommending possible solutions and prioritizing the problems to be addressed to carry out the recommended solutions

  - Implementing the action plan
  - Follow-up/evaluation

  Tell the local leaders about any particular successes you have had in improving quality, such as reducing client waiting times, improving infection prevention practices, or changing service times.

- **Your site's need for community assistance in this process.** *Explain* that involving local leaders and community members in your site's QI efforts is necessary to ensure quality services at the site, and ask how community members may become involved in this process. *Explain* the types of involvement that would be helpful, and *discuss* ways that community members might help plan or participate in interviews, group discussions, or other activities.

- **Your site's interest in participating in community meetings.** *Ask* permission for site representatives to attend the next regularly scheduled community or group meeting to introduce the site's ideas for community involvement and arrange for community activities. (If community or group meetings are not held regularly, ask how site representatives can bring the community or group together to initiate community involvement.) In addition to initiating community involvement in improving health services, attending a community meeting would allow the site to express its interests in improving health to local officials in different sectors (such as education, the environment, or sanitation), who attend these meetings and might facilitate interventions in these other areas. This is critical to improving health and promoting success in health programs.

- **Ways the local leaders can help the site identify community groups or populations.** While your site will be aware of some client populations in the community, you may not be aware of or know how to reach out to others. Even though local leaders may not fully represent the views of marginalized groups, they can often lead you to individuals or groups who can help you identify these populations. These individuals include community health workers, TBAs, district officers, the community health committee, church and women's organizations, and youth groups.

  Spending time in the community and talking informally with different kinds of community members can also help you identify different community populations. You might also ask community members themselves, through mapping exercises or use of Venn diagrams. (These participatory activities are described on pages 95–102.)

The Guide for Initial Discussions with Local Community Leaders, which appears in Appendix B, may be used to begin a dialogue with local leaders on QI issues. It may also help them focus on how service-delivery sites can better contribute to community health and development.

Getting the Most from the Discussion

Involving the community in improving health services may be a new concept to some community members. Therefore, give as many concrete examples as possible to explain what

your site wishes to achieve and what kinds of community involvement you would find useful. Citing ways that other communities are participating in and have benefited from QI activities is often effective. (Some examples are provided in Appendix H.)

In your discussions with local leaders, be sure to *listen* to what they have to say. Rather than telling them about the need to improve service quality, find out how *they* view the services and what suggestions *they* may have for improvement. Often, local leaders are aware of how community members feel and which issues are most important to them.

If the discussion identifies some problem areas, make a list of those problems so that they can be added to the action plan you will develop later, after conducting the community activities.

Later Discussions

Depending on the level of need and interest, you may organize additional meetings with local leaders to discuss issues such as how the health care system functions and its main challenges. If appropriate, you may subsequently invite local leaders to participate in your site's regular COPE exercises and serve on the QI committee. Local leaders can be a powerful force for raising issues that concern the members of their community and to motivate people to work together to make improvements in health care.

Step 4: Plan the Participatory Activities

Objective: Determine which activities to conduct, where and when to conduct them, and how to solicit participants

Participants: Site representatives and the community representatives involved in Step 3

Estimated time: Over the course of 1 week

Tools, materials, or resources needed: A calendar

Once you have community support for QI activities, it is time to plan the participatory activities you will be conducting.

Before conducting participatory activities, consider the following:

- **What information are you trying to find out?** If you are using the process described in this handbook, you are interested in learning the community's perspectives on the quality of services your site provides and in determining other ways you might be of service to the community. You are also interested in identifying ways in which community members think they can support your site to provide the quality and type of services they want and need, as well as their interest in advocating for healthy behaviors within the community.

  You can go about getting this information in two different ways: either by exploring generic areas that may lead to specific information, or by asking about specific information and then drawing conclusions about the bigger picture. For example, you may be seeking general input from the community that will lead to improvements or you may be asking about ways to provide better services for adolescents. Whichever approach you choose, you must be willing and able to follow the direction in which the community leads you.

- **What is the best way to get this information?** A variety of participatory activities may be used to elicit information with and from community members, including individual interviews, group discussions, site walk-through, and participatory mapping. Which activities you choose will depend on the size of the group, the local culture, the number of facilitators available, the facilitators' experience in and preferences for conducting certain activities, and your timeframe. (Descriptions of participatory activities appear in Appendix D.)

- **What potential dynamics exist between the participants?** Power imbalances, rivalries among participants, and other group dynamics can play a role in the success of participatory activities.

- **Where might the activities be held?** Participatory activities may be held in a variety of settings. For example, you may work with community members in:
  - Regular community meetings
  - Meetings organized by individual community groups, such as women's organizations, farmers' cooperatives, and professional and youth organizations
  - Specially scheduled meetings with individuals or small, informal groups

  When planning the location, consider logistical issues such as whether the space is large enough to hold the number of people, affords privacy for discussing sensitive issues (if relevant), is available during the times that you wish to conduct the activities, is easily accessible to the participants, and has a wall or other surface to display flipcharts, if needed. Find a neutral location that is not associated with any particular political, ethnic, or religious group. If you will be conducting activities out of doors, consider how you will handle wind, rain, or extreme temperatures. In addition, if the activities will be conducted during meal times, consider whether the space has the capacity to serve food.

- **When might the activities be held?** The timing of participatory activities is important to consider. Certain community members may not be able to participate at certain times of the day. For example, working men and women might be available only during evenings and weekends; adolescents may be available only at times when they are not expected at school.

- **How can you inform community members about the activities and invite them to participate?** A wide range of community members should be informed about the activities, including what is expected of participants. This will ensure that a good combination of individuals participate and clearly understand what will be involved. Activities may be advertised in a variety of ways. Posters may be displayed at the site, in local businesses, or at meeting places. A sample poster might read:

  The staff of Sunshine Hospital and the Women's Union
  invite you to a meeting on

  Monday, 1 March, 2002,
  at 2:30 p.m. in the Village Hall.

  We would like to discuss how we can work together
  to improve the quality of services at Sunshine Hospital
  to better meet your needs.

  Word of mouth—by local leaders, community groups, religious leaders, or site staff—is also important to ensure that individuals who cannot read are aware of the opportunity to participate. Depending on the activity you will be conducting, you may need to limit the number of participants (for example, a site walk-through). Therefore, you may not wish to advertise every activity widely.

Choosing among the Various Activities

This handbook provides detailed explanations of how to conduct individual and group activities—specifically, individual interviews, group discussions, site walk-throughs, and participatory mapping. However, you do not need to conduct all of these activities. Each time you conduct participatory activities, you may choose to conduct only one or two of them, or you may use other participatory tools with which you are familiar or that have proven effective. However, conducting more than one type of activity often enables you to gather a wide variety of information. Conducting various types of activities, both individual and group activities, can also validate the information you receive through any one particular activity.

Regardless of which tools you use, choose ones that will help community members explore the issues that you need to consider together and that will help your site build an ongoing relationship with the community that includes two-way communication, learning, and trust.

When deciding which type of activity to use, consider activities that:

- **You feel comfortable facilitating.** For example, if you have participated in COPE exercises, you may be familiar with or have facilitated individual interviews and small-group discussions. If you are not experienced in facilitating large-group activities, you may feel more comfortable facilitating interviews and small-group discussions at first.

- **Will generate the kind of information you are seeking.** It may be best to begin by conducting individual interviews or group discussions, as these activities can give you an idea of the issues that community members would like to see addressed at your site. The information generated during these activities will then help you decide which other activities to conduct. Alternatively, if you are concerned that community members are not using your site to its full potential, you might want to begin with a Venn-diagram exercise to help you better understand where people go for their health information and services and why they go there (see pages 100–102). On the other hand, you could conduct a participatory-mapping exercise to learn general information about some broad issues that community members face (such as lack of employment, low level of education, or lack of food, money, and medicine) or specific information about barriers to a particular type of care. Site walk-throughs, by definition, focus community members' attention on facility-based, not community-based, issues and so may be less useful in learning this type of information.

- **Are appropriate to the groups or individuals who will be participating.** Some people may feel more comfortable providing information individually, or may prefer role plays and discussions over drawing maps. A site walk-through or participatory mapping exercise may serve as a good introduction for community members who are unfamiliar with your site and vice versa.

- **You have time to conduct and process.** Group discussions can include more participants than a walk-through, and individual interviews require more staff members' time at the end to process the information and identify problems and root causes.

Possible advantages and disadvantages of each participatory activity, as well as ways to minimize the disadvantages, are provided below and on the next few pages.

Individual Interviews

Advantages

- They are often easy to arrange because they can be held in any quiet, private space—you do not need to reserve a special, large space. In addition, you need to coordinate only a few people's schedules.
- You may obtain more in-depth and sensitive information on a range of issues from one person alone than from many people together.
- Shy people may feel more comfortable speaking privately with one interviewer than in a group.
- Staff members who have not been trained in or are less comfortable facilitating group activities may find interviews easier to conduct.

Disadvantages

- Some people may feel less comfortable expressing their opinions individually than in a group and may, therefore, generate fewer ideas or less information than they would if participating in a group discussion.
- Conducting a small number of individual interviews may not provide information that is representative of the views of all segments of the community.
- Staff members will need more time to combine and analyze the information than for group activities, in which community members help identify problems and their root causes.

Ways to minimize the disadvantages

- Arrange for several people to conduct interviews to minimize the time each staff member needs to analyze them.
- If any themes arise in the participants' comments—that is, many participants mention the same problems or issues—restructure the succeeding interviews so that you ask the other participants whether they feel the same way and then move more quickly through that section of the interview.
- Use interviews to get more in-depth information about issues raised during group discussions.
- As much as possible, minimize the differences between the interviewer and persons being interviewed. For example, try to ensure that they are the same sex, in a similar age group, and speak the same language.

Group Discussions

Advantages

- Some people may feel more comfortable expressing their opinions in a group than individually and may, therefore, generate more ideas than they would if participating in an individual interview.
- You can gain information that is representative of the views of several community groups.
- You can learn the views of many people more quickly.
- While they may be difficult to conduct at first, they become easier to conduct with practice.

Disadvantages

- Some people may hesitate to raise private and sensitive issues related to health (for example, reproductive health) in a group, particularly if the group is mixed by age, sex, ethnic group, and/or socioeconomic background.
- Some participants may hesitate to openly disagree with group or family members or may speak in agreement with what others have said even if they do not share the others' opinions. If they do disagree, they may risk disapproval or punishment later.
- Some staff members may find group discussions difficult to facilitate. For example, facilitators must find ways to hold the attention of the entire group and to avoid having individual participants dominate the discussion and prevent others from voicing their views.
- Staff members may need to organize more than one group discussion if the group is large. (The ideal group size is 5 to 15 participants.)

Ways to minimize the disadvantages

- Establish rules at the beginning of the discussion to make the participants more comfortable.
- When discussing sensitive topics, organize separate discussion groups for men and women, youth and older adults, etc.
- Avoid putting family members in the same group.
- Use methodologies that allow participants to give responses anonymously. For example:
  - Ask the participants to mark an "X" on a flipchart or small piece of paper to indicate their opinions.
  - Set up a box at the back of the room where the participants can place written questions or comments anonymously.
  - Break up the large group into smaller groups to encourage more open discussion.
  - Use case studies, role plays, or other examples to allow discussion of hypothetical rather than their own situations.
- Ask two staff members to co-facilitate the discussion to help handle any difficult participants or situations that may arise.
- Ask the participants if any of them has a different viewpoint than the one expressed.
- Pose challenging statements, such as "I heard that _____ happens in some communities. Do you think that happens here?"
- Acknowledge that many people feel embarrassed when talking about these sensitive issues, but doing so can help your site improve the community's health and general well-being.

Site Walk-Through

Advantages

- This activity is especially good:
  - If your site is new, offers some new services, or if changes have been made that would affect how clients experience service delivery
  - If the participants have never visited your site (or have not visited it recently) and are unfamiliar with its atmosphere, staff members, and physical appearance
- Focusing site representatives' and community members' attention on the site rather than on each other can remove or relieve tension.
- This activity provides staff members with feedback on client flow and the status of the site's cleanliness.
- This can help boost referrals. For example, TBAs or traditional healers who participate in the walk-through may be more inclined to refer clients for services; participants from mothers' groups or literacy classes may be more inclined to tell their others about the services available at the site.

