



## **COPE Strategic Plan 2015-2017**

### **1. INTRODUCTION**

The Cooperative Orthotic and Prosthetic Enterprise (COPE) is a Lao non-profit organization that works in partnership with the Centre for Medical Rehabilitation (CMR), to ensure that people with physical disabilities have local, affordable access to a quality, nationally-managed rehabilitation service.

The CMR, under the Lao Ministry of Health (MoH), was founded in 1963 and is responsible for providing and coordinating rehabilitation services throughout the country. COPE was formed under a Cooperation Agreement between the Lao Ministry of Health, the Center for Medical Rehabilitation and three INGOs<sup>1</sup> in 1997. COPE has worked side by side with CMR since that time to improve the Government of Lao's (GOL) physical rehabilitation system and staff and help patients access care through five CMR centers nationwide in Champasak, Luang Prabang, Savannakhet, Vientiane, and Xieng Khuang.

This draft document is based on the experience of the last 18 years and lessons learnt related to these, in addition to a series of strategic discussions with COPE and CMR staff members. Once it has been finalized at the joint COPE/CMR annual meeting in April 2015 it will be the basis for all future discussions with donors and other stakeholders.

### **2. BACKGROUND**

COPE's focus is on providing technical support to increase the skills of the P&O, PT and OT staff so that they can provide quality care to patients and facilitate access to the materials CMR needs to produce affordable prosthetics and orthotics. Lao PDR is a developing country and for many

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<sup>1</sup> Cambodian School of Prosthetics and Orthotics, POWER International and World Vision.

patients, especially women and ethnic minorities living in remote and rural areas, there are many barriers to access including lack of awareness and the cost of seeking treatment. Parallel to the work to strengthen the rehabilitation program, COPE works to break the barriers to access. This is done by subsidizing the cost of transportation, food and production costs of prostheses and orthoses, enabling poor patients to access the services, and by using the COPE Connect outreach activities to strengthen referral systems and increase awareness of the services available.

COPE currently has a team of 15 staff members and is directed by its CEO who is supported by a Program Manager and an Interim Advisory Board. The Interim Advisory Board will, during the coming year, help identify the best long-term organizational identity for COPE and ensure that the necessary steps are taken to implement this model and to establish a permanent board.

### 3. LESSONS LEARNT

COPE has recently undergone a number of evaluations, reviews and other consultancies which have provided valuable lessons and guidance for the future work. These include a participatory institutional analysis (PIA) which was the basis for a comprehensive capacity development plan, an external evaluation of the support provided by USAID between 2011-2014, a large scale beneficiary survey, a database review and a cost recovery study. Some of the key lessons and recommendations will be outlined below.

**Refocus activities:** The PIA showed that COPE historically has had a number of donors with sometimes different priorities and expectations. This has to a certain extent influenced the focus of COPE's own work with the risk of the organization spreading itself too thin and being unable to measure the impact of its various interventions. A key priority in COPE's capacity development plan, a product of the PIA, is therefore to ensure that a strategic planning (and performance) framework is the basis for negotiations with future donors which can enable a better understanding of the results achieved. The focus of this framework should be on provision of prosthetic and orthotic (P&O) services, and COPE interventions related to other clinical areas such as physiotherapy, occupational therapy and surgical/medical treatment should remain linked to this core area. COPE recognizes the important role of professionals like doctors, physiotherapists and occupational therapists and encourages a multidisciplinary team approach involving the relevant clinical resources at the different stages of rehabilitation service provision from assessment to discharge. More work is however needed to clarify what this means in practice and which role COPE could play here compared to other actors in the rapidly changing Lao rehabilitation environment. This applies in

particular to locally produced pediatric positioning devices, and to identifying where the boundaries should go for the different surgical/medical interventions that can be said to have links to P&O (clubfoot treatment, primary amputations, revision amputations, reconstruction of deformities and post-trauma surgery).

**Indirect costs:** As part of the efforts to ensure a sustainable, professional and systematic program development framework for future funding, the PIA recommended that COPE develops an indirect cost rate to be used as the base for covering personnel and administration costs. Work will be undertaken in cooperation with a recognized auditing firm to identify a realistic percentage of program costs that will be expected to be covered by future donors to ensure the necessary administration, monitoring, evaluation and reporting of the various projects. Donor diversification, especially of core costs, is a key component of COPE's financial stability and sustainability approach.

**Strengthen quality management:** Awareness has been created in both COPE and CMR of the need to ensure quality management systems which involve staff members on technical, administrative and management levels, and processes started in order to develop the necessary systems and tools. Strengthening these efforts should be a key part of COPE's work for the coming period to ensure that there are systems in place that can ensure the best possible services and products to patients, and CMR services can be integrated into national cost recovery schemes once such schemes are established (see below under Sustainability).

**Continued skills development:** As part of the process to ensure quality services, continued focus needs to be placed on CMR skills development. The focus however needs to be wider than clinical and technical skills, and should encompass skills development related to quality management and key support functions (such as administration, logistics etc.) that are important for enabling quality P&O-related rehabilitation services.

