

# Strategies for making COPE<sup>®</sup> and other QI tools sustainable

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the **ACQUIRE** project

# Presentation overview

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1. What is COPE?
2. How widely is it used?
3. What are examples of its sustainability?
4. What are strategies to make its use sustainable?



# What is COPE?

- ◆ Client-
- ◆ Oriented,
- ◆ Provider-
- ◆ Efficient  
services



# The QI Process

**Information Gathering  
and Analysis**

**Follow-up/  
Evaluation**

**Action Plan Development  
and Prioritization**

**Implementation**

# What are the COPE tools?

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- ◆ 10 Self-assessment guides
  - ◆ Including medical record review checklist
- ◆ Client-Interview guide
- ◆ Client-Flow Analysis
  
- ◆ Action Plan format

# What is the framework for all COPE tools? Clients' Rights and Staff Needs

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- ◆ Information
- ◆ Access
- ◆ Informed choice
- ◆ Safe services
- ◆ Privacy and confidentiality
- ◆ Dignity, comfort and expression of opinion
- ◆ Continuity
- ◆ Facilitative supervision and management
- ◆ Information, training and development
- ◆ Supplies, equipment, and infrastructure

# Hospital in Guinea



## Self-Assessment - Honduras



## Action Plan Meeting - Mongolia

## New Counseling Room



## Renovated Infant Room

# Benefits of COPE

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- ◆ Develops a customer-focus among staff
- ◆ Empowers staff at all levels and builds teamwork
- ◆ Provides tools for local problem-identification and problem-solving
- ◆ Helps to communicate standards and improve performance
- ◆ Presents concrete and immediate opportunities for action
- ◆ Responds to local needs in decentralized health systems

# How has COPE been adapted?

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- ◆ Family Planning
  - ◆ Reproductive Health
  - ◆ Adolescent RH
  - ◆ Child Health
  - ◆ Maternal Health
  - ◆ Emergency Obstetric Care
  - ◆ Services to Prevent Mother-to-Child Transmission of HIV
  - ◆ Cervical Cancer Prevention
  - ◆ Community COPE
- In Progress:*
- ◆ STI and VCT services
  - ◆ ART services
  - ◆ Prevention and treatment of fistula

# Where has COPE been used?

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- ◆ In over 50 countries
- ◆ Translated into 16 languages (Albanian, Arabic, Bahasa, Bangla, French, Khmer, Malagasy, Mongolian, Nepali, Portuguese, Russian, Spanish, Tagalog, Turkish, Urdu & Vietnamese)
- ◆ Used in small clinics and large hospitals
- ◆ Used in public, NGO & private sector sites
- ◆ Since September 2004, EngenderHealth has had 12,966 visits to COPE-related web-pages & 8,511 downloads of COPE PDFs

# How do we know COPE has been sustained?

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- ◆ When MOH or NGO has institutionalized the use of COPE and other QI approaches
  - ❖ Including COPE and other QI in National or NGO Programs or Guidelines
- ◆ When other systems have been adapted to sustain its use
  - ❖ Training curricula and TOTs
  - ❖ Continuing education credits
  - ❖ Monitoring and supervision systems
- ◆ When other donors or other CAs also incorporate COPE in their WPs and TA
- ◆ When communities support QI activities on an ongoing basis\*
- ◆ Harder to know about all of these conditions in places we no longer work

# Where do we know it has been sustained?

Some examples include:

- ◆ Tanzania (since 1990)
- ◆ Bolivia (since 1998)
- ◆ Vietnam (since 1999)
- ◆ Jordan (since 2000)
- ◆ ***Mongolia (since 2000)***
- ◆ Oregon, USA (since 2001)
- ◆ Cameroon (since 2004)



# The Mongolia Experience (1)

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- ◆ Funding from UNFPA and GTZ Mongolia
- ◆ September 2000 – Held a 1-day orientation for 21 key staff from the MOH, UNFPA, GTZ, Mongolia National Medical University, and the Quality Inspectorate
- ◆ Workshop included:
  - ❖ QI definition, principles, benefits
  - ❖ Orientation to COPE and facilitative supervision
  - ❖ COPE results from other countries