Disadvantages

- It may disrupt services at the site.
- It may compromise clients' privacy and confidentiality because the participants may see clients receiving services at the site.
- It cannot accommodate a large number of participants.

Ways to minimize the disadvantages

- Try to schedule the walk-through during a time when the site is less busy.
- Alert the participants to the importance of client privacy and confidentiality, and ask them not to engage in conversations with clients unless the clients approach them first.
- Split the participants into several smaller groups and conduct several walk-throughs.

Participatory Mapping

Advantages

- Whereas other participatory activities rely on speech to exchange ideas and information, this activity allows community members to express their ideas and share information in a visual way. Because some community members may find it easier to communicate in this way, this activity may provide your site with information from a wider range of people.

Disadvantages

- Sufficient supplies are needed to allow all the participants to create their maps or reproduce those created on the ground.
- Time is needed for all the participants to share and explain what they created.

Ways to minimize the disadvantages

- Ask the participants to work in pairs or small groups instead of individually to reduce the amount of supplies and time required.

Information Gathering and Action Plan Development

For many staff members, the most rewarding part of the community-involvement process is identifying the things that they do well and can build on at their site. Just as rewarding and challenging is the process of identifying problems and finding ways to solve them in order to improve service quality. This stage of the process includes conducting participatory activities in order to gather information and identify problems and their root causes, developing an action plan to solve the problems, and prioritizing the problems to be addressed.

Step 5: Conduct the Participatory Activities

Objectives:

- Gather information about community members' views of the services provided at your site, their recommendations for improving the services, and their general health care concerns
- Identify and celebrate the things that are done well
- Identify problems to be solved
- Identify the root causes of the problems

Participants: Site representatives and community members

Estimated time: Will vary, depending on the activity

Tools, materials, or resources needed:

- General facilitation tips, which appear in Appendix C
- Descriptions of participatory activities, which appear in Appendix D
- A flipchart of the rights of clients and needs of health care staff
- Tools for analyzing information and prioritizing problems, which appear in Appendix E
- Flipchart paper and markers
- Tape for hanging flipchart paper on the wall
- Notepaper and a pen for recording discussions and decisions
- Pens/pencils for participants' use

Identifying Problems

Now that you have decided which participatory activities to conduct, you may conduct one or more activities to gather information and identify problems and their root causes. Explanations of how to conduct a variety of participatory activities are provided in Appendix D.

Analyzing Problems to Finding the Root Causes

Once problems or issues have been identified, the next important step is to analyze the problems to find their root causes. A variety of tools may be used to do this. Three of them—the "multiple whys" technique, the problem tree, and the table—are described in Appendix E.

Community discussions of root causes should focus on issues that community members know about or can address. Site-based issues may best be left for site staff to discuss on their own. The facilitator(s) should guide these discussions to make the best use of community members' time, knowledge, and experience and to get community members to agree to put some issues aside for site staff to review.

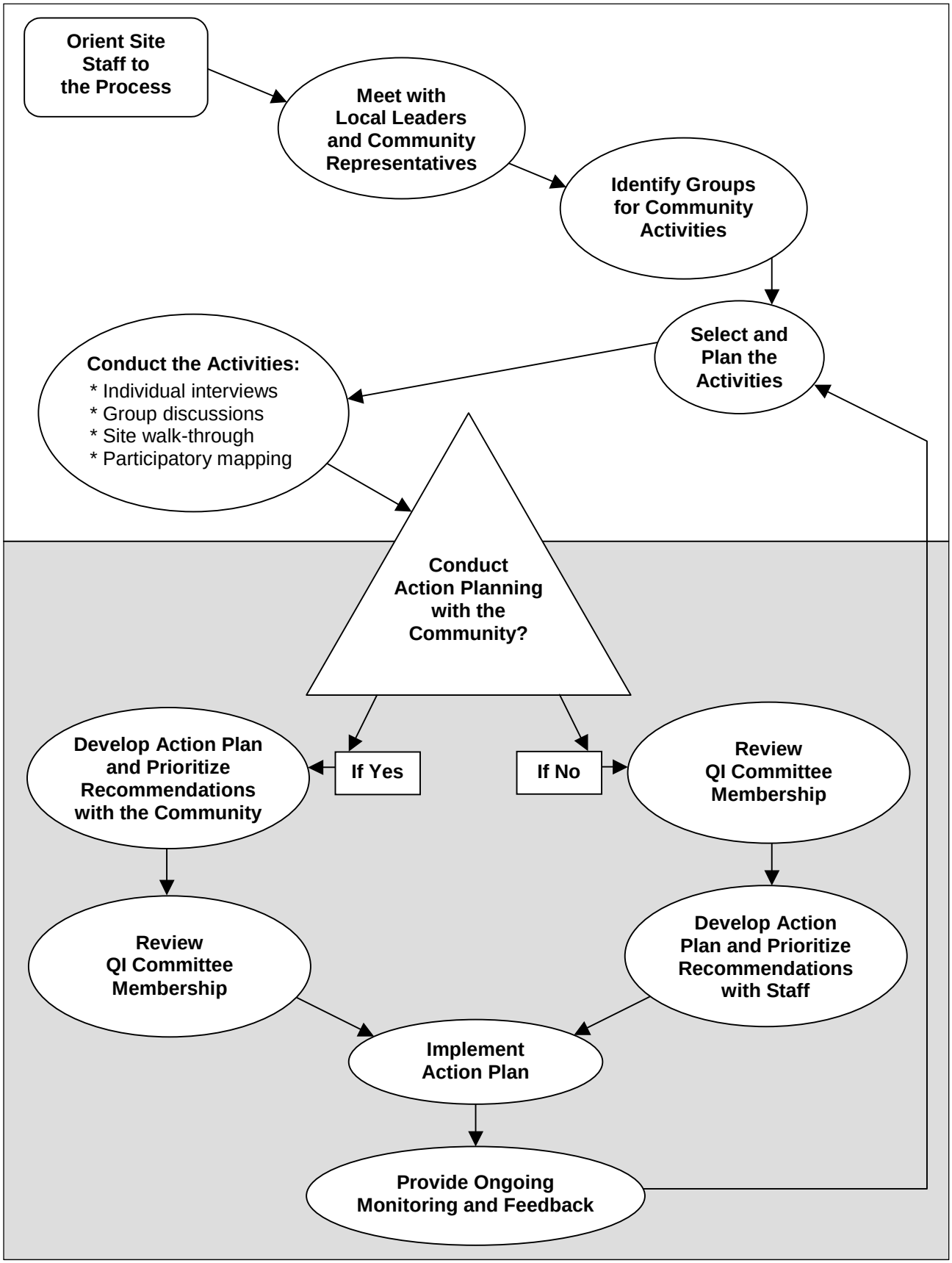
Note: Problem analysis tends to be easier and more productive when done with a group than with individual participants. Group exercises (such as group discussions, site walk-throughs, and participatory mapping) lend themselves well to analyzing root causes with community participants. While this analysis can also be done during individual interviews, it may be more time-consuming. Staff may save time by consolidating the information gathered from many individual interviews and then performing problem analysis only once for any issues that were raised by more than one individual.

As described on page 27, at the beginning of the Community COPE process, your site and the community agreed on the level of participation that community members would have in the process. You may have agreed that community members' involvement would end at this point in the process, or you may have decided that community members would participate in developing an action plan, prioritizing the problems to be solved, and implementing the recommendations. These options are repeated in the shaded area of the flowchart on the next page.

If the community's involvement will be ending at this point, end the process as follows:

- Let the participants know what the next steps are in the process:
  - Developing an action plan for solving the problems identified
  - Prioritizing the problems to be solved
  - Reviewing the membership of the QI committee
  - Implementing the action plan
  - Monitoring the progress of the action plan
- Discuss the strengths, both at the site and in the community, identified during the community activities. Explain that this process aims to build on those strengths.
- Identify appropriate community representatives to serve on your site's QI committee (see Step 7).
- Organize another meeting with the participants to let them know what steps your site has taken to address the problems identified during community activities.

Community COPE Flowchart Highlighting Options for Community Participation



Step 6: Develop an Action Plan and Prioritize the Problems

Objectives:

- Develop an action plan for solving the problems identified
- Determine which problems to address first, next, and at a later time, depending on their level of urgency and feasibility

Participants: Site representatives, possibly along with community members

Tools, materials, or resources needed:

- *COPE: Client-oriented, provider-efficient services: A process and tools for quality improvement in family planning and other reproductive health services* (AVSC International, 1995)
- Sample action plan, which appears in Appendix F

Developing an Action Plan

Once problems and their causes have been identified, staff members (perhaps together with community members) hold an Action Plan Meeting. The purpose of the meeting is to:

- Present problems and their root causes
- Present or identify solutions to the problems
- Assign appropriate persons to be responsible for carrying out the solutions
- Agree on dates by which the solutions will be carried out
- Agree on a date on which to hold a follow-up meeting

The action plan—which follows the same format as an action plan developed during a regular COPE exercise—lists the problems identified, their root causes, how and when the problems will be addressed, and who will be responsible for addressing them. A sample action plan is provided in Appendix F.

Once the action plan is developed, you can incorporate it into your site's existing action plan. If your site recently conducted a regular COPE exercise, the results of both the community and site assessments can be combined into one ongoing action plan for the site.

If any of the recommendations listed in the action plan involve making changes in the community, those who developed the action plan should share it with the rest of the site staff, local leaders, and community groups to help ensure that the recommendations are carried out.

When developing an action plan:

- **Be sure to determine the true root causes of problems.** For example, in a clinic in East Africa, clients complained that they had to wait too long for services. At first, the staff felt that this delay was caused by a shortage of nurses. However, an analysis revealed that no clients were being seen during the lunch and tea breaks because all the staff took lunch and tea at the same time. The staff solved the problem by staggering their own lunch and tea breaks. As a result, client waiting times decreased. Without having done this analysis and determining the true root cause, the staff may have written "Hire more nurses" as the solution to the problem. Since hiring more staff may not have been possible, the problem may not have been resolved.

- **Be clear and specific about what needs to be done, by whom, and by when.** In order to ensure that solutions are implemented, give specific actions, names, and dates. Avoid vague statements such as "Will be done by someone in maintenance" or "Will be done over the summer."

- **End the discussion with a recognition of the strengths both at the site and in the community.** After doing so, explain to the participants that this process aims to build on those strengths.

Improvements Do Not Always Require Additional or External Resources

Reorganizing or rearranging existing resources is often the best way to solve problems. For example, during one community activity, community members identified a lack of privacy during counseling sessions and examinations to be a problem. The staff members found that they could reorganize the space at their site to create private areas for use in counseling and examining clients. On some busy hospital wards, client privacy has been provided simply by repairing and installing screens.

This kind of reorganization can be done even at sites that have complicated or constrained physical layouts and inadequate infrastructure. Often, repairs can be made with the help of local individuals—and without additional financial resources from higher levels.

Prioritizing Problems

Prioritizing the problems listed in the action plan can help you determine which problems to address first and where to focus your resources.

Your **first priority** are problems that pose a danger to community health. These problems must be addressed as soon as they are identified. They include:

- Life-threatening problems
- Problems that affect many clients or staff

Next, focus on simple problems that are relatively easy to solve. Early successes, and an opportunity to celebrate their success, can encourage staff and the community to continue to solve problems. These problems include:

- Problems that can be solved using available resources
- Problems that can be solved at the site level

Other ways to prioritize problems include:

- **N/3 method.** Divide the number of problems by 3. Ask each participant to choose that number of items as his or her priorities.

- **Nominal group technique.** Give each participant three pieces of paper or cards and a pen or pencil, and ask the participants to write one idea on each piece of paper. Post all the ideas on the wall, eliminate duplicates, and ask the participants to vote for three. Those three will take priority. In addition to prioritizing problems, this technique ensures that all participants have the opportunity to contribute ideas to the discussion.

