



# YELLOW STAR PROGRAMME SUPERVISOR MANUAL

January 2002



THE REPUBLIC OF UGANDA

# *INTRODUCTION*

The mission statement of the Ministry of Health (MOH) states that: “The overall goal of the health sector is the attainment of a good standard of health by all people in Uganda, in order to promote a healthy and productive life.”

To achieve this end, we must ensure that good quality health services are offered to the population. It is important that every health facility in Uganda provides a basic level of services that are reliable, safe and trustworthy.

Clients have the right to receive good quality health care including access to friendly and respectful treatment, drugs, medical equipment and supplies, competent health workers and a clean service environment. Clients should feel comfortable visiting health facilities and not be afraid or intimidated to seek services.

To accomplish the goal of providing good quality health services, health facilities must continually evaluate the services they offer and find ways to make those services better for their client. The Yellow Star Programme was developed as a means of encouraging health professionals at all levels to improve the quality of health services through a system of certification and recognition.

The Yellow Star Programme builds upon the existing foundation of health care services. The programme is integrated with the National Supervision Guidelines and the current supervision system in order to be consistent with policies and procedures already in place. The programme is designed to institute a team approach to support better quality services, involve communities in quality improvements, enhance health worker performance and maintain quality through a standardized system.

The purpose of this manual is to provide a set of adaptable tools and guidelines to facilitate the improvement of the quality of health services throughout the health care system. This manual will support supervisors and health workers in their role of improving the quality of care at their health facilities. The materials provided here have been developed with feedback from many different stakeholders and field tested with health workers and clients.

It is important to note that the Yellow Star Programme is a complement to quality improvement activities that have already been implemented by the MOH. Improving the quality of health services is an ongoing, evolving process aimed at providing the people of Uganda with access to better health care services. If we work together as a team - supervisors, health workers and the communities - we can truly make a difference in the quality of health services provided to this country.

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**Director General of Health Services**

## ACKNOWLEDGEMENTS

The Yellow Star Programme manual was produced by members of the **Yellow Star Working Group** including:

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The manual was developed through a series of meetings over an 18-month period. The health care standards were based on the Uganda National Minimum Health Care Package and the National Supervision Guidelines. The standards were reviewed and validated in seven districts at 29 health facilities. As part of this testing, the standards were reviewed by health workers and clients in both government and private health facilities. Representatives from all levels of the health system from the MOH to Health Unit Management Committee also participated.

The MOH wishes to thank members of the Yellow Star Working Group for their invaluable contribution in completing the manual. The MOH also gratefully acknowledges:

- ❖ The Delivery of Improved Services for Health II Project for their active involvement in the development process of the Yellow Star Programme;
- ❖ All development partners and other organisations who reviewed the standards and provided crucial feedback;
- ❖ CARE and the individuals and health facilities who participated in the validation exercises;

- ❖ McCann-MCL Ltd. which designed the Yellow Star logo, slogan and promotional materials, the European Development Fund (EDF) for their invaluable input on design and all the District Health Educators who assisted in pre-testing the Yellow Star logo and materials.

Finally, special appreciation goes out to the Director General of Health Services, Professor Omaswa and senior MOH management for their continual support and contribution to this process.

## *ABBREVIATIONS - ACRONYMS*

<b>DHS</b>	District Health Services
<b>DHT</b>	District Health Team
<b>DDHS</b>	Director of District Health Services
<b>DISH</b>	Delivery of Improved Services for Health Project
<b>HC</b>	Health Centre
<b>HMIS</b>	Health Management Information System
<b>HSD</b>	Health Sub-District
<b>HUMC</b>	Health Unit Management Committee
<b>IEC</b>	Information Education Communication
<b>IPC</b>	Inter-Personal Communication
<b>IPW</b>	In-Patient Ward
<b>LC</b>	Local Council
<b>MAT</b>	Maternity Ward/Delivery
<b>MCH</b>	Maternal Child Health Clinic
<b>MP</b>	Member of Parliament
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>OPD</b>	Out-Patient Department
<b>QI</b>	Quality Improvement
<b>QOC</b>	Quality of Care

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# **SECTION 1:**

  

# **YELLOW STAR STRATEGY**



In July 2000, the Ministry of Health (MOH) met with the District Health Services and representatives from development partners to discuss ways to improve the quality of health care services in Uganda.

Prior to the elimination of cost sharing, research illustrated a decline in the use of services at government health facilities. Generally, this occurs when the quality of service is poor. Community members do not use services that they think are poor quality. In fact, studies and supervision visits to health facilities found that services need to be improved. With the abolishment of the cost sharing, there has been a marked increase in the number of people using government health facilities. However, there is still a need to improve the quality of services being provided. In fact, it is more of a concern now than ever before.

All clients have the right to receive good quality health care including access to friendly and respectful treatment, drugs, medical equipment and supplies, competent health workers and a clean service environment. Clients should feel comfortable visiting health facilities and not be afraid or intimidated to seek services.

In order to address the issue of quality, the MOH developed the Yellow Star Programme. The goal of the programme is to improve and maintain the quality of services through a system of certification and recognition. Similar programmes have been implemented in Egypt, Brazil and West Africa. The Yellow Star Programme has four steps:

***Step 1: Establishing the Basic Standards for Quality Health Care***

A working group comprised of the MOH, District and development partner representatives was formed to draft the Basic Standards for Quality Health Services or “Basic Standards.” (A copy can be found in Section 2.) These health care standards are based on the Uganda National Minimum Health Care Package and the National Supervision Guidelines.

The standards were reviewed and validated in seven districts at 29 health facilities. As part of this testing, the standards were reviewed by health workers and clients in both government and private health facilities. Representatives from all levels of the health system from the MOH to Health Unit Management Committee also participated. Their input was vital to this process.

The final result is a list of 35 basic standards for quality health care services. The standards measure quality from the client’s perspective, as well as the health worker’s perspective. Specifically, these standards address six core areas:

## SECTION 1: YELLOW STAR STRATEGY

- infrastructure and equipment
- management systems
- infection prevention
- IEC materials and IPC skills of health workers
- clinical services
- client/patient service

## SECTION 1: YELLOW STAR STRATEGY

These standards will evolve over time. They will be regularly examined and assessed for updates, changes, additions or deletions. Since, the goal is to continually improve the level of quality at health facilities, it will be important to re-evaluate the standard and if necessary, raise the level of expectation especially as health facilities begin to regularly meet a certain standard.

### ***Step 2: Communicating the Basic Standards throughout the Community and the Health Care System***

In order for the Yellow Star Programme to work effectively, community members and health workers must understand what is meant by quality health care and what these basic standards are. Working together we can improve the quality of health services so that health facilities in your district can meet the 35 standards.

The purpose is to encourage all parties, including the community, to actively participate in this quality improvement process. Every health facility belongs to the community -- so what can the community do to help make it a place they are proud of, a place they would go to for medical assistance?

A variety of materials have been developed to educate community members and health workers about the program. Posters, radio announcements, informational brochures and word-of-mouth will help them to understand what the Yellow Star Programme is all about. In addition, each health facility will receive a Yellow Star Activation Kit from their supervisor. This kit contains essential tools and materials to help a health facility get started on meeting the standards. As a supervisor, it is your job to educate the health facility staff about the Yellow Star programme, encourage the staff's active participation and monitor their progress.

### ***Step 3: Monitoring and Certifying facilities that Meet and Maintain the Basic Standards***

You will monitor health facilities during your quarterly supervision visits using an easy-to-follow assessment review process. This process will allow you to evaluate whether or not a health facility is complying with each standard. You will provide a copy of the results from each review to the staff of the health facility and review the details with them so they understand where improvements can be made. In addition, the results will be forwarded to the HSD and DHS to track each health facility's progress.

When a health facility meets all of the standards during two consecutive quarterly supervisory visits, an independent review team will verify that the health facility has met the standard criteria. If the outcome of the independent review team is consistent with your reports, the facility will be certified as a Yellow Star facility. Local leaders and district health officials will present the Yellow Star during a

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highly publicised ceremony. Qualifying health facilities will receive wall markers and certificates for display.

In order to retain the Yellow Star, health facilities must continue to meet all of the Basic Standards every quarter. If a Yellow Star health facility fails to meet all the standards during a supervisory visit, the facility will be given three additional months to improve their problem areas. The health facility will then be reviewed again and if the standards are still not met, the Yellow Star will be removed.

### ***Step 4: Educating and Informing the Public about the Services They Can Receive from Yellow Star Facilities***

The main purpose of the Yellow Star Programme is to improve the quality of health services and identify health facilities where good quality services are offered. For this to happen, clients must learn what kind of service they can expect and demand from Yellow Star facilities. This education process will take place during community meetings, public award ceremonies and through the use of mass media messages.

### ***How You Can Help***

As a supervisor, you play an important role in the implementation of the Yellow Star Programme at health facilities you supervise, as well as educating the staff of each health facility about quality health care services and how the health facility community can benefit from the programme. You are an influential force in this process -- use that influence to help improve and maintain good quality health care services in your district. So what exactly can you do?

- **Educate** all the health facilities you supervise about the Yellow Star Programme. Use the Activation Kit as your guide. Be sure to entertain and answer all questions, concerns and comments from staff. It is vital that they clearly understand the programme.
- Monitor all health facilities in your HSD quarterly during your regular supervision visits. Conduct evaluations that are fair, open and honest.
- Help the staff of the health facility understand why the facility did not meet certain standards and help them identify areas for improvement.
- **Guide** health workers to develop a plan of action to make quality improvements at their health facility and monitor implementation of those improvements.
- **Acknowledge and praise** good performance and quality improvement efforts. **Encourage** staff to maintain those improvements.
- **Participate** in the Yellow Star award ceremonies.
- Give the District Health Services feedback about the Yellow Star Programme.

## SECTION 1: YELLOW STAR STRATEGY

In order to successfully improve the quality of health care services in Uganda, the entire health system has to work as a team. Each level of the system must be committed to attaining and maintaining the “Basic Standards” and needs to understand their role in supporting the health facilities.

You are an important member in this process. As a supervisor, you are the link between the District and the health facilities. You help facilities to identify, improve and monitor the quality of health services. You are the guiding light for health workers -- a close reference that can be called upon for assistance. You are an influential force in the quality improvement process. Not only will you be helping to educate health facilities about the Yellow Star Programme, but you will also be key to monitoring and evaluating, as well as improving performance.

As a committed Supervisor, you will help your community achieve and maintain these basic standards. You will help to improve the health services for people in your community and you will be recognised for those efforts. Improving health services is a vital aspect of improving the welfare and well being of your community. Here is your chance to make a big difference!