# The Mongolia Experience (2)

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- ◆ Outcome:
  - ❖ Interest in training master trainers of COPE facilitators to take COPE to scale in Mongolia
- ◆ October 2000 – Trained 24 COPE facilitators from 4 aimags (provinces) in the following:
  - ❖ Communication and facilitation skills
  - ❖ COPE process and tools
  - ❖ How to select and prepare sites for COPE
  - ❖ Conducting COPE
  - ❖ How to monitor and follow-up QI process
  - ❖ How to measure changes in quality of services
  - ❖ Participants observed 2 COPE exercises facilitated by trainer

# The Mongolia Experience (3)

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- ◆ Outcome:
  - ❖ Trainees conducted 48 COPE exercises in their aimags from October 2000 – May 2001 (using COPE for Reproductive Health Services)
- ◆ July 2001 – Trained second group of 22 COPE facilitators in COPE and other QI tools (including the Quality Measuring Tool)
  - ❖ Conducted COPE f/up exercises at the 2 initial sites
  - ❖ Introduced COPE at 2 new sites (COPE for Maternal Health)
- ◆ Outcome:
  - ❖ 2<sup>nd</sup> group of trainees conducted 56 COPE exercises in 8 aimags
  - ❖ Some sites also used the Quality Measuring Tool

# The Mongolia Experience (4)

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- ◆ Through COPE for RH, other QI tools and approaches were introduced to service providers:
  - ❖ COPE for Child & Maternal Health Services
  - ❖ Facilitative Supervision
  - ❖ Whole-site Training and Inreach
  - ❖ Medical Monitoring
  - ❖ Quality Measuring Tool
  - ❖ Cost-Analysis Tool
  - ❖ Community COPE

# The Mongolia Experience (5)

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- ◆ MOH, UNFPA and GTZ requested Facilitative Supervision (FS) training to support COPE and QI
- ◆ March - April 2002 – Trained 2 groups in FS
  - ❖ 1<sup>st</sup> Group: from State Quality Inspectorate (who conduct supervisory visits to sites)
  - ❖ 2<sup>nd</sup> Group: supervisors (head doctors) from aimag health departments and aimag general hospitals + 3 local trainers (with plans to roll out training to supervisors in other aimags)

# The Mongolia Experience – National Outcomes (6)

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- ◆ MOH adopted QI approaches and tools for the National Health Program
- ◆ GTZ adapted COPE into the GTZ Project Workplan (supporting 7 aimags, with 63 hospital-level action plans by 2002)
- ◆ UNFPA incorporated QI approaches and tools in their new 5-year RH Project
- ◆ Use of QI approaches at sites expanded beyond RH units (to management, admin., maintenance and department for infectious diseases)

# The Mongolia Experience – National Outcomes (7)

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- ◆ COPE has reached all aimag general hospitals supported by the UNFPA project
- ◆ Khovd Aimag Health Department established continuing education credits for participation in COPE
- ◆ June 2005 - Gov't Service Council of Mongolia assessed social sectors (health, education and social welfare) and identified COPE as one of the best practices and recommended its use in other sectors
- ◆ The MOH officially decided to extend and introduce COPE initiatives countrywide – started drafting comprehensive guidelines for its introduction and implementation

# Strategies for making COPE sustainable (1)

- ◆ Create institutional support (work with the MOH)
  - ❖ Orientations and advocacy for QI
  - ❖ Support MOH to adapt systems to support COPE and QI (supervision, training, MIS, logistics, etc)
  - ❖ Include COPE and QI in National guidelines, strategies, program plans, job descriptions

## Plan for Ensuring Sustainable Local Capacity

### Site level:

- ◆ Train internal COPE facilitators and provide “Guidelines and Tips for Adapting COPE”
- ◆ Multiple trainees per site and through f/up exercises continue to train new site level facilitators
- ◆ Follow up with sites and trainees

### Regional/State/Country Level

- ◆ TOT for COPE facilitators
- ◆ Follow up with sites and TOT trainees

# Strategies for making COPE sustainable (2)

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All levels:

- ◆ Create organizational support (training on facilitative approach to supervision)
- ◆ Use COPE activities to introduce other QI tools and approaches (Community COPE, the Quality Measuring Tool, the Cost Analysis Tool, and Whole-site Training)

# For more information about COPE

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See:

- ◆ [www.engenderhealth.org](http://www.engenderhealth.org)
- ◆ [http://www.engenderhealth.org/pubs/pubs\\_quality.html](http://www.engenderhealth.org/pubs/pubs_quality.html)