- **Rating.** Ask the participants to rate each problem on a scale of one to five. The highest number indicates that high priority, and the lowest number indicates low priority. Ask the participants to write their ratings on the action plan. Tell the participants to take a short break, and during the break add the scores for each problem to achieve a priority ranking of the problems to be solved. *Note:* This method works well with small groups, but can be cumbersome with large groups. With large groups, you might ask for volunteers to stay behind to help you with this task.

Many other, more sophisticated ways of ranking or prioritizing problems exist. If you are familiar with and feel it is appropriate to use them during the Community COPE process, feel free to do so, as long as you explain the process clearly to the community members.

Reflecting on the Problems

At this point, it may be useful to review the problems identified by community members and compare them with those problems identified during your site's regular COPE exercise. This can help you:

- **Determine which problems are a high priority.** Any problems that were identified by both site staff and community members may suggest a higher level of priority. In addition, any problems identified by community members only may also take high priority.

- **Determine whether the site identified all the root causes.** If the community identified any problems that your site had already identified, consider whether the solutions proposed by your site address the root causes identified during the community discussion. (Ways to identify the root causes of problems appear in Appendix E.)

This reflection can be done either by staff alone or by staff in combination with community members, depending on the agreement made with community groups. Involving the community in this process will help your site gain a better sense of the community's priorities. However, it will take more of the community members' time. If community members do not participate, be sure to communicate the results of this process to them afterward.

To compare the problems, consider:

- Did staff and the community identify the same problems?
- Did the community raise any issues that surprised the staff?
- Did the community raise any issues that were reassuring to the staff?
- Did the community mention having any expectations that the site cannot meet?
- Did most of the community participants mention the same problems, or did some things concern only specific groups—for example, only women but not men, or only youth but not older adults?
- Did staff and the community make similar suggestions to improve services?
- Do staff need to develop new interventions to address the problems identified by the community?
- Do staff need to change their priorities for solving the site's problems based on community members' input?

Step 7: Review the Membership of the QI Committee

Objective: Work with the community to identify appropriate community representatives to serve on the committee

Participants: Site representatives and community members

Estimated time: 10–20 minutes

Tools, materials, or resources needed: None

At this point in the process, it is time to consider ways to help ensure two-way communication between your site and the community about health needs, services, and improvements made at the site. All sites that have initiated the COPE process have a QI committee. The purpose of the QI committee is to monitor progress in carrying out the action plan, plan additional COPE exercises, and serve as a resource for staff who need help completing tasks assigned in the action plan. Your site may wish to reassess the membership of the committee to determine whether it is desired or feasible to include one or two community representatives. This step is highly recommended as a way of building ongoing communication and feedback.

It is best to let the community members themselves decide who will serve on the committee. They know best who is capable of accomplishing which tasks and who will best represent the views and issues of various groups. In some countries, community members are even the leaders of QI committees. However, site staff members should guide the community in this decision in order to ensure that the views of all groups in the community are represented.

Implementation and Follow-Up

Identifying problems and possible solutions is only one step toward improving service quality. The next stage in the process involves implementing the action plan, continuously monitoring the progress of the action plan, and providing feedback about your site's progress to the community.

Step 8: Implement the Action Plan

Objective: Carry out the recommendations made in the action plan

Participants: The individuals identified in the "By whom" column of the action plan: site managers, supervisors, staff, and/or community members

Estimated time: Will vary depending on the specific recommendations made. The "By when" column of the action plan indicates when each solution is expected to be completed.

Tools, materials, or resources needed: Local resources

The recommendations in the action plan may be implemented by staff alone or by staff in combination with community members, depending on what the particular problem is, whether it is rooted in the site or in the community, and who was identified in the action plan to take responsibility. For example, a site-based problem would be: "Service providers speak rudely to clients." A community-based problem would be: "Women coming to the hospital must be accompanied by male family members."

Community members may contribute toward solving certain site-based problems, such as a lack of bed linens, by helping to raise funds to buy linens or by donating linens.

The emphasis of this process is on using local resources to improve services.

Step 9: Provide Ongoing Monitoring and Feedback

Objectives:

- Monitor the progress of interventions listed in the action plan
- Communicate this progress to community members

Participants: Site and community representatives

Estimated time: Will vary; can take place during staff meetings and meetings between site and community representatives

Tools, materials, or resources needed:

- A copy of the action plan
- The Sample Action Plan Follow-Up Summary Sheet, which appears in Appendix G

Monitoring your progress in carrying out the action plan recommendations follows the same process as for a regular COPE exercise. However, because community members and other individuals outside of your site will be interested in the outcomes, it is especially important to keep good records of the actions taken to solve problems and the progress made. Your site can use these records both as a source of information for community members who use or are considering using the site's services, as well as to help gain credibility and support from the community in other ventures. One way to record your progress is on an Action Plan Follow-Up Summary Sheet. A sample sheet is provided in Appendix G.

> **Remember:** Client satisfaction is not easy to achieve or measure. As your site begins to improve the quality of its services, expectations of clients, community members, and staff members will rise. Those aspects of your services that satisfy clients now may not be adequate in the future. In addition, for some sites, competition to provide high-quality services may be increasing.

Like COPE, involving the community in your site's QI efforts is a continuous process. Staff should follow up on the action plan recommendations every few months, revise the action plan as needed, and inform the community about the steps your site has taken to resolve problems. Your site should repeat the entire community-involvement process at least once a year.

Measuring Progress Over Time

Results of your community interventions must be measured over time. Just as the staff like to know that their efforts are helpful, community members may wish to continue being involved in your site's QI efforts only if they see results. Examples of results that can be measured include the number of problems solved, the number of new clients seeking services at the site, the number and type of services provided, or the number of referrals from other sites. Encourage staff members and the QI committee to select their own ways to measure progress.

Some sites have been interested in tracking specific indicators of quality over a longer period of time. They have wanted to compare the level of quality between different sites in a region or country—not to punish any "poor performers," but to identify trends, rectify systemic gaps, and be able to maintain and strengthen improvements.

In order to measure these changes, in 1995 EngenderHealth developed the Quality Measuring Tool, or QMT (described briefly on page 5). The indicators are yes/no questions drawn from the COPE self-assessment guides and are proxy measures of the 10 elements of quality health services. Each "yes" answer is worth one point, and each "no" equals zero points. A 100% score means all the questions answered were answered yes. Once a year, during a supervisory visit, an external supervisor works together with a group of staff members to conduct the assessment. The group reaches consensus on the questions through a combination of discussions with other staff and verification by the supervisor through observation. After calculating the scores, staff draw bar charts that show the results and analyze the data immediately, reviewing site strengths and weaknesses and comparing scores from one year to the next. Problems that are identified are incorporated into the site's revolving COPE action plan.

A variety of tools may be used to complement the COPE process and identify new problems or measure success in improving quality. These include:

- Record reviews
- Medical monitoring, including observation of clinical procedures and other services
- Case review: morbidity and mortality review system
- Facility/equipment/supply checklists
- Local/national/international service standards and protocols
- Methodologies to assess costs

Many of these sources of information may be built into your site's ongoing monitoring and evaluation systems. In order to select relevant indicators for measuring the success of the interventions, consider a mix of indicators that predict success. Rather than measuring everything, or measuring a few "wrong" things, try to measure a few strategic indicators.

Communicating Progress to the Community

Once members of the community have been notified about the action plan, you must inform them of changes that have taken place at your site on a regular basis. If community members do not see any results of their efforts, they may question your site's seriousness about making improvements. They may also be less eager to participate in future activities. Similarly, it is important to communicate the site's constraints.

To communicate progress to the community:

- Report at community meetings
- Ask satisfied clients to talk about improvements in the services
- Ask local leaders, NGOs, and health committees to help communicate progress to the community. The more your site involves these other stakeholders, the more staff members will be able to concentrate their efforts on improving services.
- Post information about the site's ongoing QI activities and results in the waiting room or reception area. Whenever possible, show concrete examples of activities and improvements. For example, you can display photographs or pictures of the site walk-through to illustrate the site's efforts—and successes—in improving quality.
- Ask community representatives on the QI committee to report progress to community groups
- Announce the site's improvements in a site newsletter, local newspapers, and on the radio and TV

Presumably, some community members will notice improvements that have occurred at your site on their own. Develop a feedback system to give community members a forum in which to communicate these improvements. Some simple ways include:

- Ask clients to complete a feedback form and leave it in a locked box in the waiting room
- Draw three faces on a sheet of newsprint—one smiling, one with a neutral expression, and one sad—and place it by the exit. When clients leave the site, ask clients to mark on the sheet how they feel about the way they were treated at the site.

Are You Ready?

Are you ready to begin working with the community to improve quality at your site? Use the following checklist to see whether your site is prepared to begin or needs to gain some additional skills before you begin. You do not need to answer "yes" to every question, but the more "yes" answers you have, the more likely your site is to succeed in this effort.

Criteria	Yes	No
1. Has your site conducted at least two COPE exercises within the past year?		
2. Has the site seen positive results from the COPE exercises?		
3. Do staff members and supervisors understand the ways in which involving community members can help improve the quality of services at your site?		
4. Do staff members and supervisors agree with the idea of involving the community in your site's QI activities?		
5. Do staff members demonstrate respect for community members' views and a willingness to accept community members' input?		
6. Has your site established a COPE or QI committee?		
7. Do staff members feel confident that your site will be able to implement suggestions, to the best of their ability, once community members have made them?		
8. Is your site interested in learning from other groups and sharing information with them and community members?		

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Appendix A:
Values-Clarification Exercises

This material is for use with Step 1 (pages 17–20).

Objective: Help staff understand how their values and attitudes may differ from those of community members and may, therefore, affect their interactions with them

Participants: Site staff

Time needed: 1 hour

Materials needed:

- Flipchart paper and markers for making signs
- Tape to display the signs around the room

A values-clarification exercise should be conducted before staff begin to conduct Community COPE exercises.

Advance Preparation

1. Make three signs labeled "Agree," "Disagree," and "Undecided." Post each sign in a different corner of the room.
2. Make enough copies of the following questions to distribute to all the participants:
   - Contraceptive methods should be available to married women only.
   - Clients who contract HIV infection or other STIs are at fault and deserve to suffer.
   - A husband must sign a consent form before his wife can have a tubal ligation.
   - It is OK to withhold pain medication if the service provider thinks the client does not need it.
   - Clients who are poor, low-literate, or illiterate cannot know what makes a good-quality service because they do not understand medical issues.
   - Women who have multiple abortions should be sterilized.
   - A woman's role is to bear children.

Instructions

Step 1

Ask the participants what the terms *value* and *attitude* mean. Their responses should include the following:

- A *value* is a belief that is important to an individual. Values can be influenced by religious, educational, or cultural factors or by other personal experiences.
- An *attitude* is a view or opinion that is formed by values and beliefs.

Point out:

- The two terms overlap in some ways.
- During this exercise and while working with communities, you may discover that some of their personal attitudes or opinions are based on values that they hold and may not share with their clients or other community members.

Step 2

- Tell the participants that they will now participate in an exercise in which they examine their values. Before they begin, emphasize that there are no "right" or "wrong" values in this exercise.
- Distribute copies of the questions provided above, and ask the participants to read them. Allow five minutes for completion.
- Point out the three areas of the room marked by the signs you posted. Then read aloud one statement from the list and ask the participants to move to the area containing the sign that reflects their opinion.
- Ask for volunteers to explain the reasons for their choices.
- Repeat this process for as many statements as time permits.
- Facilitate a discussion by asking the following questions:
  - Were you surprised by your peers' responses?
  - How did you feel when you disagreed with other participants?
  - How did you feel when others disagreed with you?
  - What can happen if you disagree with the community's values or try to impose your values on community members or a client?
- Stress these additional points:
  - Even within this group of participants, who have much in common (job functions, education, etc.), differences in values exist.
  - No two individuals hold identical values. Each person's values and attitudes are shaped by his or her own culture, upbringing, and life experiences.
  - The point of the exercise is not to persuade others or to prove the validity of any one view. Rather, it is intended to make you aware of the values underlying your opinions so that you can avoid imposing them on your clients or other community members.