**SECTION 2:**

**BASIC STANDARDS  
FOR  
QUALITY  
HEALTH SERVICES**

SECTION 2: BASIC STANDARDS FOR QUALITY HEALTH SERVICES



## Basic Standards for Quality Health Services

### INFRASTRUCTURE AND EQUIPMENT

#	Standard	Operational Definition	Means of Verification
1.1	Is there a reliable and clean supply of water from a protected water source?	a. There is running water (pipe) within the facility, OR there is a water tank within the facility, OR there is a protected water source within 200 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 metres away from latrines/toilets) & temporary storage containers (e.g. jerrycans or drums). b. There is water flowing from this main source.	Observation of the water source and check if water is flowing from the source.
1.2	Does the facility have clean latrines or toilets?	a. Latrines or toilets exist within the facility or facility compound. b. Staff and clients have access to at least one latrine or toilet at any given time and the client's latrine or toilet is not locked. c. Toilet bowl is clean and empty/latrine slab is clean. d. Soap and water are available at the washing point near the toilet(s)/latrine(s).	Observation of toilets/latrines.
1.3	Does the facility have a rubbish pit for disposal of refuse and medical waste? Does the unit have a placenta pit (HC 3+)?	a. There is a rubbish pit within the compound (possibly a garbage bin in urban settings). b. The pit (bin) is not overflowing and is properly used (i.e. rubbish is not disposed of anywhere else). c. There is a functional (i.e. concrete slab on top, air tight seal) placenta pit within the compound (HC 3+)	Observation of rubbish pit and placenta pit (garbage bin)
1.4	Does the facility have a functional examination couch? (For a facility carrying out deliveries, is there a functional delivery couch? For in-patient wards - are there beds with mattresses in good shape?)	a. Examination couch (and delivery couch, in facilities carrying out deliveries) is present in unit. b. It is covered with a clean, untorn macintosh or a plastic sheet. c. It is clean (i.e. there is no visible dust, stains or blood). <i>NOTE: For facilities with in-patient wards: Beds with mattresses are present in the unit. Mattresses are clean and in acceptable shape.</i>	Inspection of examination (and delivery couch and in-patient beds if applicable)
1.5	Does the facility have basic examination and emergency equipment?	a. The following pieces of equipment are available, functional and registered in the inventory: HC 2: thermometer, baby weighing scale, timing device, ORS corner [including the following ORT equipment: water jug, 2 cups and 2 spoons], fetoscope, BP cuff/machine, stethoscope, adult weighing scale, lantern or alternate lighting source such as backup generator, solar lamps, etc., equipment for boiling HC 3: same as HC 2 + neonatal weighing scale, speculum + delivery kit HC 4+: same as HC 3 + microscope, sterilizer/autoclave, anesthesia machine*, C-section sets (2)*, Laparotomy sets (2)*, refrigerator for blood*, cross matching equipment*, blood for transfusion* <i>NOTE: thermometer, BP cuff and stethoscope must be in all functional clinic areas in the unit (i.e. OPD, MCH, maternity, in-patient wards). However, it is not necessary to check the inventory records for those 3 pieces.</i> <i>*If a unit does not have an operational theatre then they will not be evaluated for these items.</i>	Review of inventory record for all items except thermometer, BP cuff, stethoscope and blood bags. Observation of items in OPD, MCH, Maternity or In-patient Wards as applicable. Inspect each item to see if functioning properly.
1.6	Are men's and women's in-patient wards separated?	a. Men's beds and women's beds are in separate wards or there are screens or curtains between men's beds and women's beds on in-patient wards (HC4+).	Observation of in-patient wards.

SECTION 2: BASIC STANDARDS FOR QUALITY HEALTH SERVICES

#	Standard	Operational Definition	Means of Verification
2.1	Do client registers exist and are they well kept and up-to-date?	a. Registers exist in OPD, ANC and FP clinics/maternity. b. Information on dates, patient characteristics (names, sex, age and address - parish/village), diagnosis and treatment (dosage, times/day, # of days) are written in the registers, as per the HMIS Manual.	Inspection of registers in clinic rooms.
2.2	Were monthly Summary Report forms completed appropriately over the last 3 months?	a. Copies of the HMIS 105 forms for the last three months are present in the unit OR the information is registered in the unit's database. <i>[These forms are required to be completed and submitted by the 7<sup>th</sup> of each month. Therefore, if the review takes place after the 7<sup>th</sup> then the form should be available for that particular month.]</i> b. The number of reported malaria visits for <u>all</u> ages for one month in the last quarter corresponds to the number of cases in the OPD register(s) for the same month (plus or minus 5%).	Review copies of HMIS 105 or unit database. Pick one month in the last quarter and compare the total number of malaria cases (under 5 years and over 5 years) with the register(s); totals should be the same plus or minus 5%.
2.3	Are there updated stock cards at the facility store (register books) for at least five randomly selected products?	a. Stock cards/register books at the facility store for the five selected products are present in the store. b. Stock cards are up to date and correspond to physical stock.	Randomly choose five drugs using the list of essential drugs provided in the assessment tool. Review availability of stock cards. Compare registered quantities with physical count at the facility store.
2.4	Were the following drugs/contraceptives available during the past 3 months at the facility: chloroquine, Fansidar®, cotrimoxazole, ORS, measles vaccine, DPT-HepB+hib vaccine, Depo-Provera® and condoms?	a. Stock cards show the absence of a stock out for the mentioned drugs/contraceptives for the past three months. [If the stock cards ever show a 0, this indicates a stock out.]  <i>(Note: HC IIs are not required to have the listed vaccine in stock.)</i>	Review of stock cards/register books.
2.5	Does the Health Unit Management Committee meet once every quarter? (For NGO facilities as stipulated by governing body)	a. Minutes of meetings conducted during the last quarter (or as stipulated for NGO facilities) are available at the facility.	Review of meeting minutes.
2.6	Does the facility have the guidelines and standards required for management of clients/patients?	a. Uganda Clinical Guidelines and IMCI Treatment Guidelines [chart-booklet or wall chart] are available in <b>all</b> OPD consulting rooms.	Verify availability of both documents in all OPD consulting rooms and make sure they are accessible.

SECTION 2: BASIC STANDARDS FOR QUALITY HEALTH SERVICES

MANAGEMENT SYSTEMS

INFECTION PREVENTION

#	Standard	Operational Definition	Means of Verification
3.1	Does the facility provide adequate infection prevention/control in the area of hand washing?	<p>a. Soap and water are available at the washing point(s) in or near the consulting room(s).</p> <p>b. Providers wash their hands between clients and procedures.</p>	Observation of available water and soap. Observation of provider practices.
3.2	Does the facility provide adequate infection prevention/control in the area of disposal of sharps and needles?	<p>a. Labeled containers for sharp object disposal are available in the examination, injection and dressing rooms and laboratory if applicable.</p> <p>b. Staff safely disposes of sharp objects and needles in the container provided and do not reuse disposable material. [<i>i.e. Staff dispose needles in a sharps container uncapped. The container is either burnt in an incinerator or emptied in a deep pit/pit latrine, but not a placenta pit.</i>]</p>	<p>Availability of labeled sharp object containers in the examination, injection dressing rooms and laboratory.</p> <p>Observation of the absence of sharps in the rubbish pit, receivers or in open areas.</p> <p>Observation of staff practices.</p> <p>Interview with In-charge and other providers on functionality of incinerator.</p>
3.3	Are the injection, dressing and examination rooms (and delivery/labor room(s) for facilities with delivery services) clean service environments?	<p>a. Dressing room(s), injection room(s) and examination room(s) [laboratory and delivery room(s) where applicable] are mopped and free of soiled materials.</p> <p>b. A dustbin is available in the following areas: delivery rooms, dressing rooms, laboratory, dental room and injection rooms.</p>	Observation of rooms and dressing trolleys.
3.4	Does the health unit have facilities for disinfection?	a. Buckets, chlorine solution (e.g. JIK) and other disinfectants are available in at least one area of the OPD, MCH, Maternity and In-patient Ward.	Observation of a bucket with disinfectant prepared in those areas.
3.5	Is the staff following correct aseptic techniques?	a. Health workers are performing according to guidelines the following aseptic procedures: wound dressing, suturing, catheterisation, injections, Norplant insertion or removal, intravenous infusion and dental extraction.	Observation of two aseptic procedures.

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#	Standard	Operational Definition	Means of Verification
4.1	Are health education talks given to clients?	a. Health facility conducts group health education sessions at least 4 times per month for previous 3 months.	Observe registers for previous 3 months or posted schedules.
4.2	Do providers use appropriate teaching aides during client counseling/education?	a. Service providers use one of the following materials during client counseling/education sessions: posters, sample foods or family planning methods, anatomical models, brochures, leaflets, flipcharts or cue cards.	Observation during provider/client interactions (see 5.4).
4.3	Are service providers encouraging clients to actively discuss any problem or concern about their health and treatment during the visit?	a. Providers ask clients about their history and problems. b. Providers invite clients to ask questions.	Observation during provider/client interactions (see 5.4).

IEC/IPC

CLINICAL SERVICES

#	Standard	Operational Definition	Means of Verification
5.1	Does the staff maintain a proper cold chain?	<u>For HCIII+:</u> a. Temperature monitoring chart is fixed on the refrigerator. b. Temperatures are monitored twice daily, seven days per week. c. Temperatures maintained between +2 and +8°C. d. Thermometer is in the refrigerator. <u>For all facilities:</u> a. vaccine carriers and ice packs available and in good condition	Observation of temperature chart, refrigerator (if present in the unit), ice packs and vaccine carriers.
5.2	Are immunization services provided on a daily basis in this facility so as to reduce “missed opportunities”?	a. <u>For HCIII+:</u> staff provides immunization to the child during the same day/visit. <u>For HCII:</u> staff provides at least weekly immunization services.	Review records, tally sheets and immunization registers for dates.
5.3	Do all the children who visit the facility have their weight plotted correctly on the health card?	a. All under-five children coming to the facility are weighed. b. Weight is accurately plotted on the child’s health card. c. If more than one weight is plotted, a line is drawn to connect the dots.	Review child health card of two children exiting the consulting room(s) to see if weight is accurately plotted.
5.4	Are providers giving technically appropriate services?	a. Health workers are providing technically correct services, according to current guidelines and supervision checklists in the following areas: IMCI, ANC, Delivery, PNC, FP, STD, Malaria, TB, Injury management, Dental care	Observation of one IMCI case and two cases in any of the other mentioned areas and assessment of the adequacy of case management based upon compliance with the checklists included in the NSG.
5.5	Are providers giving technically appropriate inpatient care?	a. Health workers are prescribing appropriate treatment for the stated diagnosis, according to Uganda Clinical Guidelines for the following in-patients: sick children, medical and surgical. b. In-patients are receiving treatment as prescribed.	Review medical records (registers, treatment cards) of three clients. Interview in-patients/caretakers about treatment received.

SECTION 2: BASIC STANDARDS FOR QUALITY HEALTH SERVICES

CLIENT SERVICES

#	Standard (as per NSG)	Operational Definition	Means of Verification
6.1	Is the facility's waiting area clean and protected?	a. The waiting area protects clients from the sun and rain. b. The floor is mopped. The area is clean of debris/trash. The walls and ceiling are reasonably clean.	Observation of waiting area(s).
6.2	Does the facility have a private area for physical examinations and/or deliveries?	a. Examination areas are either private rooms with doors that close or areas sectioned off by curtains/screens. b. Privacy is maintained during procedures	Observation of all examination rooms. Observation of provider practices.
6.3	Are patients and their attendants received in friendly and respectful manner?	Clients answer yes to the following questions: a. Did the health worker direct you where to go next? b. Did you feel you were treated respectfully by the health worker(s) who you met at the health facility today?	Exit interviews with three clients (representing both genders).
6.4	Do providers see clients on first-come, first-serve basis?	a. There is a system in place to serve clients in the order in which they arrive. Only extremely sick individuals are given priority over others who are waiting.	Observe clients' flow. Interview clients.
6.5	Do clients wait one hour or less after arrival at the health facility before being seen by a provider?	a. Clients state that they were seen in one hour or less from the time he/she entered the facility for non-emergency cases.	Exit interviews with three clients (representing both genders).
6.6	Does provider/dispenser provide appropriate information to client regarding treatment compliance?	a. Provider/dispenser instructs clients about the medication, the amount of medication to take, what time of the day it should be taken and for how long it should be taken. b. Provider/Dispenser checks the client's understanding.	Observation of three clients receiving treatment at the dispenser's window (or from the provider if there is no dispenser).
6.7	Does the facility have a plan for referring emergency cases?	a. The facility provides some type of assistance for moving a sick patient to a referral facility, such as: communication to the next level, ambulance, arranging community transport, or funds for fuel or public transport.	Interview with the in-charge and one other provider.
6.8	Does the facility have at least one staff member trained in the following areas in the OPD and MCH departments: IMCI, FP, STD management, ANC/PNC, and Malaria management?	a. The facility has at least one provider in OPD and one provider in MCH offering these services to clients who has received in-service training specific to these services: IMCI, Family Planning, STD management, and Malaria Management; and at least one provider in either OPD or MCH offering services to clients who has received in-service training in ANC/PNC.	Interview with in-charge and MCH/OPD providers on site. Cross check information with DDHS office
6.9	Does the facility post a list of available services where the clients can see them?	a. A poster with listed services, in language understood by clients is displayed in the waiting area where the clients can see it.	Observation of waiting area.
6.10	Is there a health provider available at all times?	a. A qualified health provider is available 24 hours a day, 7 days a week (A qualified provider = nurse, midwife, CO or MO) for HC3+. b. There is staff housing near the health facility OR in the unit, a duty room is available for staff with sleeping accommodations.	Review the current duty roster. Observation of staff housing or duty room with sleeping accommodations.