**Adapting outreach activities:** COPE Connect teams have now visited almost all the provinces that do not have a provincial rehabilitation center. However, challenges remain to minimize obstacles for patients' access to services (such as long distances, difficult roads, difficulties in leaving home unattended etc.), and also to better understand the nature of the various obstacles. The future work should build on an evaluation (planned for 2015) of the existing approach and should seek ways to strengthen referral system for people with disabilities (possibly incorporating mobile clinic outreach activities). This should be based on inclusion as the overarching goal of the rehabilitation process,

and ensure links to the various relevant actors involved in vocational training, socio-economic support, education, etc. in addition to addressing the physical needs.

**Vital financial support to patients:** The 2014 USAID evaluation showed that the financial support provided by COPE to poor patients to cover their travel, accommodation and living expenses, in addition to the treatment and services at the rehabilitation centers, is vital for ensuring their access and that without this support they would most likely not have attended the services. This support needs to continue, with a focus on P&O patients, together with the necessary technical support to ensure access to appropriate technology and material for production of devices.

**Sustainability:** COPE's desire is that its work contributes to a sustainable physical rehabilitation service. In 2013 COPE commissioned a study to identify the components of a financially sustainable service and found that "reliance on user fees alone for funding rehabilitation services is not a comprehensive strategy" and that the rehabilitation needs to be an eligible cost under the social health insurance schemes that are being developed. In order to be ready to participate in the schemes when they come online, a number of pre-requisites to cost recovery were identified and will need to be put into place over the next 5-10 years. The Visitor Center, housed at the CMR/COPE offices in Vientiane, should remain a key part of COPE's visibility and sustainability strategy, based on the level of funding it brings in and the awareness it raises about the achievements and challenges of the sector.

**Changing national environment:** There have been a number of recent developments on a national level in Laos, including the adoption of a Decree on Persons with Disabilities in April 2014, the establishment of a National Committee for Disabled People and the Elderly in 2013, and the ongoing development of a National Disability Inclusive Health and Rehabilitation Action Plan, all involving a range of different players on national and international levels. As key actors in the Lao disability sector, COPE and CMR are expected to participate and contribute to relevant processes on national and regional levels in order to remain relevant and ensure the best possible coordination and results of the involvement.

#### **4. KEY PRINCIPLES OF FUNDING AND COOPERATION**

In light of the above issues, COPE is seeking to develop long term partnerships with public and private donors based on the following key principles:

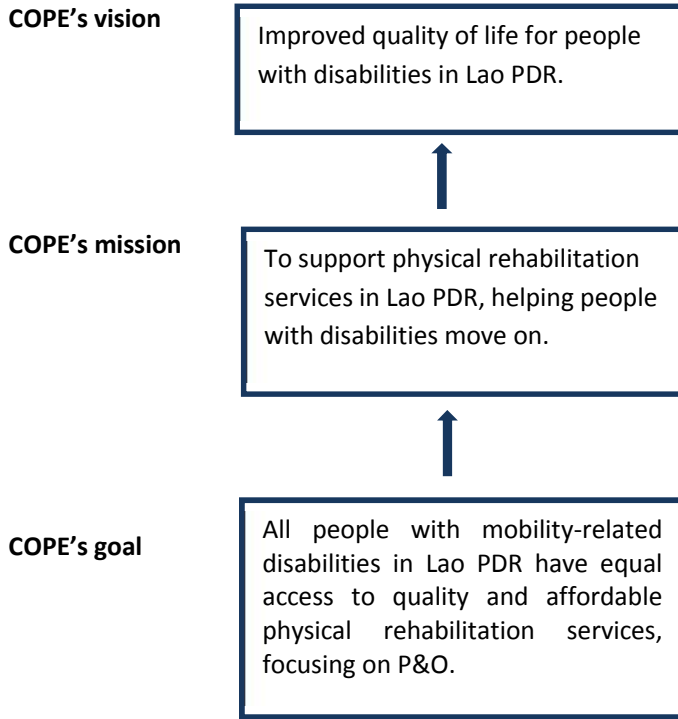
- COPE's strategic plan will be the foundation for all new projects. Activities outside of the scope of this plan will not be considered.
- Project donors will be expected to contribute proportionately to staff and running costs in order to ensure implementation, monitoring and reporting of activities without creating disproportionate costs for other donors.
- Project reporting will be based on existing COPE annual templates for narrative, statistical and financial reporting. Donor requirements beyond these templates will have to be negotiated separately with the COPE management.
- Funds from activities that are illegal in Lao PDR, or from donors that might damage COPE's reputation, including deterring other donors, will not be accepted.
- COPE strives to ensure that all material and equipment used are based on the local context and the actual needs of COPE and its beneficiaries (CMR and patients). COPE does therefore as a general rule not receive in kind donations. COPE will however consider on a case by case basis potential in kind donations that could be used to support implementation of the strategic plan in an effective and appropriate way.