- You may have found yourself trying to convince your colleagues of your viewpoint. It is important to recognize this natural tendency and to avoid doing so with clients and other community members.
- Community members and clients have a right to make difference choices than you would make.

Appendix B: Guide for Initial Discussions with Local Community Leaders

This material is for use with Step 3 (pages 25–28).

Objective: Facilitate a discussion with local leaders about your site's plans for community involvement

Participants: Local community leaders

Time needed: 1–2 hours

Materials needed: Notepaper and pen/pencil for recording answers

Note: When using these guides, remember that you do not need to ask all of the questions or to ask them in the order in which they are presented. It is important to be flexible and to allow the local community leader to guide the discussion.

The guides are provided on the next two pages.

Guide for Initial Discussions with Local Community Leaders

Part 1: Questions for All Leaders

1. Do members of your community have access to the health care services* they need? If not, why not?
2. Do they have access to the reproductive health care services they need, such as family planning, screening and treatment for infections, and maternity care? If not, why not?
3. What factors are important to people when they decide to seek health care services?
4. Why do some people in your community *not* seek services?
5. Do the service-delivery sites in this community function well? Please explain.
6. Are some service sites in the community used more frequently than others? If so, please explain.
7. What do community members think about the quality of services at _____ [your site]?
8. How do the services at _____ [your site] differ from the sites that are used most frequently?
9. Does _____ [your site] meets the needs of the community? If not, what needs to be done to improve the services?
10. Have you or your family members gone to _____ [your site]for services?
11. Did you/they get the services you/they wanted? If not, why not?
12. Are people in the community satisfied with the health care services they receive? If not, why not?
13. Can health care staff meet the community's needs with the resources they have available?
14. How could you or your organization help improve access to high-quality services in this community?

*Throughout this guide, replace the term *health care services* with the specific services provided at your site if appropriate.

Guide for Initial Discussions with Local Community Leaders

Part 2: Questions for Leaders in Communities Undergoing Health-Sector Reform

This part of the guide is designed for use by local community leaders who are involved in health-sector reform and decentralization. The following questions may help these leaders explore their new roles in decentralization and lay the groundwork for future work in this area. Note: *If the term* health-sector reform *is not used in your community, you may need to explain it or use the term that is commonly used.*

1. Do you understand how the health system functions since health-sector reform was introduced? Please explain.

2. How has health-sector reform affected local health care services?

3. What is your role in health-sector reform?

4. How could the community play an effective role in health-sector reform?

5. If you know, what are the health-related goals and objectives for this region/district/community?

6. Have you thought of ways in which the local government, community, and health care staff might work together to ensure that the community reaches these goals and objectives?

Appendix C:
General Tips for Conducting Participatory Activities

This material is for use with Step 5 (pages 39–41).

Objective: Gain expertise in facilitating participatory activities with individual and group participants

Participants: Site representatives

Time needed: Will vary, depending on the particular activity

Materials needed: Will vary, depending on the particular activity

People—no matter who they are—like to feel that their opinions and honesty are valued. This is especially true when they have been asked to give them. Therefore, when conducting community activities, it is important to listen, to respect others' opinions, and to be open-minded, not judgmental.

Initiating community activities may elicit a wide range of reactions from community members. Their views or reactions may surprise you, and you may not always like what you hear. Some community members may be angry about the services they have received—or not received—in the past. For example, they may be angry about their lack of access to services, or they may feel that they have received inadequate treatment. Therefore, be prepared for a number of possible responses.

Findings That Surprised Staff

During one service site's community activities, community members indicated that they considered adolescent pregnancy a problem and expressed interest in learning more about family planning. These findings surprised the staff, who had assumed that the community was not interested in family planning because of its religious beliefs. As a result of learning the community's views, the staff implemented interventions that better met the community's needs, including health talks about family planning given in the community and referrals for services.

Remember: Working with community members gives you an opportunity to look at the services you provide through *their* eyes. Be flexible, let go of predetermined notions about community feedback, and take your cues from the community members themselves.

Some basic information about conducting community activities is provided on the next few pages. This information may be used whenever you work with community members, whether individually or in groups. Some of the tips may be especially useful when community members express anger, frustration, or other negative feelings.

How to Begin and End All Participatory Activities

At the *beginning* of every activity:

1. **Greet the participants, introduce yourself and any other staff members present, and explain why you are all gathered together.**

   For example, you might begin by saying:
   "Hello. My name is _____, and I work at _____ [your site]. We are trying to improve services at _____ [your site] and would like your honest opinion of how well we are doing and what we need to improve—both the good things and the bad things. Our goal is to build a partnership between the people who work at the site and the community so that we may work together to improve the quality of health services."

   If you are conducting group activities, you might continue by saying:
   "Before I tell you more about this, why don't we go around the circle and introduce ourselves by our first names only."

   After the introductions, or if you are conducting individual interviews, you might continue by saying:
   "Your participation in this [interview/activity] is completely voluntary. While your participation is important to help _____ [your site] meet the health needs of the community, you are not required to answer any questions that you do not want to, and if you do not want to participate at all, that is fine, too. You will not be refused services or treated differently if you do not participate or on the basis of how you answer these questions.

   "Everything you say will be kept private and confidential. Your comments will be shared only with other staff at the site for the purpose of improving services at the site, but they will not be shared with anyone else, and your name will not be used."

   Explain that your site can use its own resources and staff to improve quality, but you do not have access to outside funds and cannot make changes outside of the site.

2. **Facilitate a warm-up exercise on clients' rights (*for group activities only*):**
   - Introduce the notion that clients have rights in relation to the health care services they receive.
   - Ask the participants to call out the rights to which they think they are entitled. (If the participants have difficulty responding, give them a few examples or refer to Discussion Topic 1 on page 86.)

- Briefly explain the different rights in the clients' rights/staff's needs framework on which COPE is based (see page 7). Be sure to leave time to answer questions about and discuss the rights if the participants wish to do so.
- Explain that your site is working together with the community to ensure that clients enjoy these rights.

3. **Explain** that you would like to interview them/ask them questions and to record their responses and issues raised during the session. Ask if you have their permission to do so.

4. **Explain the role of the facilitator, recorder, or other staff members present.** Tell the participants that during participatory activities, one site staff member will serve as the facilitator and another will serve as the recorder. (Note that individual interviews may be conducted by only one staff member.)

5. **Provide group norms (*for group activities only*).** Tell the participants that you would like them to observe the following norms:
   - All opinions are important, and all participants should feel free to express themselves.
   - Everyone has a right to his or her own opinion, and no opinion is right or wrong.
   - Only one person should speak at a time.
   - Everything that is said by any of the participants will not be shared with anyone who is not in this room.

   Ask the participants if they agree to adhere to these norms.

At the *end* of every activity:

1. **Review the participants' recommendations (for group activities only).** Identify those that are beyond your site's ability to address.

2. **Ask the participants to evaluate the activity.** Ask them which aspects of the activity they enjoyed and helped them become aware of their opinions and needs, and which aspects they would suggest changing. (This information will be useful to you in planning future activities. It will also remind the participants of your interest in their views and opinions.)

3. **Thank each person for participating.**

Tips for Facilitating Participatory Activities

For all participatory activities:

- **Keep interviews and informal discussions short.** They should last no more than 20 to 30 minutes each. While formal, planned meetings may run longer (one to two hours at the most), be mindful of community members' work schedules and availability.

- **Use body language and a tone of voice that are polite and respectful.** This behavior indicates your interest in learning the community's views. It also engenders trust, which is important because community members may hesitate to participate or reveal their views until they trust the facilitator and recorder.

- **Do not state your own opinions.** Listen to what the participants have to say without interrupting or becoming defensive, especially when community members vent anger and frustration or when you disagree with something that they said.

- **Empathize with the participants' views.** Rather than explaining the reasons or defending the existing situation at the site, acknowledge the person's feelings and focus on solutions: "I can understand that you feel frustrated when you come to the site and do not receive the services you need. Tell me what you would like to happen when you come to the site and what changes would make this possible."

For group discussions only:

- **When discussing potentially sensitive issues, you may wish to split the participants into small same-sex or similar-age groups if needed.** Men and women may not feel comfortable being asked for information about their use of health services in front of members of the opposite sex. However, they may be more comfortable discussing such topics with members of their own sex only. Similarly, some adolescents may not feel comfortable expressing certain views about health needs, for instance, in the presence of older adults and vice versa. Working in peer groups gives people the safety to explore their own values and feelings without risk of domination, gender issues, or cultural expectations based on age or sex. You may consult with community leaders to see whether they think this is advisable or ask the participants what they would prefer. Explain that some community members may not feel free to voice their opinions about your site's services, especially when speaking in a mixed group (such as groups of women and men or youth and elders).

- **Make sure everyone has a chance to participate in the discussion.** It is important for representatives of all groups to talk and express their opinions. If one participant dominates the discussion, ask other participants to express their opinions. For example, ask: "Do others agree with Amina's statement?" or "What does the rest of the group think?" Avoid eye contact with the person who tries to dominate the discussion. If the person continues to dominate the discussion, tell him or her that the other participants must be allowed to speak.

- **Use the recorder to help keep the discussion focused.** The recorder can bring any comments that have been overlooked back to the agenda or help refocus the discussion if the facilitator loses focus or control or if internal conflicts erupt. For example, the recorder might ask: "Soledad, could you repeat what you said about the operating hours of the clinic?" or "Let us go back to something Kumar said about problems with referral to the district hospital."

- **Have the recorder note the key points from participants' statements on flipcharts.** The recorder should be sure to use the participants' own words, and should confirm with the speakers that the note reflects their meaning. (If more detailed notes would be useful, the recorder should write more lengthy descriptions of the discussions in a notebook.)

- **Use imagery in the recorded notes whenever possible.** This is to ensure that local dialects are not misunderstood.

Ways to Encourage Participants to Speak Freely

- **Ask open-ended, rather than yes/no, questions.** Open-ended questions include: What? Why? How? Where? How Long?

- **Use the "multiple whys" technique.** Ask "Why?" three times to help the participants think about the root causes of a problem and provide more specific information. (This technique is described on page 103.)

- **Use local terms and sayings.** Women may not wish to talk when asked about vaginal discharge, but they may speak up if asked about "women's problems." In addition, if participants hesitate to tell you what they think about an issue, ask them to tell you what the community or their neighbors think.

- **Ask probing questions.** In order to develop appropriate interventions, you will need specific information or suggestions from community members. Some reasons to ask probing questions are:
  - The participant has given an incomplete answer
  - Body language cues
  - The answer sounds rote, practiced, or artificial
  - Everyone gives the same answer
  - The answer is off the subject
  - You do not understand the answer
  - The information does not match what you learned earlier
  - You suspect there is more to learn

For example, knowing that a community member thinks the waiting room at your site is uncomfortable does not give you enough information to make the necessary changes. Probing questions include:

- "Can you describe what makes the waiting room uncomfortable?" or "What makes people think the waiting room is uncomfortable?" or "What would we need to do to make the waiting room comfortable?"
- "Why do you think people in the community prefer to use TBAs (traditional birth attendants) rather than come to the health center for childbirth?" or "What should we do differently to make it easier/more desirable for women to come to the health center to deliver?" or "What could we do differently that would make you want to use the antenatal services we provide?"
- "What do women do when they have vaginal discharge?" (This is an example that applies to a discussion among women only.)
- "What have you heard about the services we provide?"
- "What happened that made your friend not want to return for her follow-up visit?"
- "What other reasons are there?" or "What other suggestions do you have?"

- Ask the participants if anyone has a different viewpoint than the one expressed.

- Challenge statements by saying, "I heard that ____ happens in some communities. Does that happen here?" or "I had a client who _____."