**SECTION 3:**

**YELLOW STAR  
PROGRAMME  
DESCRIPTION**

## SECTION 3: YELLOW STAR PROGRAMME DESCRIPTION

The Ministry of Health has developed 35 Basic Standards for Quality Health Services to assess the quality of services provided at health facilities. These standards are a set of guidelines that demonstrate how each health facility in Uganda should operate and what each facility should achieve during their daily health worker – client interactions. Health facilities that can meet and maintain these basic standards will be certified as Yellow Star health facilities.

### **THE ASSESSMENT REVIEW**

Basic Standards will be monitored in the health facilities during a quarterly Yellow Star Assessment Review. An assessment tool has been designed to determine whether a facility has actually achieved the basic standards. (A copy of this tool is located in Divider 4.) This tool will be used by the Supervision Team during regular support supervision visits each quarter to evaluate the health facility.

### **When Are Assessment Reviews Conducted?**

As a HSD supervisor, you currently conduct regular supervision visits to the health facilities for technical or integrated support supervision. The supervisor or supervisory team, under the Medical Officer In-Charge of the HSD, schedule these supervisory visits and inform the health facilities accordingly.

The Yellow Star Assessment Review will be conducted at each facility during these supervision visits on a quarterly basis. The supervision calendar should clearly indicate which visits include the Yellow Star Assessment Review. (This is the responsibility of the HSD In-Charge or one of the team members to whom this task is delegated.) It is also important that the health facilities know the schedule for their assessment reviews in advance so they can prepare.

If a facility meets all 35 standards for two consecutive assessments, the district will send out an independent team to verify these findings. If the district team confirms the findings, the health facility will be certified as a Yellow Star health facility.

In order to retain the status as a Yellow Star health facility, a health facility must continue to meet all 35 Basic Standards for Quality Health Services. If a health facility fails to meet all the standards during a supervisory visit, they have a grace period of three months to improve their problem areas. The health facility will then be reviewed again and if the standards are still not met, the Yellow Star will be removed.

### **Who Conducts the Assessment Review?**

A team of 2–4 DHT/HSD Supervisors will conduct the Yellow Star assessment review. The assessment process will be much quicker if more people are involved. Larger health facilities will require a larger number of people on the assessment team in order to complete the assessment review in one day.

### **How Long Does an Assessment Review Take?**

The assessment will take between 3 and 5 hours, depending on the size of the facility, the client load and the number of persons on the supervision team. Be sure that your team arrives at the health facility early so you can complete the review during the one-day visit.

### **PREPARING FOR AN ASSESSMENT REVIEW**

In preparation of the Assessment Review, the supervisory team should:

- Read the previous supervision reports or Yellow Star scoring sheets of the facility you will visit
- Make sure you review the main problems previously identified
- Gather responses or elements of solutions that are under your control or the control of the District to discuss with the health facility.
- Take a copy of the National Supervision Guidelines and copies of individual checklists
- Take your Yellow Star Supervisor Manual.

### **THE DAY OF THE ASSESSMENT REVIEW**

During the assessment review supervisors will:

- ✓ Examine the OPD, MCH Clinic, the Maternity/Delivery Ward (as applicable) and the IPW (as applicable);
- ✓ Check client registers and written records;
- ✓ Examine basic equipment and drug supply;
- ✓ Interview health facility staff and clients; and
- ✓ Observe client consultations with health workers.

Each assessment will take from 3 to 5 hours to complete, depending on the client load, the size of the facility and the number of people on the supervisory team.

You can minimise disruption to health services while conducting assessments and make the assessments a more positive experience by doing the following:

- Arrive at the health facility no later than 8:30 AM before services have begun and meet with the staff to explain what will take place and what assistance you will need
- Visit the health facility as a team of 2 to 4 people so that each supervisor can be responsible for a separate unit in the facility
- Review written records promptly and return them to the appropriate units
- Introduce yourselves to clients and ask their permission to observe consultations with health workers
- Conduct a meeting after the assessment is complete with the facility In-Charge, health workers and HUMC to go over the findings, point out areas where the facility needs to improve, and to facilitate a discussion among staff about what can be done to improve the situation before the next assessment.
- Leave a copy of the Scoring Sheet at the Health Facility.

### **RECORD KEEPING OF HEALTH FACILITY ASSESSMENT SCORES**

Each Scoring Sheet comes in triplicate form to ease the duplication process. Once the assessment is complete:

- ◆ Leave one copy of the Scoring Sheet with the health facility. File this document in their Yellow Star Manual behind Section 7 for reference during the next assessment visit.
- ◆ File the second copy at the Health Sub-District headquarters.
- ◆ Forward the third copy to District Health Services.
- ◆ Finally, record the health facility's score regularly in a register, updated after each assessment.

When a health facility meets all 35 standards on two consecutive quarterly assessments, you must notify the DDHS. The DDHS will then send an independent team to that health facility to verify the score. After verifying the score, the independent team will set a date for the public ceremony to award the facility the Yellow Star. The ceremony should be scheduled within one month of the independent team's visit.

### **AWARDING THE YELLOW STAR**

The purpose of the Yellow Star award ceremony is to recognise the good work that the health facility has done for its community and to invite community members to use the services the health facility offers. The award ceremony also gives you an opportunity to thank the community for any support they have given the health facility to earn Yellow Star certification and to request their continued support to maintain the Basic Standards for Quality Health Services. The ceremony is also a good way to inform community members about the quality of services they can expect to receive from the health facility.

The HSD and DHS will organise the public award ceremonies for Yellow Star health facilities. You will:

- ✓ Invite important leaders from the MOH, district and the community to speak during the event;
- ✓ Install the Yellow Star symbol on the health facility;
- ✓ Organise radio announcements to publicise the ceremony;
- ✓ Co-ordinate the programme for the day (speeches, entertainment, health education, etc.); and
- ✓ Organise press coverage on the day of the event so news of the health facility's good quality services appears on the radio and in the newspapers.

In preparation for this event, you can ask the health facility to:

- ✓ Notify the local leaders to mobilise the community to participate in the ceremony;
- ✓ Hang informational posters in the community and at the health facility advertising the ceremony; and
- ✓ Give a speech during the event.

## SECTION 3: YELLOW STAR PROGRAMME DESCRIPTION

More details about organising a Yellow Star award ceremony and a sample press release and speech can be found in Section 9: Organising the Reward Ceremony.

### **FOLLOW-UP MONITORING**

Offering quality services is not a one-time affair. Once a facility has been awarded the Yellow Star, you will continue the Quarterly Assessment Review to make sure the facility maintains the Basic Standards over time. If, during one of these reviews, the facility does not meet the 35 standards, you will discuss with the staff at the end of the assessment to identify the cause(s) of the problem(s) and the possible solution(s). You will remind the facility staff of the need to continuously meet all 35 standards to maintain their Yellow Star status, and you will help them to do so.

However, if during the next review, the facility still does not meet those 35 standards, you will have to notify the facility staff, the health Unit Management Committee and the District that the Yellow Star should be removed until all standards are met during two consecutive reviews.

# SECTION 4:

# THE

# ASSESSMENT

# TOOLS

- *Guidelines for Using the Tools*
- *Assessment Tool*
- *Sample Scoring Sheet*



The first part of this section is a handy reference guide that explains how the assessment should be conducted, how to read the assessment tool, how the assessment tool is scored and what will happen after the assessment review is complete. A copy of the actual Assessment Tool and a sample Scoring Sheet follows this section.

## The Assessment Review

### Organising the Visit

1. These visits should be scheduled in advance.
2. The staff of the health facility should be prepared for the assessment review. Notify the facility of the exact date of the visit to make sure most (all) of the staff, especially the In-Charge, is present on that day.
3. Upon arrival at the health facility, the supervisory team should greet the staff.
4. Supervisors may request the co-operation of health workers in the exercise, be it for observing client-provider interactions or collecting the unit's records.
5. Supervisors will ask the health workers to collect the following documents and records for review, if they have not already done so:
  - ✓ Copies of HMIS 105 forms for the three previous months or unit database
  - ✓ Corresponding OPD registers (including the diagnoses for out-patients, so that they can be cross-checked with the HMIS 105)
  - ✓ ANC/FP registers
  - ✓ Stock cards or register books for vaccines
  - ✓ Equipment inventory list
  - ✓ HUMC meeting minutes
  - ✓ Supervision records book
  - ✓ Duty roster/staff list
  - ✓ Health education activities schedule or registers (if any)
6. Supervisors will ask about the client load and when they can observe clients receiving various services. If there are a limited number of clients on the assessment day it is vitally important that the supervisors observe each case in order to assess at least 3 client consultations. If the supervisors do not observe 3 client consultations during the day of the assessment review, they

## SECTION 4: THE ASSESSMENT TOOLS

will have to conduct the remaining observations during a subsequent supervisory visit.

7. Supervisors will ask the in-charge to organise a meeting with the staff at a convenient time at the end of the visit to discuss the results of the assessment and the next steps.

### ***Helpful Reminders for Supervisors***

- Remember that the Yellow Star Assessment visit is part of the process of supportive supervision.
- Minimise the disruption caused to the staff and the patients in the unit.
- Health facility staff should NOT be involved in the actual assessment process. They can assist a supervisor by gathering records or directing the supervisor to client observation, but they should not actually count inventory, register numbers, give input on observations, etc.
- Talk to the health workers during the assessment, explain the assessment methodology, the reasons used to select criteria.
- Take advantage of the assessment visit to identify problems and provide on-site support, while at the same time achieving the assessment objectives.
- Stop to ask questions and listen to the answers.
- Be fair, unbiased and consistent in your evaluation techniques.
- Give critical feedback to health facility staff, both positive and negative.
- Be open-minded and supportive of the work staff is doing.

## **The Assessment Review Tools**

Every supervisor will need these assessment tools to evaluate a health facility on the Basic Standards. The assessment tools are found in Section 4 of your Yellow Star Manual and they include:

1. *The Assessment Tool*: This document tells you what the standards are, how they are defined and how the standards can be verified during an assessment review.
2. *The Scoring Sheet(s)*: The document where a supervisor will record the performance of a health facility for each standard.