In case of doubt regarding funding or cooperation issues related to these principles, decisions will be made by the COPE CEO supported by the COPE Interim Advisory Board (in 2015), and subsequently by COPE's permanent board.

## **5. COPE PLANS 2015-2017**

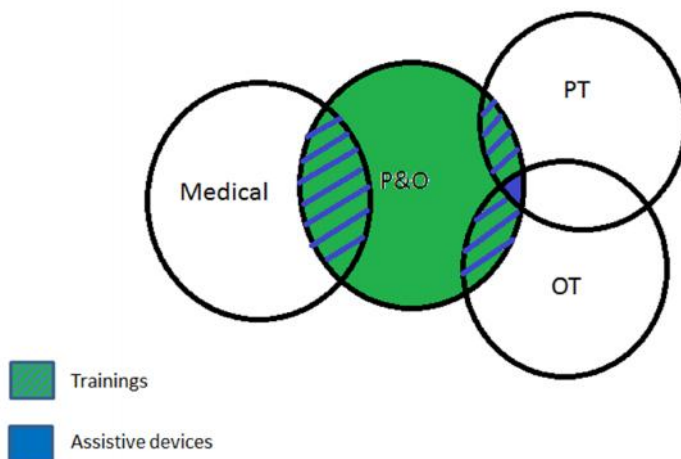
In 2014, COPE started a participatory process to develop a strategic planning framework for the coming 3-5 year period. The process – which will be finalized the second quarter of 2015 – produced a mission, vision, goals, objectives and strategies, which will be shared with stakeholders and finalized and be the basis for a more detailed monitoring and evaluation plan.

**COPE’s mission, vision, goal and strategies:**



**COPE’s strategies**

- Over time, transfer implementation of activities to CMR while focusing COPE support on awareness-raising, facilitation, research, referral, resource mobilization, and training;
- Organize targeted learning opportunities for technical/clinical staff and dialogue with patients, focusing on quality management;
- Create monitoring systems capable of tracking change over time;
- Participate in the wider national and regional disability and rehabilitation dialogue;
- Strengthen COPE itself to remain a valuable partner.



*Fig. 1 Diagram showing COPE’s area of focus, with P&O at the core but including important links to physiotherapy, occupational therapy and medical services, related to both skills development and devices.*

## **COPE's objectives:**

In the following, COPE's objectives and results for the period 2015-2018 will be described, based on the mission, vision, goal and strategies outlined above.

### **OBJECTIVE 1: Enhanced knowledge and technical/clinical skill of rehabilitation staff**

#### **Expected outcomes/results:**

#### **1.1. Increased clinical rehabilitation skills, including P&O, physiotherapy and occupational therapy.**

*(Baseline and targets will be developed in 2015, focusing on 40 key P&O, PT and OT CMR staff, and measured through retrospective pre-tests.)*

#### **1.2. Increased surgical skills for key medical staff involved in essential treatment of P&O patients.**

*(Baseline and targets will be developed following evaluation and review.)*

### **OBJECTIVE 2: Increased patients' satisfaction with CMR/PRCs services**

#### **Expected outcomes/results:**

#### **2.1. Improved quality management systems and quality of devices/services from CMR/PRCs**

*(Baseline and targets will be determined in 2015)*

#### **2.2. Continued uninterrupted access to service by providing materials and meeting patients' costs in line with CMR/COPE policy**

#### **2.3. Established Patient Satisfaction System to make ensure feedback from patients is heard.**

*(Baseline: Score from 2014 beneficiary survey. Target: Target for 2016 will be set in 2015 workshop.)*

#### **2.4. Better follow and access to services and devices through a mobile P&O clinic.**

*(Baseline and target will be determined following 2015 pilot.)*

### **OBJECTIVE 3: Expanded range of awareness about existing referral and services**

#### **Expected outcomes/results:**

#### **3.1. Improved referral between the networks of clinical services to provide comprehensive treatment.**

*(Baseline and targets to be set based on 2015 review.)*

**OBJECTIVE 4: Organizational progress towards defined sustainability/cost-recovery prerequisites to enable CMR to integrate services into a future social security system**

Expected outcomes/results:

**4.1. Progress has been made in all the five prerequisite areas (accurate pricing, stock control, quality assurance, governance and management, and data collection)**

*(Baseline: 2014 cost recovery study. Targets: To be set in 2015)*

**OBJECTIVE 5: COPE is perceived as a relevant and professional actor in the Lao disability sector**

Expected outcomes/results:

**5.1. Increased organizational capacity of COPE to proactively design, develop and implement sustainable services and fully monitor and evaluate service provision.**

*(Baseline: 2014 PIA and Capacity Development Plan (CDP), no activities achieved. Target: CDP completed)*

**5.2. COPE is active and visible in relevant national and regional fora and relevant policy documents and coordination mechanisms reflect COPE's participation and input.**

*(Baseline and targets to be set in 2015)*

This version of the Strategic Plan was presented to the COPE Interim Board on 3 March 2015 and to CMR during the CMR COPE Joint Planning Workshop on 11-12 May 2015.