- Acknowledge that it is natural to feel embarrassed to talk about sensitive issues, but doing so can help your site improve the community's health and well-being.

- If the participants are hesitant to recommend improvement strategies to professionals, ask them what would have worked better for them personally, rather than focusing on improving aspects of the site.

Appendix D:
Participatory Activities

Individual Interviews

This material is for use with Step 5 (pages 39–41).

Objectives:

- To learn community members' views of the services provided at your site
- To get community members' suggestions for improvement
- To identify how else the services might meet community members' needs

Suggested number of interviews: At least 10

Time needed: Approximately 20 minutes per interview

Materials needed:

- Copies of the questions to be asked: either the Client Interview Guide (which appears on pages 82–84) in its entirety, an adapted version, or an outline of questions to be asked
- Pen(s) or pencil(s)
- Extra paper for notetaking

Individual interviews are often used to gather specific information from a number of individuals. If desired, you may use the questions provided in the Client Interview Guide, which appears on pages 82–84, and adapt them to the particular interests and needs of your site and the community members you are interviewing. The guide is divided into three parts:

- Part A is for current users of services at your site
- Part B is for former users of services at your site
- Part C is for those who have never used the services at your site

Instructions for conducting an individual interview are provided on the next page.

Conducting an Individual Interview

Advance Preparation

Prepare an outline of the questions you plan to ask, using either the Client Interview Guide or other questions you have prepared.

Instructions

1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).
2. If you will be adapting the questions in the Client Interview Guide, determine which part of the guide to use by asking the participant the following questions:
   a. Have you heard of ____ [your site]?
      □ Yes (If yes, ask the next question.)
      □ No (If no, use Part C of the guide.)
   b. Have you ever used the services provided at ____ [your site]?
      □ Yes (If yes, ask the next question.)
      □ No (If no, use Part C of the guide.)
   c. Do you still use the services?
      □ Yes (If yes, use Part A of the guide.)
      □ No (If no, use Part B of the guide.)
3. Ask the interview questions, and end the interview (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Tips for Conducting Individual Interviews

- **Interview 10 or more people in the community at random.** Interviews can take place at a community center, in community members' homes, in the marketplace, or any place where people are available to answer the questions.
- **Interview a wide range of people, as appropriate.** Consider all the different types of people who comprise the community, and try to interview a variety of types. For example, interview men, women, older people, youths, people of different ethnicities or cultural backgrounds, mothers and fathers of young children, newlyweds, community midwives or other service providers, local officials, and pregnant women.
- **Tell the people you interview that you will not record their names and that the information you are recording will be useful to help improve services at your site.** Tell them that you expect the interview to take about 15 minutes. Ask if they are willing to be interviewed.

Note: General tips for conducting participatory activities appear in Appendix C.

To build your interviewing skills:

- Practice by interviewing fellow staff members at your facility, outreach workers, traditional birth attendants (TBAs), or staff members at satellite clinics.
- Ask a staff member at your site or another site (such as a counselor) to coach you in interviewing skills.
- Seek help from community organizations that have experience conducting interviews.

Client Interview Guide

Part A: For current users of services at the site

Name of the interviewer:_____

Village/community where the interview took place:_____

The person being interviewed is:

□ Female □ Male

□ Married □ Unmarried

____ years old (approximately) Occupation _____

1. What was the reason for your last visit to _____ [your site]?

2. Was the issue addressed to your satisfaction? □ Yes □ No

3. What was your experience at _____ [your site]?

   □ Good □ Bad □ Neither good nor bad

4. What happened that made you like or dislike the services? Please be specific. For example, did you find the premises comfortable? Did you like the way the staff treated you?

5. What do people in the community say about the services provided at _____ [your site]?

6. What suggestions do you have for improving _____ [your site]? Please be specific and suggest ways to improve the environment, type of services provided, or staff, as needed.

7. What is the most important concern that the site should try to improve first?

8. Would you recommend the services to a friend or relative? □ Yes □ No

9. Why or why not?

Client Interview Guide

Part B: For former users of services at the site

Name of the interviewer:_____

Village/community where the interview took place:_____

The person being interviewed is:

□ Female □ Male

□ Married □ Unmarried

____ years old (approximately) Occupation _____

1. Why did you stop using the services at _____ [your site]?

2. Have you been using services somewhere else? If so, why?

3. What suggestions for improvement do you have for _____ [your site]?

4. What is the most important concern that _____ [your site] should try to improve first?

5. Would you use the services again if the above changes were made? □ Yes □ No

6. Why or why not?

7. What do people in the community say about the services provided at _____ [your site]?

Client Interview Guide

Part C: For those who have never used the services at the site

Name of the interviewer:_____

Village/community where the interview took place:_____

The person being interviewed is:

□ Female □ Male

□ Married □ Unmarried

____ years old (approximately) Occupation _____

Note: If the person being interviewed has never heard of your site, begin with question 4.

1. What kinds of services do you think _____ [your site] offers?

2. Have you ever had a problem or concern that the services at _____ [your site] could have helped you with?

3. Why have you never used the services at this site?

4. What do people in the community say about the services provided at _____ [your site]?

5. Do you go to a health care site for services? □ Yes □ No (If no, skip to question 10)

If yes:

6. Which site do you go to?
7. Do you like the services provided there? □ Yes □ No
8. What do you like or dislike about the services?

9. Would you seek services at _____ [your site] if we changed the services to be more like those at the site you are using? □ Yes □ No

If no:

10. Why do you not go to a health care site?

11. Would you seek the services at _____ [your site] if we changed the services in any particular way? □ Yes □ No

Group Discussions

This material is for use with Step 5 (pages 39–41).

Objectives:

- To learn community members' views of the services provided at your site
- To get community members' suggestions for improvement
- To identify how else the services might meet community members' needs

Suggested number of participants: 5–15 (Whenever possible, it is better to avoid groups larger than this because in such a large group, the participants will have less chance to contribute. However, it is important to be flexible. For example, if the discussion takes place as part of an open community meeting or village council meeting, more than 20 people may be participating.)

Time needed: 1½–2 hours

Materials needed:

- Sample Discussion Guide, which appears on page 87
- Flipchart and markers
- Pens or pencils
- Note paper

Group discussions are used to learn the views of many participants at once. Often, community members feel more comfortable mentioning problems with services when in a room with their peers. Therefore, a group discussion can be a very effective way to gather the information you need to improve services at your site.

Conducting a Group Discussion

Advance Preparation

- Decide on the time and place for the discussion and invite a group of about 5 to 15 community members to participate.
- Review the questions provided in Discussion Topic 1, Discussion Topic 2, or the Sample Discussion Guide, which appear on the next few pages, and adapt them to the particular interests and needs of your site and the participants. Use the same process described for these discussion topics to discuss any other questions that you or the participants wish to address.

Discussion Topic 1: Community Members' Rights and Preferences

You can learn a lot about what clients and community members think by asking them the same question in different ways. You may use this discussion topic to explore the topic of clients' rights and preferences.

Note: This exercise is similar to one that is frequently used when introducing COPE at a site. Therefore, it should seem familiar to staff members who have facilitated or participated in a COPE exercise.

Instructions

1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

2. Ask the participants to tell a story about services that they have received and liked in the past or that they would not recommend to their friends and family members.

3. Ask the participants:
   - If you, a family member, or a friend needed to visit a hospital or clinic, what kind of service would you/they like to receive when arriving there?
   - What things do you think about and what questions do you ask before choosing to go to a particular hospital or clinic for care?
   - What do you feel you have a right to expect when you go to a site for services?
   - What does _____ [your site] need to do to improve its services to the level you just described?

4. Record any problems identified on a flipchart. Then use the "multiple whys" technique, a problem tree, or another tool to determine the root causes of problems and identify solutions. (These techniques are described in Appendix E.)

5. Ask the participants if they have any questions about your site, then provide information about the site and its services.

6. End the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Discussion Topic 2: Barriers to Accessing Services

This activity is a role play. If you are not experienced in facilitating role plays, you might practice the activity beforehand with a staff member or member of a community-based organization who has some experience in this.

Instructions

1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

2. Split the participants into two groups: one representing people who have never used the services at your site, the other representing people who have used the services at your site.

3. Ask both groups to role play all the steps they take when trying to access services at a site, from the time they decide they need care to the time they leave the site. For example:
   - Ask the members of group 1 (those who have never used your services) to describe the experiences they think they would have at an ideal site that they would like to attend.
   - Ask the members of group 2 (those who are familiar with your site) to describe what they actually experience when seeking services at your site.

4. Assign one member of each group the role of the client, and assign the other members the roles of the different people with whom the client interacts from the time of his or her decision to get care to the time he or she receives care. (These other roles could include family members or a site guard, receptionist, nurse, doctor, or other staff member.) If the participants are having trouble getting started, the facilitator or recorder might play one role.

5. Allow 15 minutes for the groups to agree on and practice their role play. Then ask each group to present its role play. After each role play, ask the group members to discuss the good and bad experiences they identified. Record any problems identified on a flipchart.

6. Use a problem tree, the "multiple whys" technique, or another tool to determine the root causes of problems and identify solutions. (These techniques are described in Appendix E.)

7. End the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Option: Instead of splitting the participants into groups, ask for one volunteer to play the role of the client and several other volunteers to play the other roles. Ask the participants role play one of the issues in front of the remaining participants, and then facilitate a discussion about the role play.

Sample Discussion Guide

Many topics other than their perceptions of rights, preferences, and barriers to access to services can be discussed with community members. You may adapt the following list of questions for group discussions or role plays:

1. Tell me about the health care site you go to for services:
   - Which site do you go to?
   - Do you like the services provided there?
   - What do you like or dislike about the services?
   - Would you seek services at ____ [your site] if we changed the services to be more like those at the site you are using?

2. What do people in the community say about the services provided at ____ [your site]?

3. Have you ever sought services at ____ [your site]? If so, what was your experience? What happened that made you like or dislike the services? For example, did you find the premises comfortable? Did you like the way the staff treated you?

4. Would you recommend the services at ____ [your site] to a friend or relative? Why or why not?

5. What suggestions do you have for improving ____ [your site]? Specifically, how could we improve the environment, type of services provided, or staff members?

6. What is the most important concern that ____ [your site] should try to improve first?

7. Would you use the services again at ____ [your site] if the above changes were made? Why or why not?

8. What are the most important health care needs in this community? Does ____ [your site] provide the services to address those needs? How can the community help ____ [your site] address those needs?

Tips for Conducting Group Discussions

Note: Tips for conducting participatory activities, including group discussions, appear in Appendix C.

To build your group facilitation skills:

- Practice facilitating group discussions in new and sensitive areas, such as sexually transmitted infections (STIs) or men's reproductive health, with co-workers, colleagues at other organizations, or family members.
- Use some of the other tools presented in this handbook during your site's regular COPE exercises. For example, during the Action Plan Meeting, use a problem tree in conjunction with the "multiple whys" technique.

Site Walk-Through

This material is for use with Step 5 (pages 39–41).

Objectives:

- To familiarize community members with the site and its services
- To learn community members' views of the site and its services
- To get community members' suggestions for improving the services

Suggested number of participants: 8

Time needed: Approximately 3 hours, depending on the size of the site (this includes times for discussion before and after the walk-through)

Materials needed:

- Site Walk-Through Checklist, which appears on pages 92–93
- Pens or pencils
- Flipchart and markers
- Note paper
- Camera (optional)

An easy and often enjoyable way for community members to identify problems at your site is to walk through the site and discuss what they observe. Listening to community members' opinions about the physical environment, physical layout, and service-delivery areas also provides staff members with a clear, visual picture of the things that clients perceive to be problems (and strengths) at the site.

Conducting a Site Walk-Through

Advance Preparation

- Working in collaboration with the community, identify some community members who would be interested in participating in the site walk-through. Explain the purpose of the walk-through and the type of services provided at your site. Then invite the community members to participate, and ask if they are interested in any particular area of the site or aspect of the services.
- Set a time and date for the walk-through, preferably at a time when the site is less busy. Try to minimize any interference with clients seeking services.