## **The Assessment Tool**

The Assessment Tool is divided into different sections. Each section contains a group of standards that pertain to a particular location in the health facility (i.e. Maternity Ward or Out Patient Department) or a type of information or activity (i.e. interviewing the in-charge, reviewing the health facility records). This is

## SECTION 4: THE ASSESSMENT TOOLS

intended to make the assessment review run smoothly for the supervisors. These sections include:

- **LOCATION REVIEW:** There are four different sections in the assessment tool for the following locations in a health unit: Out-Patient Department (OPD), Maternal Child Health (MCH) Clinic, Maternity/Delivery Room and In-Patient Ward. The standards in each of these sections are designed for that part of the health facility. The supervisor will use the appropriate section when assessing services in each location. If the health facility does not have a particular department, then that section of the assessment tool will not be used. Likewise, in smaller health units where the OPD and MCH wards are one and the same, the supervisory team will simply fill out the OPD section.
- **INVENTORY & RECORDS:** The standards in this section refer to things involving written records of the health facility or inventory. If possible, the necessary records or files can be collected by the health facility staff in advance of the supervisor's visit and placed in one location where the supervisor can review them during the assessment review.
- **CLINICAL OBSERVATIONS:** This section involves actual observation of client consultations with health workers. Read the section carefully so that you are aware of the type of clients required for observation. Health workers should guide supervisors into observations as cases appear on the day of the assessment review.
- **INTERVIEW WITH THE IN-CHARGE:** This section requires a brief interview with the in-charge of the health facility.
- **IN-PATIENT/HOSPITAL:** This section applies to hospitals and health facilities that have in-patient wards. The standards can be assessed by examining the in-patient department of the health facility (one of the ward, randomly chosen, in the case of an hospital).

### **Organisation of the Assessment Tool**

The assessment tool is made up of several columns.

- # This is the number of the standard. The standards are numbered according to one of six main categories: infrastructure and equipment; management systems; IEC/IPC, infection prevention, clinical services and customer service. (In the assessment tool, the numbers do not go in order because they have been arranged to make the assessment review run smoothly.

#### **Standard**

A standard is a statement of what is expected to happen or to be provided. In this section, you will find the general definition of each standard in the form of a question.

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- Means of Verification** Explains the method that should be used to assess if the standard has been achieved, for example, direct observation, review of records, interview, etc.
- Operational Definition** Specifies the exact criteria used to determine whether a standard is achieved. Some standards require that several criteria must be met before one can say the standard is achieved.
- Assessment (Yes or No)** Indicates if the health facility has met each criterion for that standard. The supervisor will enter a yes in the box if the health facility meets that criteria, and a NO if the health facility does not. This section is reproduced on the Scoring Sheet so the supervisor does not have to write on the Assessment Tool. The answers should be recorded on the Scoring Sheet.

### ***Guidelines for Using the Assessment Tool Properly***

- ❖ *Dividing the Work:* The Supervisory team may work as one group during the assessment review or they may split up into various sub-groups, each person in charge of a different section of the assessment tool. It is up to the team to decide. However, we highly recommend dividing the work by sections and working individually or as a team of two. This will help the assessment review to go much quicker. For example, one team member may do the clinical observations, one team member may review the inventory and records and one team member may do the location reviews of the OPD, etc.
- ❖ *Location Review Sections:* Not every health facility will have an OPD, MCH Clinic, Maternity/Delivery and In-Patient Department. If a health facility does not have a particular department, then the supervisor will simply draw a line through that assessment location on the scoring sheet. Obviously, one cannot assess standards for a department that does not exist. For example, a health centre II may not have a maternity ward or in-patient department. So the supervisor will not evaluate the standards for those two locations.

Similarly, in smaller units the OPD and MCH clinic are often one and the same. In this situation, the supervisor will only fill out the OPD Location Review section. He/she will not fill out both the OPD and MCH.

If a health facility has more than one in-patient ward, the supervisory team will randomly choose one in which to conduct the assessment.

- ❖ *Clinical Observation Section:* If the health facility has several health workers, the supervisory team will try to observe several of them interacting with clients (one observation each) during clinical observations.

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There are opportunities when a supervisor can assess several standards during one clinical observation. For example, when assessing Standard 5.4 (Are health workers giving technically appropriate services?), for each of the three observations, supervisors can also assess Standards 4.2 (Use of teaching aids) and 4.3 (Are health workers encouraging clients to ask questions?). Supervisors may use this approach to save time.

Also included into the Clinical Observation section are the observation of aseptic practices, the review of child health cards for evidence of growth monitoring and the observation of the drug dispenser's practices. The assessment for each of these standards requires two or three separate observations, distinct from the observation of services (i.e. Standards 4.2, 4.3 & 5.4).

If supervisors are not able to observe 3 cases for clinical observations during their time at the health facility, then they will make all possible efforts to complete the assessment on the next day or the closest possible date. The scoring section for Clinical Observations will not be completed until 3 client consultations are evaluated. Thus, it is vitally important that the supervisors arrive early to have an opportunity to observe all clients who attend the facility if it is a slow day.

- ❖ Supervisors will answer ALL the questions included in the instrument, i.e., assess all proposed criteria. They will review the worksheet at the end of the assessment review and before they leave the facility to make sure all the answers have been recorded.
- ❖ Supervisors will be as consistent as possible in their answers: if a given question has resulted in a Yes in one location of the facility and the conditions are similar in another location, there should be an identical response. For this reason, it is recommended that the same supervisor assess each of the sections designed for a particular location of the health facility (i.e. Maternity Ward, OPD, etc.).

## **The Scoring Sheet**

The Scoring Sheet is designed as a shortened format of the Assessment Tool. It comes as a series of eight pages, each with three coloured copies (original in white, two copies in yellow and pink). Those copies do not require the use of carbon paper. Each sheet contains the following sections:

- # This is the number of the standard. The standards are numbered according to one of six main categories: infrastructure and equipment; management systems; IEC/IPC, infection prevention,

## SECTION 4: THE ASSESSMENT TOOLS

clinical services and customer service. (The numbers do not go in order on the scoring sheet because they have been arranged to fit a particular location or type of activity in order to make the assessment review run smoothly.)

**Standard** A standard is a statement of what is expected to happen or to be provided. In this section you will find the shortened definition of each standard.

**Operational Definition** Summarises in a short form the exact criteria used to determine whether a standard is achieved. Some standards require that several criteria must be met before one can say the standard is achieved.

**Assessment (Yes or No)** Indicates if the health facility has met each criterion for that standard. The supervisor will mark a YES in the box if the health facility meets that criteria, and a NO if the health facility does not.

**Final Score** Indicates the final score for the standard assessed. If all boxes corresponding to this standard have been answered with a Yes, then the supervisor will write "1." If one or more boxes have been filled with a No, the supervisor will write "0."

**Comments** Here, supervisors will write any remark that may explain or justify the assessment for the corresponding standard.

### **How to Score the Standards**

All scores will eventually be recorded on the Scoring Sheet, not on the Assessment Tool. Supervisors will use a photocopy of the Assessment Tool as a reference guide and as an intermediary medium to record their findings (using a pencil). At the end of the visit, supervision team members will regroup to consolidate their results on the Scoring Sheet. On the Scoring Sheet the supervisor will:

1. Use a strong hand and a pen, not a pencil, to make the carbon copies easier to read. It is recommended to insert a cardboard/folder below each page (that is, each set of three sheets of different colours) to avoid marking the following pages.
2. Fill in the name of the district, the name of the health facility, the health facility level and the date and quarter the Assessment Review is conducted. This information should be written at the top of every scoring sheet. It is

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especially important if the supervisory team divides the sheets among the supervisory team members.

3. In the "Assessment" column, write "Y" (Yes) or "N" (No) in each of the blank boxes. All of the boxes need to be filled. However, supervisors should not write into the shaded (grey or dark) boxes. Shaded boxes mean that the criterion does not apply for that particular location or area.

Whenever there are several smaller columns in that column, it can mean:

- The assessment covers several locations within the health unit. Supervisors must fill in one column for each location visited and assessed (i.e. OPD, MCH clinic, Maternity/Delivery room, and In-Patient ward). In order to avoid mistakes, supervisors should draw a vertical line through the boxes corresponding to the locations that do not exist.
- The assessment method requires supervisors to observe several cases of the same item; the observation number is written at the top of each column.
- The criteria are different for various levels of health facilities. In that case, only the column corresponding to the level of the visited facility is filled. The facility level is written at the top of the column. Supervisors should draw a vertical line through the columns corresponding to other levels.

**REMEMBER:** Supervisors can only use "Yes" and "No" answers and cannot leave blanks.

Exceptions:

- In catholic NGO facilities, the assessment of Standard 2.4 will not include Depo Provera<sup>®</sup> and condoms.
  - For Standard 5.3, the weight plotting won't be registered if the mother has not brought the Child Health Card; if no child with a card can be found, the score for this standard will be 0.
4. In the "Final Score" column, for each standard, write 1 or 0, according to the result of the assessment.
    - If all boxes in the corresponding assessment for this standard have been answered with a Yes, then supervisors will write "1."
    - If one or more boxes have been filled with No, the supervisors will write "0."

For the Location Review Section: The answers in the assessment columns must be Yes for ***all locations visited*** (OPD, MCH, Maternity and In-Patient

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Ward if applicable) and for all criteria before the supervisor can write “1” in the score column.

5. There has been a minor change to Standard 2.4 that is not incorporated on the Scoring Sheet. The drug *Fansidar* should be added to the current list of seven products. Somewhere in that standard section, add a row and add *Fansidar* to the list. The score for Standard 2.4 should be based on all eight products, not just the seven products listed.

**REMEMBER:** Supervisors can only write “1” if all relevant boxes in the assessment column have been answered with “Yes”.

### Calculating the Overall Score for the Health Facility

The last section of the Scoring Sheet contains charts to help a supervisor determine how to calculate the health facility’s overall score. Here are the instructions a supervisor will follow when filling out these charts:

#### *Table 1*

Table 1 helps you to calculate the total score for Standards 1.5, 3.1, 3.2 and 6.2. These standards are listed in two sections of the Assessment Tool. These two scores must be combined in order to compile the final score for this standard.

For Standard 1.5: Look at the Location Review Section of the Scoring Sheet and write the score from Standard 1.5 in the first box on Table 1. Then look at the Inventory/Records Review Section of the Scoring Sheet and write the score from Standard 1.5 in second box on Table 1. If the score for this standard is 1 in the Location Review and 1 in the Inventory and Record Review, then the total score will be 1; otherwise it is 0.

For Standards 3.1, 3.2 and 6.2: Look at the Location Review Section of the Scoring Sheet and write the score from Standard 3.1, 3.2 and 6.2 in the first box on Table 1. Then look at the Clinical Observations Section of the Scoring Sheet and write the score from Standard 3.1, 3.2 and 6.2 in second box. If the score for this standard is 1 in the Location Review and 1 in the Clinical Observations the total score will be 1; otherwise it is 0.

#### *Table 2*

On Table 2 report the final scores by standard number. Supervisors will have to refer back to the other pages of the Scoring Sheet (Location Review Summary, Inventory and Records, Clinical Observations, Interview with In-Charge, In-Patients/Hospital Specific Standards). Remember, you can only write 1 or 0 in these boxes.

#### *Table 3*

In Table 3, calculate the total score and percentage of achievement for each category and then for the health facility as a whole.

## SECTION 4: THE ASSESSMENT TOOLS

From Table 2 add up the total score from the individual standards of the six categories. (For example, Category 1: Infrastructure and Equipment has six standards. If a health facility passed all six standards, their score would be 6.) The total should never be higher than the number indicated in the “No. of items” column.