- Involving as many of the staff as possible, review the Site Walk-Through Checklist, which appears on pages 92–93, and adapt it to the particular interests and needs of your site and the participants.
- Arrange for the site manager or other senior staff member to welcome the participants and thank them for visiting the site on the day of the walk-through.
- Arrange for a room or other space at the site where the participants can gather and talk before and after the walk-through.
- Make sure all staff are informed of the walk-through in advance.

Instructions

1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73). *Note:* For this activity, omit the warm-up exercise on clients' rights. Instead, ask the participants what they hope to see during the walk-through.

2. Ask the participants' permission to take notes during the walk-through to help you remember all the issues raised.

3. If the site will be open during the walk-through, instruct the participants to maintain the confidentiality and privacy of any clients they see.

4. Allow a few minutes for the site manager or other senior staff member to make some opening remarks.

5. Lead the participants through the following areas of the site, as appropriate:
   - Reception area
   - Waiting room
   - Operating theaters (ones that are not currently in use, and only if the group is careful to maintain the sterility of the room)
   - Examination rooms (ones that are not currently in use)
   - Wards
   - Counseling area
   - Outpatient clinic
   - Laboratory
   - Toilets for clients and visitors

   Do *not* take the participants into private offices or examination rooms if clients are receiving services in those rooms. Remind the participants to respect and maintain the privacy and confidentiality of all clients.

6. Lead the participants to the prearranged discussion area, and ask them to discuss what they observed—both the strengths and weaknesses—compared with what they discussed

earlier about what they had hoped to observe. Then ask for their suggestions for how to improve any shortcomings. Record their responses on the Site Walk-Through Checklist. Ask questions to clarify their statements, if needed, and provide information about the site and any relevant constraints in a way that does not seem defensive.

7. If possible and desired, take photographs of areas that clients identified as having problems. This will make it easier to show and remember progress later on. (Sketches may be used in place of photographs if desired.) When taking photographs, make sure not to photograph anyone—especially clients and those who accompany them—without their permission.

8. End the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Δ Site walk-through options

- Lead the participants through the route that particular clients (such as maternity, surgical, or family planning clients) would take during the course of their visits to the site. This could help provide individual departments or wards with a better sense of how clients perceive their services.
- Ask local leaders and different community groups to participate in a site walk-through.
- Ask staff members to participate in a community walk-through to familiarize themselves with the community in which they work. They might note, for example, where health hazards exist and where other health services are available. This will also give them an opportunity to meet and talk with members of different parts of the community and learn their views.
- Ask staff members to organize a community walk-through for the organizations working in different areas in the community. This may help encourage a common awareness of the problems in the community and what the different organizations could do in different areas.

The following options do not involve community members:

- Ask a staff member to accompany a client while he or she receives services at the site. (The staff member must get the client's permission to do so beforehand, and this staff member should respect the client's privacy during examinations, counseling, and other client-provider interactions.)
- Ask a supervisor or peer who is not seeing clients or performing other duties to accompany one or more staff members while they carry out their work to identify possible problems.

Site Walk-Through Checklist

1. Are the signs outside and inside the site clear? □ Yes □ No

2. Is the site clean and tidy? □ Yes □ No
   How could it be improved?

3. Are there offensive smells anywhere? □ Yes □ No
   If so, please explain.

4. Do clients have privacy during their examinations? □ Yes □ No
   What could be done to give them more privacy?

5. Have you observed any behaviors by any staff members that you would like to see changed? □ Yes □ No
   If so, please mention what they are.

6. Are the following areas of the site comfortable for receiving services:
   - Reception area □ Yes □ No
     What would make it more comfortable?
   - Waiting room □ Yes □ No
     What would make it more comfortable?
   - Operating theaters □ Yes □ No
     What would make them more comfortable?
   - Examination rooms □ Yes □ No
     What would make them more comfortable?

continues

Site Walk-Through Checklist *(continued)*

6. Are the following areas of the site comfortable for receiving services *(continued)*:
   - Wards ☐ Yes ☐ No
     What would make them more comfortable?
   - Counseling area (if separate) ☐ Yes ☐ No
     What would make it more comfortable?
   - Outpatient clinic ☐ Yes ☐ No
     What would make it more comfortable?
   - Laboratory ☐ Yes ☐ No
     What would make it more comfortable?
7. Are the toilets clean and in working order? ☐ Yes ☐ No
   How could they be improved?
8. Is printed health information readily available throughout the site? ☐ Yes ☐ No
9. What have you seen today that makes you want to come to the site for services? Please explain.
10. Have you seen anything today that makes you *not* want to come to the site for services? Please explain.
11. Do you have any other suggestions for how we can improve services?

Tips for Conducting a Site Walk-Through

- Keep the group together at all times.
- Lead the participants to an out-of-the-way place to hold discussions and answer questions.
- Encourage the participants to respect clients' privacy and not engage them in conversation.

Note: General tips for conducting participatory activities appear in Appendix C.

To build your site walk-through facilitation skills:

- Conduct a walk-through with some or all of the staff members during a COPE exercise. In addition to allowing you to practice the activity, this will enable the staff members to assess progress in the site's QI efforts and to identify problems and areas of strength at the site. The staff members participating in the walk-through could then discuss their findings with the rest of the staff and incorporate any new problems they identified into the site's ongoing action plan. In addition, the walk-through involves the staff in planning the community walk-through at an early stage.
- Organize a walk-through for referral agents, community health workers, TBAs, other traditional health practitioners, or health volunteers. In addition to allowing you to practice the activity, this is a good opportunity to familiarize or update them about the services you offer and to hear what community members are saying about your site.

Participatory Mapping

This material is for use with Step 5 (pages 39–41).

Objective: To learn about other health care resources available in the community and community members' views of them

Suggested number of participants: 10–20

Time needed: Approximately 2 hours

Materials needed:

- Flipchart paper and markers
- Pencils, sticks, or other items participants may use in creating maps

Participatory mapping is an activity in which participants draw maps, diagrams, or pictures of their community or their social relationships in order to show the spatial relationships and relative importance of the various places and members in the community. Mapping allows community members to see their community as a whole in order to examine where services and resources are located and how they are distributed.

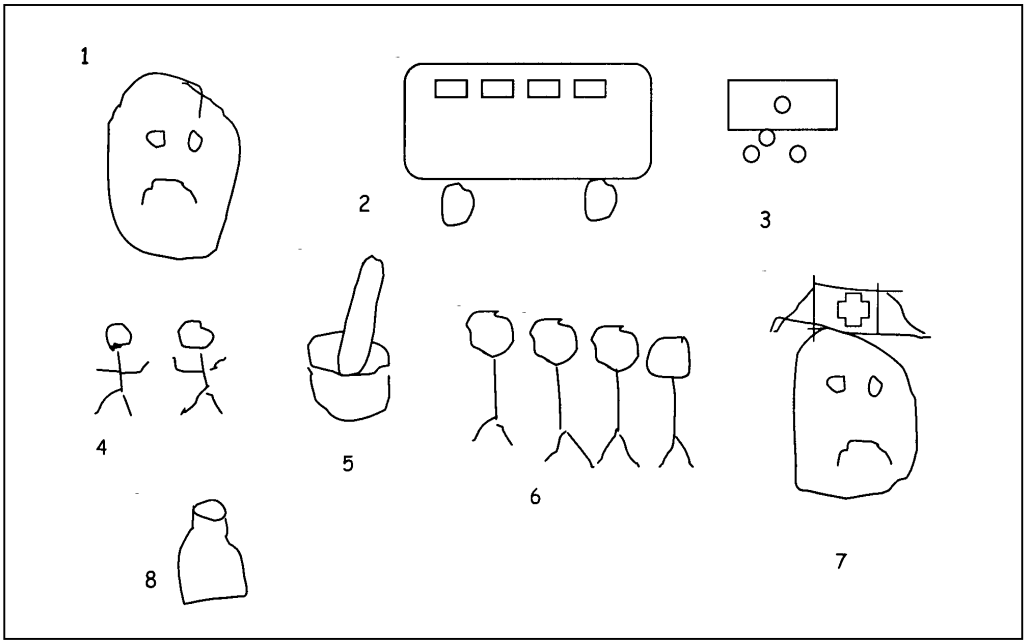
Mapping may be used for different purposes. Clients may create maps of the:

- Various health care services they use in the community
- Other types of facilities in the community, such as schools, stores, or factories
- Location of TBAs' or midwives' households
- Barriers/problems they need to overcome to get to your site or that they encounter once they arrive at the site
- Changes occurring in the community over time—both how things have changed in the past and how community members would like things to look in the future

In addition, different segments of the community may have very different patterns of using health services, and different barriers may be preventing these community members from using particular services. Participatory mapping can help staff members learn what these barriers are so that they can find ways to overcome them.

For example, a map of barriers to accessing services at a clinic might look like the one on the next page:

Map of Barriers to Accessing Services



Legend

1. Do I need to go? (Not sure, afraid)
2. Lack of transportation (the site is far from home)
3. Lack of money (for transportation, services, and drugs)
4. Need someone to watch my children
5. Have to work
6. Long wait for service
7. Unfriendly service
8. No medicine available

Conducting a Participatory Mapping Exercise

Participatory Mapping Exercise 1: Barriers to Accessing Services

Advance Preparation

With the help of a local leader or representative, set a time and place for a community meeting.

Instructions

1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

2. Ask the participants to work individually, or break them into two groups: one representing people who have never used the services at your site, the other representing people who have used the services at your site. (If the participants are working individually, assign half to the first group and half to the second.)

3. Distribute paper and markers (or sticks for making marks in the ground) and leaves, stones, flowers, bottle tops, or other items the participants can use to mark different places on their maps. (If the maps are drawn on the ground, the recorder should reproduce them on paper during the exercise, if possible.)

4. Ask the participants to illustrate all the steps they take when trying to access services at a site. Instruct them to begin at the time they decide they need care to the time they actually see a service provider.
   - Ask the members of group 1 (those representing people who have never used the services at your site) to illustrate the experiences they think they would have at an ideal site that they would like to attend.
   - Ask the members of group 2 (those representing people who have used the services at your site) to illustrate what they actually experience when seeking services at your site.

5. Allow 15 minutes for completion. Then ask the participants to discuss their drawings by explaining each of the pictures or symbols they used in telling the story of their experiences. Discuss any problems identified, and record them on a flipchart.

6. Use a problem tree, the "multiple whys" technique, or another tool to determine the root causes of problems and identify solutions. (These techniques are described in Appendix E.)

7. End the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Participatory Mapping Exercise 2: Site Preference

Advance Preparation

- With the help of a local leader, set a time and place for a community meeting.
- Draw a map of a community other than the one served by your site. The map might show roads, shops, houses, landmarks, and/or where health services are located. This community may be real or fictional, but make sure it does not set a high or sophisticated standard.

Instructions

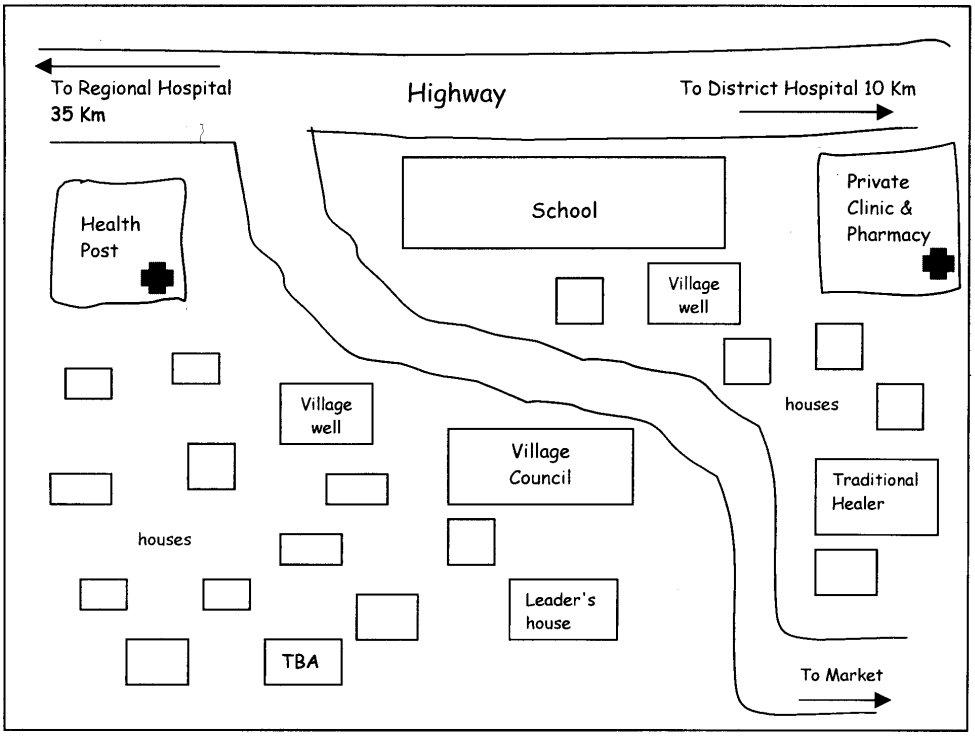
1. Introduce the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

2. Distribute paper and markers (or sticks for making marks in the ground) and leaves, stones, flowers, bottle tops, or other items the participants can use to mark different places on their maps.

3. Tell the participants that you are interested in learning about the different people and places they go to when seeking health care advice or services, as well as to find out what makes them prefer to go to some people and places over others.

4. Display the map of a different community, and ask the participants to create one of their own community using the items you distributed. Ask them to mark on the map the places where they seek advice or services. (Keep in mind that they may show a traditional healer, neighbor, pharmacist, or other type of person not associated with facility-based services.) An example of such a map appears below.

Map of Community and Available Sources of Health Care



5. Once the map(s) are complete, ask the participants:
   - Why do people seek services at the places where they do?
   - Why do they go there instead of ____ [your site]?
   - What do they think about the quality of care at the places where they seek services?

6. Ask about any other issues that you would like to explore with community members.

7. Discuss the problems identified, and record them on a flipchart.

8. Use a problem tree, the "multiple whys" technique, or another tool to determine the root causes of problems and identify solutions. (These techniques are described in Appendix E.)

9. End the activity (see "How to Begin and End All Participatory Activities," which appears on pages 72–73).

Δ Participatory mapping options

After conducting any of the following activities, be sure to discuss the map and why it was drawn that way.

- Clients may develop geographical maps of their community. They might show, for example, the location of their home in relation to your site and other health care sites in the community.
- Clients may draw body maps, using the outline of a human body, to raise their awareness of how they feel when they seek health care services (for example, drawing their symptoms and how their body reacts when they are nervous). Body maps may also be used to explore what names the community uses for different parts of the body, as well as the perceptions people have about how their bodies work. Explain that staff want to know these things in order to better understand how their clients perceive health conditions and view the different contraceptive methods. By understanding their clients' perceptions, site staff will be able to show respect for their perceptions and know how to communicate with clients.
- Staff members may make a map of their site and discuss their perceptions of problems and barriers for clients.
- Staff members may use mapping to learn about the organizations working in the community or to learn about the places where they think community members seek services. Staff members could then compare their maps with those community members developed to see if had assumed correctly where community members seek services.

Tips for Conducting a Participatory Mapping Exercise

- The most important part of a participatory mapping exercise is the discussion, including any agreements or disagreements that the participants may have with one another. The maps and diagrams are used merely as a tool to give the participants different ways to express themselves (and have fun in the process), and the participants' artistic talent is unimportant. Therefore, in a participatory mapping exercise, capturing these discussions is the priority for the recorder, and synthesizing participant knowledge and grasping key points are important roles for the facilitator or other staff members present.
- The maps belong to the community members who drew them. Therefore, tell the participants to write their names on the maps, and give the maps (or copies of them) to their creators at the end of the exercise.

Note: General tips for conducting participatory activities appear in Appendix C.

Δ Variation on Participatory Mapping: Venn Diagram

Instead of drawing maps, community members may use Venn diagrams (also known as Chapathi diagrams) to illustrate their perceptions of their community. In these diagrams, community members use circles to show the relationships they perceive among different aspects of the community, such as its various institutions, persons, or other concepts. You may use this variation if you want to show relationships between people and places.

Instructions

1. Organize the participants into small groups.

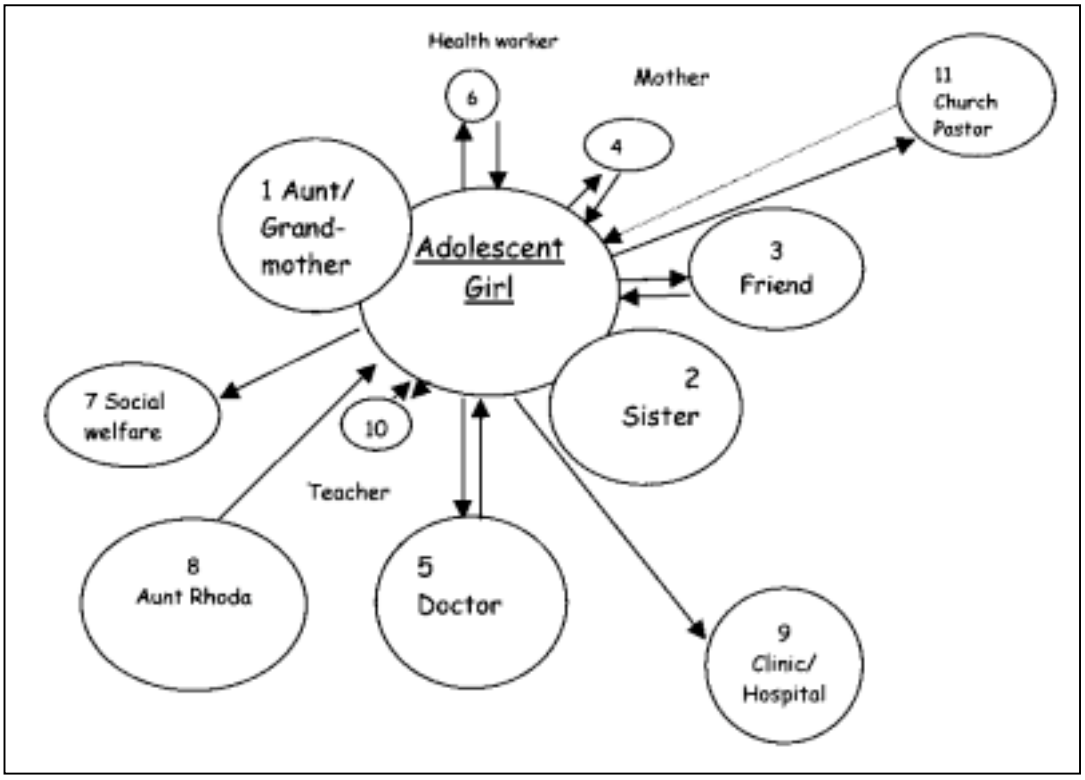
2. Either give each group a set of pre-cut paper circles in a range of sizes that they can label and arrange in any way they choose, or ask them to draw their own circles. Explain that bigger circles are considered more important than smaller circles, and circles that are closer together have more characteristics in common than circles that are farther apart. In addition, explain that the circles may stand alone or overlap: When circles stand alone, they do not share any characteristics with the other circles. When circles overlap, the two or more circles have some characteristics in common or may frequently interact with each other. Show the participants an example of overlapping circles. (Alternatively, ask the participants to determine their own standards—for example, what the circles and lines will stand for or what lines of different thickness will mean.)

3. Ask a question to elicit a Venn diagram showing the existence of and relationships between the various service sites or sources of health information in the community. For example:

- Who do adolescents go to for information about health care? Put the most influential people in larger or closer circles, and put the less influential people farther out or in smaller circles.

A Venn diagram of information sources for adolescent girls might look as follows:

Sources of Information and Support for Adolescent Girls



Legend

1. Aunt/Grandmother
2. Sister
3. Friend
4. Mother
5. Doctor
6. Health worker
7. Social welfare
8. Aunt Rhoda (magazine helpline letters, published monthly)
9. Clinic/hospital
10. Teacher
11. Church pastor

Source: Adapted from Kaim and Ndlovu, 2000.

The larger, closer circles are stronger, more influential sources of information and support than the smaller, more distant circles. They are numbered in order of importance or influence. The dashed arrow represents weaker communication than the arrows with solid lines. Two-way arrows represent two-way communication.

Other questions to elicit Venn diagrams include:

- Which individuals or services in the community provide health care for women? Draw a diagram that shows all the service providers you know about, using small circles for the ones used the least and large circles for the ones used the most. Make a note of which type of service provider each one is—for example, a traditional healer, traditional midwife, family member, hospital, clinic, or health post.
- What makes it difficult for people to come to _____ [your site]? Draw large circles for the things that make it most difficult and smaller ones for the things that make it less difficult. Position the circles closer to the site if the problem relates more to the site than to a particular person.
- Who are the people who have influence over where a woman goes to deliver a baby? Put the most influential people in larger or closer circles, and put the less influential people farther out or in smaller circles.
- Who do *men* go to for information about health care? Put the most influential people in larger or closer circles, and put the less influential people farther out or in smaller circles.

4. Ask the group members to think about each service provider/information source and discuss how often they seek out the provider/source and how important the provider/source is compared with other providers/sources. Then ask them to place the circles on a flat, hard surface, one at a time, to show the relationships among the various providers/sources.

5. After the groups have made their diagrams, ask each group to explain them—for example, to explain why some things are shown as more important or why some circles are placed far apart from each other.

6. Ask probing questions to find out why the participants like or do not like to use each provider/site drawn.

7. Ask the participants what barriers or problems they find at your site and what would need to happen in order for them to use the services at your site more frequently.

To build your skills in conducting a participatory mapping exercise:

Facilitate a mapping exercise with your colleagues by asking them to map:

- Organizations that are involved in health issues in the community, where they are located, and what they do.
- Any groups in the community that have particular health care needs. These may include individuals with lower contraceptive use, lower immunization coverage, or higher rates of STIs than the rest of the community.

Appendix E: Tools for Analyzing Information and Prioritizing Problems

This material is for use with Step 5 (pages 39–41).

The "Multiple Whys" Technique

The "multiple whys" technique is a simple and easy way to help community members identify the root causes of a problem. It involves asking "Why?" at least three times and then asking "Are there any other causes?"

Examples:

Problem: Clients do not complete their treatment for STIs and are not cured.

Why? Clients do not understand the need to complete treatment after their symptoms disappear.

Why? Service providers do not explain to clients why they should keep taking their medication after the symptoms disappear.

Why? Service providers were not trained in counseling clients after treatment.

Are there any other causes? Service providers are not aware that clients do not have this information.

Problem: The wound infection rate after tubal ligation is too high.

Why? Because the instruments used during the procedure are not sterilized properly.

Why? Because the sterilizer cannot maintain the proper pressure.

Are there any other causes? The surgical site is not always rubbed with alcohol before the procedure.

Problem: Clients are not checking for the strings of their IUDs.

Why? Because they forget that the service providers told them to do that.

Why? Because our clinic does not provide written instructions or pamphlets on IUD use.

Why? Because we ran out of pamphlets.

Why? Because we do not have a system for keeping track of our stock of client-education materials.

Are there any other causes? The service providers do not always remember to tell the clients to do that.

When using this technique, it is important to ask "Why?" until you have reached the limit of what your site or the community can control—that is, until you have reached the point where the site or the community can intervene in solving the problem.