To calculate the percentage of achievement, divide the score by the # of items and multiply by 100. For instance, if your score for Category 1 equals 4, then the percentage will be:

$$4 \text{ (score) divided by } 5 \text{ (# of items) } \times 100 = 80\%$$

BE CAREFUL when adding the scores of standards by category and calculating percentages of achievement. For Health Centres II and III, there are only 5 standards in the first category (Infrastructure and Equipment) and 4 standards in the fifth category (Clinical Services). For Health Centres IV and Hospitals, these numbers are 6 and 5, respectively, as Standards # 1.6 and 5.5 have been added for those health facilities with more complex levels. Similarly, Health Centres II have only 9 standards in the sixth category (Client Services); higher-level facilities have 10. Thus, the total number of standards is 32 for Health Centres II, 33 for Health Centres III, while it is 35 for Health Centres IV and Hospitals.

### **After the Assessment Review**

Once the assessment review has been completed, the supervisor will review the scoring sheet to make sure they have answered all the questions and not left any boxes blank.

Supervisors will then meet with the health facility’s in-charge and all the staff to discuss the results. Members of the Health Unit Management Committee should also participate in this meeting. During this meeting, the supervisors will:

- Point out the good results achieved by the unit during the previous period and acknowledge the persons or groups responsible for these achievements.
- Identify problems, review ongoing efforts aimed at correcting these problems, and look for ways to increase these efforts or implement alternative solutions.
- If those problems refer to standards that were previously met, discuss reasons why the performance level has fallen and ways to improve the situation.
- Decide, along with the health facility staff, on the priority actions for the next quarter and identify timeline, responsible person(s) and support needed from other levels or institutions.

The supervisory team will then write on the last page of the scoring sheet any comments from the supervision team or from the facility staff, in particular if there

## SECTION 4: THE ASSESSMENT TOOLS

were any points of disagreement on the assessment of standards. Each member of the supervisory team should print their names, write their signature and date.

The in-charge of the health facility will also write any comments about the assessment and then write his or her name, sign and date the document.

Upon return to HSD or district office, the supervisor will report the results of the assessment review to the HSD/District manager and insert the copy of the scoring sheet into the database for the health facility.

### **How to File the Scoring Sheets**

The Scoring Sheet has three copies for each assessment review. The supervisor or supervisory team will staple the pages for each copy and distribute the three completed copies as follows:

1. The original (white) in the Health Facility's Yellow Star Binder behind Divider 7.
2. One copy (yellow) will go back to the HSD for the HSD database.
3. The third copy (pink) will be given as soon as possible to the District for the District database. There, the results will be entered into a computerised database.



# Assessment Tool for the Basic Standards for Quality Health Services

SECTION 4: THE ASSESSMENT TOOLS

**Location Review: Out-Patient Department**

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
1.1	Is there a reliable and clean supply of water from a protected water source?	Observation of the water source and check if water is actually flowing from the source.	There is running water (pipe) within the facility. OR There is a water tank within the facility. OR There is a protected water source within 200 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 metres away from latrines/toilets) and temporary storage containers (e.g., jerrycans or drums).	
			AND There is water flowing from this main source.	
1.2	Does the facility have clean latrines or toilets?	Observation of toilets/latrines.	Latrine(s) and/or toilet(s) exist within the facility or facility compound.	
			AND Staff and clients have access to at least one latrine at any given time and the client's latrine/toilet is not locked.	
			AND Latrine slab is clean/toilet bowl is clean and empty.	
			AND Soap and water are available at the washing point near the toilet(s)/latrine(s).	
1.4	Does the facility have a functional examination couch?	Inspection of examination couch.	Examination couch is present in unit.	
			AND It is covered with a clean, untorn macintosh or plastic sheet.	
			AND It is clean (i.e. there is no visible dust, stains or blood).	
1.5	Does the facility have basic examination equipment?	Observation of item in OPD. Inspect each item to see if it is functioning properly. If the OPD shares the pre-clinic functions with the MCH clinic, then one set of equipment is sufficient.	The following pieces of equipment are available and functional:	
			1 Thermometer	
			1 BP cuff/machine	
			1 Stethoscope	

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#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
3.1	Does the facility provide adequate infection prevention/ control in the area of hand washing?	Observation of available water and soap.	Soap and water are available at the washing point(s) in or near the consulting room(s).	
3.2	Does the facility provide adequate infection prevention/ control in the area of disposal of sharps and needles?	Availability of labeled sharp object containers in the examination, injection, dressing rooms and laboratory.	There are labeled containers for sharp object disposal available in the examination, injection, dressing rooms and laboratory.	
3.3	Are the injection, dressing, examination and laboratory rooms clean service environments?	Observation of rooms, dressing trolleys, examination couches.	Dressing room(s), injection room(s) examination room(s) dental room and laboratory are mopped and free of soiled materials.	
			AND There is a dustbin available in the following areas: dressing rooms, injection room(s), examination room(s), dental room and laboratory.	
3.4	Does the health unit have facilities for disinfection?	Observation of a bucket with disinfectant prepared in those areas.	Buckets, chlorine solution (e.g. JIK) and other disinfectants are available in at least one area of the OPD.	
6.2	Does the facility have a private area for physical examination?	Observation of examination rooms.	Examination areas are either private rooms with doors that close, OR Areas sectioned off by curtains/screens.	
6.9	Does the facility post a list of available services where the clients can see them?	Observation of poster in OPD waiting area.	A poster with listed services in language understood by clients is displayed in the OPD waiting area where the clients can see it.	

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**Location Review: Maternal and Child Health Clinic**

*If the MCH clinic is located within the OPD, do not fill out this section.*

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
1.1	Is there a reliable and clean supply of water from a protected water source?	Observation of the water source and check if water is actually flowing from the source.	There is running water (pipe) within the facility. OR There is a water tank within the facility. OR There is a protected water source within 200 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 metres away from latrines/toilets) and temporary storage containers (e.g., jerrycans, drums).	
			AND There is water flowing from this main source.	
1.2	Does the facility have clean latrines or toilets?	Observation of toilets/latrines.	Latrine(s) and/or toilet(s) exist within the facility or facility compound.	
			AND Staff and clients have access to at least one latrine at any given time and the client's latrine/toilet is not locked.	
			AND Latrine slab is clean/toilet bowl is clean and empty.	
			AND Soap and water are available at the washing point near the toilet(s)/latrine(s).	
1.4	Does the facility have a functional examination couch?	Inspection of examination couch.	Examination couch is present in unit.	
			AND It is covered with a clean, un torn Macintosh or plastic sheet.	
			AND It is clean (i.e. there is no visible dust, stains or blood)	
1.5	Does the facility have basic examination equipment?	Observation of item in MCH clinic. Inspect each item to see if it is functioning properly. If the MCH clinic shares the pre-clinic functions with the OPD, then one set of equipment is sufficient.	The following pieces of equipment are available and functional:	
			1 Thermometer	
			1 BP cuff/machine	
			1 Stethoscope	

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#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
3.1	Does the facility provide adequate infection prevention/control in the area of hand washing?	Observation of available water and soap.	Soap and water are available at the washing point(s) in or near the consulting room(s).	
3.2	Does the facility provide adequate infection prevention/control in the area of disposal of sharps and needles?	Availability of sharp object containers in the examination, injection and dressing rooms.	There are labeled containers for sharp object disposal available in the examination, injection and dressing rooms.	
3.3	Are the injection, dressing and examination rooms clean service environments?	Observation of rooms, dressing trolleys, examination couches.	Dressing room(s), injection room(s) and examination room(s) are swept and free of soiled materials.	
			AND There is a dustbin available in the following areas: delivery rooms, dressing rooms, and injection rooms.	
3.4	Does the health unit have facilities for disinfection?	Observation of a bucket with disinfectant prepared.	Buckets, chlorine solution (e.g. JIK) and other disinfectants are available in at least one area of the MCH.	
6.2	Does the facility have a private area for physical examination?	Observation of examination rooms.	Examination areas are either private rooms with doors that close, OR Areas sectioned off by curtains/screens.	
6.9	Does the facility post a list of available services where the clients can see them?	Observation of poster in MCH waiting area.	A poster with listed services in language understood by clients is displayed in the OPD waiting area where the clients can see it.	

SECTION 4: THE ASSESSMENT TOOLS

**Location Review: Maternity/Delivery Room**

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
1.1	Is there a reliable and clean supply of water from a protected water source?	Observation of the water source and check if water is actually flowing from the source.	There is running water (pipe) within the facility. OR There is a water tank within the facility. OR There is a protected water source within 200 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 metres away from latrines/toilets) and temporary storage containers (e.g., jerrycans, drums).	
			AND There is water flowing from this main source.	
1.2	Does the facility have clean latrines or toilets?	Observation of toilets/latrines.	Latrine(s) and/or toilet(s) exist within the facility or facility compound.	
			AND Staff and clients have access to at least one latrine at any given time and the client's latrine/toilet is not locked.	
			AND Latrine slab is clean/toilet bowl is clean and empty.	
			AND Soap and water are available at the washing point near the toilet(s)/latrine(s).	
1.4	Does the facility have a functional delivery couch?	Inspection of delivery couch.	Delivery couch is present in unit.	
			AND It is covered with a clean, untorn macintosh or plastic sheet.	
			AND It is clean (i.e. there is no visible dust, stains or blood).	
1.5	Does the facility have basic examination equipment?	Observation of item in Maternity/Delivery Room. Inspect each item to see if it is functioning properly.	The following pieces of equipment are available and functional:	
			1 Thermometer	
			1 BP cuff/machine	
			1 Stethoscope	

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
3.1	Does the facility provide adequate infection prevention/control in the area of hand washing?	Observation of available water and soap.	Soap and water are available at the washing point(s) in or near the delivery room(s).	
3.2	Does the facility provide adequate infection prevention/control in the area of disposal of sharps and needles?	Availability of labeled sharp object containers in the labor and delivery rooms.	There are labeled containers for sharp object disposal available in the labor and delivery rooms.	
3.3	Are the delivery and labor rooms clean service environments?	Observation of rooms, dressing trolleys, examination couches.	Delivery and labor room(s) are swept and free of soiled materials.	
			AND There is a dustbin available in the following areas: labor and delivery rooms,.	
3.4	Does the health unit have facilities for disinfection ?	Observation of a bucket with disinfectant prepared.	Buckets, chlorine solution (e.g. JIK) and other disinfectants are available in at least one area in Maternity/delivery room.	
6.2	Does the facility have a private area for physical examination and delivery?	Observation of delivery rooms.	Delivery areas are either private rooms with doors that close, OR Areas sectioned off by curtains/screens.	

SECTION 4: THE ASSESSMENT TOOLS

**Location Review: In-Patient Ward**

(In the case of an hospital, randomly choose one ward that is not the Maternity)

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
1.1	Is there a reliable and clean supply of water from a protected water source?	Observation of the water source and check if water is actually flowing from the source.	There is running water (pipe) within the facility. OR There is a water tank within the facility. OR There is a protected water source within 200 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 metres away from latrines/toilets) and temporary storage containers (e.g., jerrycans or drums).	
			AND There is water flowing from this main source.	
1.2	Does the facility have clean latrines or toilets?	Observation of toilets/latrines.	Latrine(s) and/or toilet(s) exist within the facility or facility compound.	
			AND Staff and clients have access to at least one latrine at any given time and the client's latrine/toilet is not locked.	
			AND Latrine slab is clean/toilet bowl is clean and empty.	
			AND Soap and water are available at the washing point near the toilet(s)/latrine(s).	
1.4	Does the in-patient ward have beds with mattresses in good shape?	Inspection of in-patient beds.	Beds with mattresses are present in unit.	
			AND Mattresses are clean (i.e. there is no visible dust, stains or blood) and in acceptable shape.	
1.5	Does the in-patient ward have basic examination equipment?	Observation of item in In-Patient Ward. Inspect each item to see if it is functioning properly.	The following pieces of equipment are available and functional:	
			1 Thermometer	
			1 BP cuff/machine	
			1 Stethoscope	

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)
3.1	Does the facility provide adequate infection prevention/control in the area of hand washing?	Observation of available water and soap.	Soap and water are available at the washing point(s) in or near the ward.	
3.2	Does the facility provide adequate infection prevention/control in the area of disposal of sharps and needles?	Availability of labeled sharp object containers in the examination, injection and dressing rooms.	There are labeled containers for sharp object disposal available in the examination, injection and dressing rooms.	
3.3	Is the in-patient ward a clean service environment?	Observation of rooms, dressing trolleys, examination couches.	Ward is mopped and free of soiled materials.	
			AND There is a dustbin available in the dressing rooms and injections rooms.	
3.4	Does the health unit have facilities for disinfection?	Observation of a bucket with disinfectant prepared.	Buckets, chlorine solution (e.g. JIK) and other disinfectants are available in one area of the In-Patient Ward.	
6.2	Does the facility have a private area for physical examination?	Observation of ward rooms.	Examination areas are either private rooms with doors that close, OR Areas sectioned off by curtains/screens.	

SECTION 4: THE ASSESSMENT TOOLS

**Inventory and Records Review**

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)			
1.3	Does the facility have a rubbish pit and a placenta pit for disposal of refuse and medical waste?	Observation of rubbish pit and placenta pit.	<b>LEVEL</b>	II	III	IV	H
			There is a rubbish pit (or garbage bin) within the compound.				
			AND The pit is not overflowing and is properly used (i.e. rubbish is not disposed of anywhere else).				
			AND There is a functional [ i.e. concrete slab on top, air tight] placenta pit within the compound.				
1.5	Does the facility have examination and emergency equipment?	Review of inventory record. Inspect each item to see if functioning properly.  <i>*If a unit does not have an operational theatre then they will not be evaluated for these items.</i>  <i>Blood for transfusion is not listed in inventory so you do not have to check for blood bags in the inventory.</i>	The following pieces of equipment are available, functional and registered in the inventory:  <b>LEVEL</b>	II	III	IV	H
			Baby weighing scale				
			Timing device				
			ORS corner				
			Fetoscope				
			Adult weighing scale				
			Lantern				
			Sterilizer/autoclave OR stove and pans				
			Speculum				
			Delivery kit				
			Microscope				
			Anesthesia machine*				
			C-section sets (2)*				
			Laparotomy sets (2)*				
			Refrigerator for blood*				
Blood matching equipment*							
Blood for transfusion * (Bags do not need to be registered in the inventory)							

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)	
2.1	Do the OPD, ANC and FP registers exist and are they well kept and up-to-date?	Inspection of registers in clinic rooms for the previous month.	Registers exist in the OPD, ANC and FP clinics.		
			AND Information on dates, patient characteristics (names, sex, age and address – parish/village), diagnosis and treatment (dosage, times/day, # days) are written in the OPD registers.		
2.2	Were monthly Summary Report forms completed appropriately over the last 3 months?	Review copies of HMIS 105/or the unit database.	Copies of the HMIS 105 forms for the last three months are present in the unit. OR Information is registered in the unit’s database.		
		Pick one month in the last quarter and compare the total number of malaria cases (under 5 years and over 5 years) with the register(s); totals should be the same, plus or minus 5%.	AND The number of reported malaria visits for <u>all</u> ages for one month in the last quarter corresponds to the number of cases in the OPD register(s) for the same month (plus or minus 5%).  Month/Year: _____  Total # on HMIS _____ Total # in Register _____		
2.3	Are there updated stock cards at the facility store (register books) for at least five randomly selected products?	Randomly choose five drugs from the attached list of essential drugs. Review availability of stock cards. Compare registered quantities with physical count at the facility store.	Stock cards/register books at the facility store for the five selected products are present in the store and are up to date:		
			#1: _____	Stock Card: _____ Store: _____	
			#2: _____	Stock Card: _____ Store: _____	
			#3: _____	Stock Card: _____ Store: _____	
			#4: _____	Stock Card: _____ Store: _____	
			#5: _____	Stock Card: _____ Store: _____	

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)			
				II	III	IV	H
2.4	Were these products available during the past 3 months: chloroquine, Fansidar®, cotrimoxazole, ORS, measles vaccine, DPT-HepB+hib vaccine, Depo-Provera® and condoms?	Review of stock cards/register books.  <i>*Fansidar was a recent addition to this standard. It is not printed on the actual Scoring Sheet. Please write the product Fansidar on the Scoring Sheet and score appropriately.</i>	Stock cards show the absence of a stock out for the mentioned products for the past three months.				
			1. Chloroquine Tabs				
			2. Fansidar® (sulfadoxine-pyrimethamine –SP)				
			3. Cotrimoxazole				
			4. ORS				
			5. Measles Vaccine				
			6. DPT-HepB+hib Vaccine				
			7. Depo-Provera				
2.5	Does the Health Unit Management Committee meet once every quarter?	Review of meeting minutes.	Minutes of meetings conducted during the last quarter are available at the facility. (For NGO facilities, available minutes should match the established frequency of Board meetings, for instance twice a year).				
4.1	Are health education talks given to clients?	Observe registers from previous 3 months or posted schedules.	Health facility conducts group health education sessions at least 4 times per month, for previous three months.				
5.1	Does the staff maintain a proper cold chain?	Observation of temperature chart, refrigerator (if present in unit), ice packs and vaccine carriers.	<b>LEVEL:</b>	I	III	IV	H
			Temperature monitoring chart is fixed on the refrigerator.				
			Temperatures are monitored twice daily, seven days per week.				
			Temperatures maintained between +2 and +8°C.				
			Thermometer is in the refrigerator and vaccine carriers and ice packs are available and in good condition.				
			Vaccine carriers and ice packs available and in good condition.				
5.2.	Are immunization services provided on a daily basis in this facility so as to reduce “missed opportunities”?	Review records, tally sheets and immunization registers for dates.	<b>LEVEL:</b>	I	III	IV	H
			Staff provide immunization to the child during the same day/visit.				

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)		
			Staff provide at least weekly immunization services. (Note: Only evaluate at HC II level because refrigerator is often not available.)			
6.1	Is the facility's waiting area clean and protected?	Observation of waiting area(s).	The waiting areas protect clients from the sun and rain.  AND The floor is mopped; the area is clean of debris/trash; the walls and ceiling are reasonably clean.			
6.3	Are patients and attendants received in friendly and respectful manner?	Exit interviews with three clients.	<p style="text-align: right;"><b>CLIENT INTERVIEW #</b></p> Client answers yes to the following questions: 1. Did the health worker direct you where to go next? 2. Did you feel you were treated respectfully by the health worker(s) who you met at the health facility today?	1	2	3
6.4	Do providers see clients on first-come, first-serve basis?	Observe clients' flow or interview clients. Interview clients.	There is a system in place to serve clients in the order in which they arrive. Only extremely sick individuals are given priority over others who are waiting.			
6.5	Do clients wait one hour or less after arrival at the health facility before being seen by a provider?	Exit interviews with three clients.	<p style="text-align: right;"><b>CLIENT INTERVIEW #</b></p> Ask the client how long they waited before being seen by a health provider. The standard is met if the client states that he/she was seen in one hour or less from the time he/she entered the facility (for non-emergency cases) to the time he/she is first assessed by a health worker.	1	2	3

SECTION 4: THE ASSESSMENT TOOLS

**Clinical Observations**

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)			
2.6	Does the facility have the guidelines and standards required for management of patients?	Verify availability of both documents in the OPD consulting rooms and make sure they are accessible.	Uganda Clinical Guidelines are available in all OPD consulting rooms.				
			AND IMCI Treatment Guidelines are available in all OPD consulting rooms				
3.1	Does the facility provide adequate infection prevention/control in the area of hand washing?	Observation of provider practices.	<b>LOCATION</b>	<b>OPD</b>	<b>MCH</b>	<b>MAT</b>	<b>IPW</b>
			Providers wash their hands between clients and procedures.				
3.2	Does the facility provide adequate infection prevention/control in the area of disposal of sharps and needles?	Observation of provider practices.  Interview in-charge and one other health worker to verify if incinerator functional	<b>LOCATION</b>	<b>OPD</b>	<b>MCH</b>	<b>MAT</b>	<b>IPW</b>
			Staff safely dispose of sharp objects and needles in the container provided and do not reuse disposable material. [ <i>i.e. Staff dispose needles in a sharps container uncapped. The container is either burnt in an incinerator or emptied in a deep pit/pit latrine, not a placenta pit.</i> ]				
4.2	Do providers use appropriate teaching aids during client counseling/ education?	Observation during provider/client interactions.	<b>OBSERVATION #</b>	<b>1</b>	<b>2</b>	<b>3</b>	
			Service providers use one of the following materials during client counseling/education sessions: posters, sample foods or family planning methods, anatomical models, brochures, leaflets, flipcharts, cue cards.				
4.3	Are providers encouraging clients to actively discuss any problem or concern about their health and treatment during the visit?	Observation of interaction with clients and/or caretaker from that day.	<b>OBSERVATION #</b>	<b>1</b>	<b>2</b>	<b>3</b>	
			Providers ask clients about their history and problems.				
			AND Providers invite clients to ask questions.				

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)			
5.4	Are providers giving technically appropriate services?	Observation of one IMCI case and two cases in any of the other mentioned areas and assessment of the adequacy of case management based upon the compliance with the checklists included in the NSG.	Health workers are providing technically correct services, according to current guidelines and supervision checklists, in IMCI and the following areas: ANC, Delivery, PNC, FP, STD, malaria, TB, injury management, dental care. <i>[List type of service provided for each observation below.]</i>				
			Observation #1: IMCI				
			Observation #2:				
			Observation #3:				
3.5	Is staff following correct aseptic techniques?	Observation of two aseptic procedures. See NSG checklists for procedures.	Health workers are performing according to guidelines in the following aseptic procedures: wound dressing, suturing, catheterisation, injections, Norplant insertion/removal, intravenous infusion, dental extraction and/or simple theatre procedures. <i>[List type of service provided for each observation below.]</i>				
			Observation #1:				
			Observation #2:				
5.3	Do all the children who visit the facility have their weight plotted correctly on the health card?	Review child health card of two children exiting the OPD and/or MCH clinic to see if weight is accurately plotted.	<b>OBSERVATION #</b>	<b>1</b>	<b>2</b>		
			The under-five child was weighed.				
			Weight is accurately plotted on the child's health card.				
			If more than one weight is plotted, a line is drawn to connect the dots.				
6.2	Does the facility have a private area for physical examinations and/or deliveries?	Observation of provider practices.	<b>LOCATION</b>	<b>OPD</b>	<b>MCH</b>	<b>MAT</b>	<b>IPW</b>
			Privacy is maintained during procedures.				
6.6	Does provider/dispenser provide appropriate information to client regarding treatment compliance?	Observation of three clients receiving treatment at the dispenser's window (or from the provider if there is no dispenser)	<b>OBSERVATION #</b>	<b>1</b>	<b>2</b>	<b>3</b>	
			Provider/dispenser instructs clients about the medication, the amount to take, what time of the day it should be taken, and for how long it should be taken.				
			AND Provider/dispenser checks the client's understanding.				