The Problem Tree

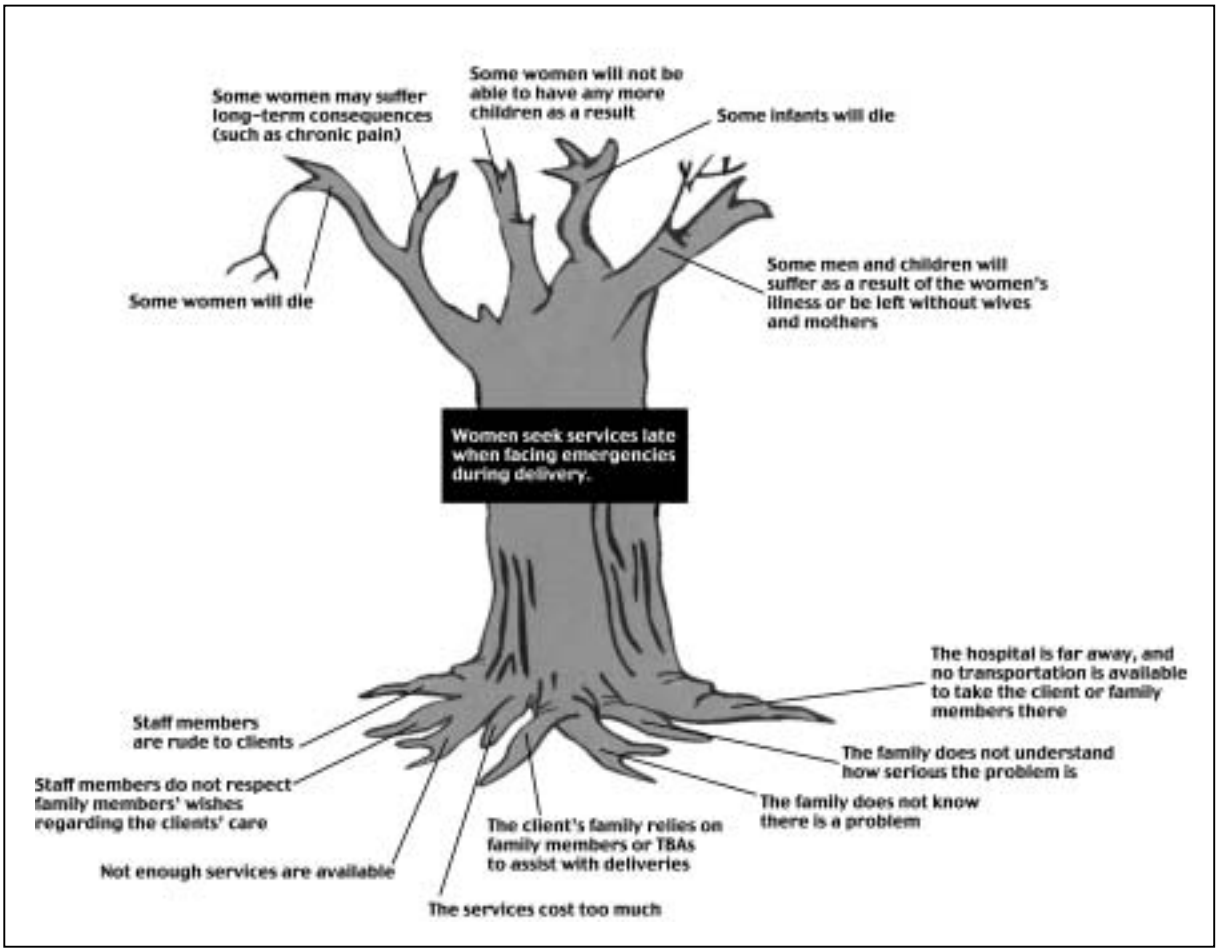
The participants can use the image of a tree's trunk, roots, and branches to analyze the causes and consequences of problems. This tool, the problem tree, is often used in conjunction with the "multiple whys" technique.

Using a Problem Tree

Advance Preparation

For each problem identified, draw a picture of a tree, showing the trunk, roots, and branches. Write the problem on the trunk of each tree. (Alternatively, show the participants an example of a problem tree and ask them to make their own drawings.) A sample tree is provided below.

Sample Problem Tree



Instructions

1. Explain to the participants:
   - The trunk represents the problem.
   - The roots represent the root causes of the problems.
   - The branches represent the consequences of the problem.

2. Split the participants into small groups, and assign one problem tree to each group.

3. Ask the groups to brainstorm the causes of the problem by asking "Why?" several times, as needed, and to write each cause on a root of the tree. Then ask them to brainstorm possible consequences of the problem and to write each consequence on a branch.

4. Allow 15 to 20 minutes for the brainstorm. Then bring the groups back together and ask one member of each group to explain the group's problem tree. Use the problems and root causes identified as a discussion point to consider potential solutions, and note them on an action plan. As an additional discussion point, explain that the consequences of problem may affect various groups differently.

Option: Instead of splitting the participants into groups, conduct the activity with the entire group, doing the brainstorms of root causes and consequences together.

When developing a problem tree with community members:

- Make sure the participants clearly understand each problem to be analyzed
- If time is limited, draw problem trees for only the most serious problems, or prepare blank tree diagrams in advance. (Alternatively, give the participants cards on which to write the causes and consequences, and ask them to place the cards on the diagrams.)

After developing a problem tree:

- Ask the community members to review the root causes and explore what changes need to be made and where they need to be made—at the site, in the community, or both.
- Use your judgment to focus the community members' time on actions they can take, and work with site staff to explore what actions they can take to resolve specific issues.

  For any problems that need to be resolved at the site, ask the community members:

  – Why do you think these problems exist?

  – What do you think would need to happen before you would seek and be satisfied with the services at the site?

  Discuss these problems and the community's suggestions with site staff members and add them to your site's ongoing action plan.
- For any problems that need to be solved outside of the site, ask community members what they themselves can do or whether any community organizations, local leaders, and/or government agencies can address the problems. Site staff members can work in partnership with these community groups to help take care of the community's health care needs.

The Table

Using a Table to Analyze Problems

Tables can be used in conjunction with problem trees to further analyze problems.

Example:

The sample problem tree on page 104 shows the root causes of why women seek services late when facing emergencies during delivery. Using a table, you can help community members determine where changes need to take place. Organizing the root causes by category can help community members determine which changes need to take place at the site and which need to take place in the community, as shown below:

Changes to be made at the health care site	Changes to be made in the community
• Staff members are rude to clients • Staff members do not respect family members' wishes regarding the clients' care • Not enough services are available • The services cost too much	• The client's family relies on family members or TBAs to assist with deliveries • The family does not know there is a problem • The family does not understand how serious the problem is • The hospital is far away, and no transportation is available to take the client or family members there

Using a Table to Prioritize Problems

Tables can be used to determine the number of times community members mentioned a problem. This allows site staff and community members to see which problems are important to many community members and which are important to only a few in order to determine which problems are more of a priority to community members than others.

Information can be recorded on tables using whatever materials are available, such as marks on a flipchart, stones, or sticks.

Note: To use this method of prioritization during participatory activities, the interviewer or recorder would need to count the number of times the participants raised a particular problem during the discussion. Therefore, this method is most appropriate for use in summarizing individual interviews.

Participants in individual interviews	Waiting times are too long	Services often are not available	Cost	Distance
Married women (15)	12	9	8	3
Unmarried women (16)	13	10	14	6
Young men (14)	10	8	7	8
Older men (15)	11	9	5	7
Total (60)	**46**	**36**	**34**	**24**

Appendix F:
Sample Action Plan

This material is for use with Step 6 (pages 43–46).

Problem and cause	Recommendation	By whom	By when
Stock-out of Depo Provera because of lack of order forms	Order from MOH Copy sufficient supply of order forms	Kim Lee (supplies person) George Veracruz (secretary)	June 1 June 1
Beds are sagging because of broken springs	Buy wire mesh Replace bed springs with wire mesh	Kim Lee (supplies person) Sam Ochoa (maintenance person)	June 15 December 15
Long client waiting times because all staff take lunch and tea at the same time	Stagger the lunch/tea schedule	L. Karisa, J. Samanda (clinic staff)	June 1
Clients avoid the site because the grounds are overgrown and the building is in disrepair	Buy paint Cut the grass and paint the clinic	Sam Ochoa (maintenance person) Sam Ochoa (maintenance person) along with a group of community volunteers	June 30 July 15

Appendix G:
Sample Action Plan Follow-Up Summary Sheet

This material is for use with Step 9 (pages 53–55).

Problem and cause	Recommendation	Status	Comments
Stock-out of Depo Provera because of lack of order forms	Order from MOH Copy sufficient supply of order forms	Solved Solved	Will check the stock of Depo and order forms once a month
Beds are sagging because of broken springs	Buy wire mesh Replace bed springs with wire mesh	Attempted Unsolved	No wire mesh available at the market; new shipment due in 2 weeks
Long client waiting times because all staff take lunch and tea at the same time	Stagger the lunch/tea schedule	Solved	Must keep to this schedule
Clients avoid the site because the grounds are overgrown and the building is in disrepair	Buy paint Cut the grass and paint the clinic	Solved Partially solved	The grass has been cut and the entrance to the clinic has been painted. However, more paint is needed for the inside of the building.

Appendix H:
COPE Success Stories

COPE Success Story #1

At a district hospital in East Africa, community members were involved in repairing old beds, donating mosquito nets, demolishing old buildings within the hospital compound, and paving pathways between wards and the operating theater, with each village taking responsibility for paving one path. In addition to support from the Ministry of Health, the local Member of Parliament (MP) became very interested in and supportive of these quality improvement efforts. As a result, in addition to mobilizing the community's support for the above interventions, the MP contributed additional new beds to the hospital. (Dohlie, Mielke, & Wambwa, 1999)

COPE Success Story #2

Staff at one mission hospital in East Africa used COPE to leverage their local MP to resolve a three-year problem of the hospital's water supply.

The staff pumped water from a river, which was located 2 kilometers away from the hospital. One day, the hospital's old diesel pump broke down, and the hospital administrator asked donors to provide a new pump, which they did within six months. However, the hospital had difficulty getting the local electric company to connect the water pump to the hospital's main electrical supply. For the next two and a half years, the staff continued to carry water in buckets from the river, while the electric company explained that the necessary armored cable had to be ordered first from the capital and then from abroad.

After introducing COPE at the hospital, a team of staff asked the local electric company manager if the pump could be acquired. When he denied their request, the staff showed their local MP their file of correspondence and asked him to discuss the issue with the electric company manager. He agreed, and he told the electric company that if the problem was not resolved, he would present the issue in the next parliamentary meeting. Within three days, the electric company completed the connection, and the hospital had a full supply of water. (Dohlie, Mielke, & Wambwa, 1999)

COPE Success Story #3

In two district hospitals in East Africa, the clients themselves contributed to the solution of an ongoing problem. The maternal-child health clinics ran out of their supplies of "Road to Health" charts, which are used to chart children's growth and development, and the Ministry of Health had already distributed all printed copies. Staff asked each of their clients to bring

in a notebook to chart this information for their children. The parents complied, and the clinic was able to reestablish charting and follow-up of children's health. (Dohlie, Mielke, & Wambwa, 1999)

COPE Success Story #4

A rural district in West Africa has one health center, seven health posts, and 55 rural health huts. While the demand for health services in the district is high, use of the services is hampered by lack of geographical access to the health structures, lack of information about available services, and often social and cultural barriers and illiteracy. As a result, few women come to the health centers for maternal and infant care or delivery, and the infant and maternal mortality rates are high.

To help combat these problems, a group of 160 community volunteers asked the providers at the district health center for assistance in getting the knowledge needed to educate their peers in health issues and assist them during delivery. In response, district health supervisors trained the volunteers in IEC techniques and approaches, primary care, and distribution of nonmedical contraceptives (such as condoms) and spermicides. They also supervised the volunteers, whose main roles were to hold public talks, make home visits, and identify malnourished or other sick infants and refer them to the nearest health center or post for care.

Three years after these activities began, more people were seeking services in the district and malnutrition was decreasing. Because of the information received on health issues, local community members better understood the importance of emergency obstetrical care and were better organized to help women in labor or sick persons get rapid transportation to reach the nearest health center for emergency services. The district center also devised plans to build a theater to handle emergencies resulting from road accidents and obstetrical complications. (AVSC International, Senegal Country Office, 1999)