SECTION 4: THE ASSESSMENT TOOLS

Interview with the In-Charge

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)			
6.7	Does the facility have a plan for referring emergency cases?	Interview with the in-charge and one other provider.	Ask the in-charge and one other provider if the facility provides some type of assistance for sending a sick patient to a referral facility, such as: communication to the next level; ambulance; arranging community transport; and/or funds for fuel of public transport. Compare answers and see if similar.				
6.8	Does the facility have at least one staff member trained in the following areas in the OPD and MCH departments?	Interview with in-charge and MCH/OPD providers on site.	The facility has at least one provider in OPD and one provider in MCH offering these services to clients who has received in-service training specific to these services: <i>[If OPD and MCH clinic are one clinic, fill only one column.]</i>	<b>OPD</b>		<b>MCH</b>	
			IMCI				
			Family Planning				
			STD management				
			ANC/PNC <i>(Even if there is no MCH, the health facility must still have at least one provider trained in this area.)</i>				
Malaria management							
6.10	Is there a health provider available at all times?  * This standard should not be assessed if the facility does not offer in-patient services (that is, if Standard 1.6 and 5.5 do not apply either).	Review the current duty roster and observation of staff housing/duty room with sleeping accommodations.	<b>LEVEL</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>H</b>
			A qualified health provider is assigned 24 hours a day, 7 days a week. <i>(A qualified provider = nurse, midwife, CO or MO)</i>				
			<b>AND</b> There is staff housing near the health facility. <b>OR</b> In the unit, a duty room is available for staff with sleeping accommodations.				

SECTION 4: THE ASSESSMENT TOOLS

**In-Patient/Hospital Specific Standards**

#	Standard	Means of Verification	Operational Definition	Assessment (Yes or No)		
1.6	Are men and women's in-patient wards separated?	Observation of in-patient wards.	Men's beds and women's beds are in separate wards. OR There is a screen or curtains between men's beds and women's beds on in-patient wards.			
5.5	Are providers giving technically appropriate inpatient care?	Review of medical records (registers, treatment cards). Interviews with patients/caretaker about treatment received.	<p>Health workers are providing correct treatment (that is, diagnosis, treatment, timing of medication) according to Uganda Clinical Guidelines for the following in-patients: sick children, medical, and/or surgical. Review the records of three in-patients and then interview the patient/caretaker about the treatment received. Compare the record with client response.</p> <p style="text-align: right;"><b>Client #</b></p> <p>1. Does the prescribed treatment match the UCG for the stated diagnosis?</p> <p>2. What type of medication/care does the client say he/she is receiving? Does this resemble the written record?</p> <p>3. How often does the client say he/she receives medication/care? Does this match the record?</p>	<b>1</b>	<b>2</b>	<b>3</b>

## SECTION 4: THE ASSESSMENT TOOLS

### ***HOW TO SELECT 5 DRUGS FOR ASSESSING WHETHER STOCK CARDS ARE AVAILABLE AND UPDATED:***

Have someone randomly choose a number between one and five. Select the drug with that order number, then go down the list selecting every fifth number from the first one. You should get a total of 5 drugs for which to investigate the stock cards.

1. Amoxicillin caps 250 mg
2. Co-trimoxazole tab 480 mg
3. Erythromycin tab 250 mg
4. Benzathine Penicillin Inj.
5. Chloroquine tab 150 mg base
6. Sulfadoxine/pyrimithamine (Fansidar) tab 525 mg
7. Paracetamol tab 500 mg
8. Vitamin A cap 200,000 IU
9. Ferrous sulphate tab 200 mg
10. Folic acid tab 5 mg
11. Mebendazole tab 100 mg
12. Chloramphenical inj. 1 g vial
13. Quinine inj. 300 mg/ml
14. ORS sachet 1L
15. Ringer's lactate bottle 500 ml or N/S bottle 500 ml
16. Dextrose 5% Solution bottle 500 ml
17. Measles vaccine
18. DPT vaccine
19. BCG vaccine
20. Depo-Provera
21. Microgynon cycle or LoFeminal cycle
22. Ovrette cycle
23. Condoms
24. Ergometrine inj. 0.2 mg/vial
25. Gloves

#### **Example:**

If the number chosen is 2, you will evaluate:

2. Cotrimoxazole
7. Paracetamol tab 500 mg
12. Chloramphenical inj. 1 g vial
17. Measles vaccine
22. Ovrette cycle

Note: if the facility does not have a fridge and does not provide daily immunization, and if your count happens to fall on one of the vaccines, jump to the next number to pick and carry on until you have selected five products (you may have to go back to the beginning of the list in order to do that). In the example above, if dealing with a Health Centre II, you would take the products corresponding to the numbers: 2, 7, 12, 20 and 25. You would use the same process if the facility you are assessing does not conduct deliveries and your count falls on number 24.

SECTION 4: THE ASSESSMENT TOOLS

**LOCATION REVIEW**

#	Standard	Operational Definition	Assessment (Yes or No)				Final Score (1 or 0)	Comments/Notes
			OPD	MCH	Maternity	IPW		
1.1	Clean and reliable water supply	Pipe, water tank or protected water source present						
		Water flowing from source						
1.2	Clean latrines or toilets	Latrines or toilets exist within compound						
		Access is guaranteed						
		Latrine/toilet is clean						
		Soap and water available nearby						
1.4	Functional examination couch	Examination/delivery couch or mattresses present						
		Must be covered with clean, untoned macintosh or plastic sheet						
		Couch is clean (no visible dust, stains or blood)						
1.5	Basic examination equipment is available and functional	Thermometer						
		BP cuff/machine						
		Stethoscope						
3.1	Facilities for hand washing	Soap and water available in/near consulting room(s)						
3.2	Disposal of sharps and needles	Labeled sharp containers available in examination, injection, dressing, dental rooms and laboratory.						
3.3	Clean service environment	Dressing/injection/examination/lab rooms/delivery room/IP ward clean						
		Dustbins available						
3.4	Facilities for disinfection	Bucket with chlorine solution available in at least one area of department						
6.2	Private area for examination	Examination area separated						
6.9	List of services available	List of services in understood language available in waiting area of OPD and MCH						

SECTION 4: THE ASSESSMENT TOOLS

INVENTORY AND RECORD REVIEW

#	Standard	Operational Definition	Assessment (Yes or Not)				Final Score (1 or 0)	Comments/Notes
			LEVEL	II	III	IV		
1.3	Rubbish pit/ placenta pit	LEVEL	II	III	IV	H		
		Rubbish pit in compound						
		Pit not overflowing, properly used						
		Placenta pit within compound						
1.5	Basic examination/ Emergency equipment is available, functional and registered in the inventory  <i>(*if HC IV or Hospital does not have an operational theatre, then do not evaluate for these items.)</i>	LEVEL	II	III	IV	H		
		Baby weighing scale						
		Timing device						
		ORS corner (jug, 2 cups and 2 spoons)						
		Fetoscope						
		Adult weighing scale						
		Lantern or alternative lighting						
		Sterilizers/autoclave OR stove and pans						
		Speculum						
		Delivery kit						
		Microscope						
		Anaesthesia machine*						
		C-Section sets (2)*						
		Laparotomy sets (2)*						
		Refrigerator for blood*						
Cross-matching equipment*								
Blood for transfusion*								
2.1	OPD, ANC and FP registers up-to-date	Registers exist in clinics						
		Info on patient characteristics written						
2.2	Monthly report correctly completed	Copies HMIS 105 for last three months are present						
		No. of malaria visits for one month = no. in register for the same month (plus or minus 5%) Month/Year _____						
		Total # on HMIS _____ Total # in Register _____						
2.3	Updated stock cards	Stock cards present and updated for:						
		#1 Stock Card:           Store:						
		#2 Stock Card:           Store:						
		#3 Stock Card:           Store:						
		#4 Stock Card:           Store:						
		#5 Stock Card:           Store:						

SECTION 4: THE ASSESSMENT TOOLS

#	Standard	Operational Definition	Assessment (Yes or No)				Final Score (1 or 0)	Comments/Notes
			II	III	IV	H		
2.4	Availability of essential products	<b>LEVEL</b> Following available in last 3 months:	II	III	IV	H		
		<b>Chloroquine tabs</b>						
		<b>Fansidar</b>						
		<b>Cotrimoxazole tabs</b>						
		<b>ORS</b>						
		<b>Measles Vaccine</b>						
		<b>DPT-HepB+hib Vaccine</b>						
		<b>Depo-Provera</b>						
		<b>Condoms</b>						
2.5	HUMC meets every quarter	Minutes of HUMC meeting available.						
4.1	Health education talks are given to clients	<b>Group education sessions occur 4 times a month</b>						
5.1	Maintenance of cold chain	<b>LEVEL</b>	II	III	IV	H		
		Monitoring chart on refrigerator						
		Temp. monitored 2/day, 7day/wk						
		Temp. maintained between +2 and +8°C						
		Thermometer in fridge (HC III +) Vaccine carriers/ice packs OK (all)						
5.2	Immunization services provided	<b>LEVEL</b>	II	III	IV	H		
		Immunization provided same day						
		Immunization provided each week						
6.1	Waiting area clean and protected	Waiting area protected from sun/rain						
		Floor mopped, clean						
6.3	Clients received in friendly and respectful manner	<b>CLIENT INTERVIEW #:</b>	1	2	3			
		Health worker directed where to go						
		Felt treated respectfully						
6.4	First-come, first-served system	System to serve clients in order						
6.5	Waiting time less than one hour	<b>CLIENT INTERVIEW #:</b>	1	2	3			
		Waited less than one hour						

SECTION 4: THE ASSESSMENT TOOLS

**CLINICAL OBSERVATIONS**

#	Standard	Operational Definition	Assessment (Yes or No)				Final Score (1 or 0)	Comments/Notes
2.6	Guidelines for case management	Uganda Clinical Guidelines						
		<i>IMCI Guidelines (chart-booklet or wall chart)</i>						
3.1	Facilities for hand washing	<b>LOCATION</b>	OPD	MCH	MAT	IPW		
		Providers wash hands between clients and procedures						
3.2	Disposal of sharps and needles	<b>LOCATION</b>	OPD	MCH	MAT	IPW		
		Staff safely dispose of sharps and needles						
4.2	Using of teaching aids during counseling	<b>OBSERVATION #:</b>	1	2	3			
		Provider uses IEC materials during sessions						
4.3	Providers encourage clients to discuss problems	<b>OBSERVATION #:</b>	1	2	3			
		Provider asks about history and problems						
		Provider invites client to ask questions						
5.4	Providers give technically appropriate services	Provider gives correct services in IMCI and two other services: ANC, delivery, PNC, FP, STD, malaria, TB, injury management, dental care						
		Obs. #1: IMCI						
		Obs. #2:						
		Obs. #3:						
3.5	Staff follows correct aseptic techniques	Aseptic procedures correctly performed: wound dressing, suturing, catheterisation, injection, Norplant insertion/removal, IV infusion, dental extraction						
		Obs. #1:						
		Obs. #2:						
5.3	All children have weight plotted on health card	<b>OBSERVATION #:</b>	1	2				
		Under-five child is weighed						
		Weight plotted on child's health card						
		If more than one weight is plotted, line drawn to connect dots						

SECTION 4: THE ASSESSMENT TOOLS

CLINICAL OBSERVATIONS CONTINUED

6.2	Private area for examination	<b>LOCATION</b>	OPD	MCH	MAT	IPW		
		Privacy maintained during procedures						
6.6	Provider/dispenser gives information on treatment compliance	<b>OBSERVATION #</b>	1	2	3			
		Instructs clients on drug, dose, time and day						
		Checks client's understanding						

INTERVIEW WITH THE IN-CHARGE

#	Standard	Operational Definition	Assessment (Yes or No)				Final Score (1 or 0)	Comments/Notes
6.7	Plan for referring emergency cases	Facility provides some type of assistance to referrals.						
6.8	At least one staff member trained in IMCI, FP, STD, ANC/PNC, malaria mgmt in OPD and MCH	At least one staff member trained in these areas in OPD & MCH:	OPD	MCH				
		IMCI						
		Family Planning						
		STD Management						
		Antenatal/postnatal care						
6.10	Qualified provider available at all times	<b>LEVEL</b>	II	III	IV	H		
		Provider available 24 hours a day, 7 days a week						
		Staff housing or duty room available						

IN-PATIENT/HOSPITAL SPECIFIC STANDARDS

#	Standard	Operational Definition	Assessment (Yes or No)			Final Score (1 or 0)	Comments/Notes
1.6	Men and women in-patient wards separated	Men and women's beds in different wards or separated by curtains					
5.5	Providers give technically appropriate in-patient care	<b>CLIENT #</b>	1	2	3		
		Correct treatment for sick child, medical or surgical patient. Comparison of records and patient's responses.					
		Treatment matches diagnosis					
		Medications received resembles prescription					
		Frequency and time of medication					

SECTION 4: THE ASSESSMENT TOOLS

## CALCULATE THE FACILITY OVERALL SCORE

**Table 1:** Calculate the overall score for Standard 1.5 (basic equipment available), 3.1 (hand washing), 3.2 (sharps & needles) and 6.2 (Private examination area):

	Standard 1.5	Standard 3.1	Standard 3.2	Standard 6.2
Score from Location Review section				
Score from Inventory/Records for 1.5, and scores from Clinical Observations section for 3.1, 3.2 and 6.2				
<b>TOTAL SCORE</b>				

Total score will be “1” if score for both sections is “1”; otherwise it will be “0”.

**Table 2:** Calculate final scores by category using the scores from the previous sections (Location Review Summary, Inventory and Records, Clinical Observations, Interview with In-Charge, In-Patients/Hospital Specific Standards) and the summary scores above for standards 1.5, 3.1, 3.2 and 6.2 (marked with \* below). **Remember, you can only write 1 or 0 in the boxes.**

	Standards									
1. Infrastructure and Equipment	1.1	1.2	1.3	1.4	1.5*	1.6				
2. Management Systems	2.1	2.2	2.3	2.4	2.5	2.6				
3. Infection Prevention	3.1*	3.2*	3.3	3.4	3.5					
4. IEC/IPC	4.1	4.2	4.3							
5. Clinical Services	5.1	5.2	5.3	5.4	5.5					
6. Client Services	6.1	6.2*	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10

SECTION 4: THE ASSESSMENT TOOLS

Table 3: Total score and percentage of achievement for the facility

Category	Elements to add to obtain the score	Score	No. of Items	Percentage
1. Infrastructure & Equipment	HC II - III: 1.1 to 1.5		5	
	HC IV – Hosp: 1.1 to 1.6		6	
2. Management Systems	2.1 to 2.6		6	
3. Infection Prevention	3.1 to 3.5		5	
4. IEC/IPC	4.1 to 4.3		3	
5. Technical Skills	HC II – III: 5.1 to 5.4		4	
	HC IV – Hosp: 5.1 to 5.5		5	
6. Client Services	HC II: 6.1 to 6.9		9	
	HC III – Hosp: 6.1 to 6.10		10	
Total	Sum of all categories			
	HC II:		32	
	HC III:		33	
	HC IV – Hosp:		35	

**ACTIONS TO BE TAKEN BY SUPERVISOR(S)** (Description of action, date of completion)


**COMMENTS/NOTES OF SUPERVISOR(S)**


**SUPERVISORY TEAM MEMBERS** (Date, Printed Name & Signature)

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SECTION 4: THE ASSESSMENT TOOLS

*ACTIONS TO BE TAKEN BY HEALTH FACILITY*

(Description of action, Responsible party, date of completion)


**COMMENTS/NOTES OF HEALTH FACILITY IN-CHARGE**


**HEALTH FACILITY IN-CHARGE** (Date, Printed Name & Signature)

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# **SECTION 5:**

# **THE YELLOW STAR ACTIVATION KIT**



## Implementation Guidelines for Supervisors

Hello and welcome to the Yellow Star Activation Kit Implementation Guidelines for Supervisors. As a supervisor, you play an important role in sensitising, implementing and monitoring health facilities for the Yellow Star Programme. These implementation guidelines will help direct you through the process. If you have any questions, please contact the District Health Services.

### Process

Every health facility should receive one Yellow Star Activation Kit. In order to ensure that the materials in the Activation Kit are used and displayed properly, you must explain the meaning of each item to the staff of the health facility and physically place the contents of the Kit in the appropriate locations within the health facility. Please do not leave the contents of the Activation Kit in the box at the facility and ask the staff to arrange for the display of the contents. But don't worry – it's easy. This section will guide you through the work.

### Contents

Each Activation Kit contains (at a minimum) the following items:

- 1 Yellow Star Health Facility Manual
- 3 Health Worker Pledges in English and local language
- 3 Yellow Star Community Posters in English and local language
- 2 Posters Describing the Basic Standards
- 1 Sticker for the Stock Room
- 1 Sticker for the Dispensary
- 3 Stickers about Washing Your Hands

As the level of the health facility increases, the number of posters and stickers increases to compensate for the larger venue. Hence, a hospital will be given more than 3 Wash Your Hand Stickers or 3 Community Posters.

Please double check that all these items are located in the Activation Kit before you go to the health facility. If you are missing an item, notify the District Health Services and request the item from the supply closet.

### ***Sensitising the Health Facility about the Yellow Star Programme***

During your next regularly scheduled supervisory visits to the health facility, bring along the Activation Kit. Be sure to alert the staff of the health facility in advance that you are coming to brief them on the new Yellow Star Programme by the Ministry of Health. Ask that all staff and the HUMC be available for a two-hour briefing. This briefing should be scheduled at a time when client load at the health facility is low so that the briefing does not interfere with their regular work. If this proves to be too difficult, arrange to brief the staff in two shifts so that one group caters to clients while the other attends your briefing.

Please note the briefing should include ALL employees of the health facility, from the clinical officer to the cleaner and members of the HUMC. The Basic Standards for

Quality Health Services affect every aspect of a health facility and all employees will have an important role to play. It is important that everyone understand this new programme.

The agenda for the briefing should look something like this:

- I. Yellow Star Strategy Summary
- II. Description of the Basic Standards for Quality Health Services
- III. Yellow Star Programme Description: How does this whole thing work?
- IV. Evaluation & Scoring
- V. What's Your Role?
- VI. How to Get the Community Involved
- VII. The Activation Kit
- VIII. The Way Forward: What can the facility do now? What's the next step?

***The Briefing: Helpful Hints for Discussion by Agenda Item***

The goal of the briefing is to sensitise the staff of the health facility about the Yellow Star Programme and gain their commitment to achieving and maintaining the basic standards. Keeping that in mind, it is important that the format of the meeting remain open so if they don't understand a certain point, they are free to ask questions.

**I. Yellow Star Strategy Summary**

Pull out the Yellow Star Health Facility Binder. Explain to the staff that this binder is for all employees at the health facility and should be stored in a central, easy to access location. It should be used as a reference tool and information storage for the Yellow Star Programme. At least one copy of all documents should remain in the binder at all times.

The Health Facility Binder begins with an introduction from the MOH, followed by a contents page that can help direct users to the appropriate location for materials. Flip to the divider labelled "Yellow Star Strategy." Behind this divider you will find copies of the summary of the Yellow Star strategy. Distribute copies to the staff, but be sure that at least one copy of the strategy remains in the binder.

Discuss the strategy with staff. Ask if they have questions. Encourage an open discussion. If they have questions you cannot answer, tell them you will find out the answer and get back to them.

**II. Description of the Basic Standards for Quality Health Services**

Flip to the divider labelled "Basic Standards." Behind this divider you will find copies of the list of Basic Standards. The standards are organised into six core areas: infrastructure and equipment; management systems; infection prevention, IEC/IPC,

clinical service; and customer service. Distribute copies to the staff, but be sure that at least one copy of the standards remains in the binder.

Discuss each standard individually with the group. Review the operational definition and means of verification. It is important that the group understands the meaning of each standard, as their health facility will be assessed on these criteria.

### **III. Yellow Star Programme Description**

Now that the staff has a good idea of what the programme is all about and how the standards are defined, take this opportunity to discuss with them how the whole program works. There is one copy of the programme description in the Health Facility Binder behind the “Programme Description” Divider. Refer to this as you discuss the policies, guidelines and rules behind the Yellow Star Programme.

### **IV. Evaluation & Scoring**

The next topic for discussion is actually ‘how’ the health facility will be evaluated. Pull out a copy of the Assessment Tool, Scoring Guidelines and Scoring Recording Sheet from the divider labelled “Evaluation Tools.” Explain how this tool works (i.e. how you, as a supervisor will fill it out), how the scoring for each standard works and show them a copy of the Scoring Recording Sheet in triplicate and describe how the reports will be tracked and stored. (There are multiple Scoring Sheets in this section of the health facility binder. Each time a supervisor comes to do the evaluation, he or she will use one of these blank forms. The forms will be replenished as needed.)

### **V. What’s Your Role?**

It’s important that ALL the staff at the health facility and HUMC members understand what an important role they play in the implementation of this program. Everyone can have a direct impact on this programme. The goal is to encourage an open atmosphere of communication among co-workers and the community. Get them to talk about how can they work together as a team to make some quality improvements at their health facility and meet the standards. Specifically, get them to discuss:

- Who should be in charge of overseeing this program for their facility?
- Who can help organise and prepare the necessary records for the assessment team?
- How could they go about doing their own pre-evaluation before you arrive next quarter for an official visit? (This way they could see how well they are meeting the standards.)
- Are there things they can identify immediately which need to be improved? How could they improve these things – what is the plan of action? Who could be in charge of quality improvement activities?

### **VI. How to Get the Community Involved**

Turn to the Divider labelled “Community Involvement.” Read this section out loud with the group. The goal is to create a Yellow Star Committee consisting of 1 or 2 health workers from the facility and 1 or 2 representatives from the HUMC. This group will

focus specifically on the Yellow Star Standards and help the health facility to identify problems and implement plans to improve the situation. These people should determine a time and location to hold regular meetings -- either monthly or quarterly, but the meeting should be open to the public so other people can attend if they wish.

The above is a suggested approach to initiating and maintaining HUMC and health facility involvement in the Yellow Star Programme. Health facilities and HUMCs may discover other mechanisms to meet this goal. They should feel free to adapt or change the suggested method to best fit their health facility. After all, people who work with the health facility regularly will know how to best involve its key players in the programme.

Furthermore, if the HUMC is not currently holding meetings, as a group, you could discuss ways to encourage the committee to meet on a regular basis and be more involved in the business of the health facility.

You have already discussed potential areas that need improvement at the facility. Now talk about ways to involve the whole community in these projects, not just the HUMC. Someone should take detailed notes of this discussion for future reference.

## **VII. The Activation Kit**

Now take out all the items in the Activation Kit and explain what they are and how they will be used or displayed. Explain to the staff that it is your job to place these items in the appropriate locations in the health facility. Encourage them to use the pieces, as they will help them to improve the quality of services they offer their clients.

**3 Health Worker Pledge:** This charter contains a summary of the basic standards. Read the charter out loud to the staff. Discuss it. Does everyone agree that these are fair and true principles that health workers should abide by? Hopefully, they think so. Then have each staff member of the health facility sign their name at the bottom of each pledge demonstrating that they believe in quality health care and will try to provide good quality services to their clients. Inform staff that the pledge posters will be displayed in customer waiting areas.

**3 Yellow Star Community Posters:** These posters are to educate clients and perspective clients about the Yellow Star Programme. Hang these posters in the waiting room or public areas around the health facility for clients to read.

**2 Posters Describing the Basic Standards:** This poster outlines the basic standards in simple terminology. It can be used as a reference tool for health workers and clients. Your supervisor should have placed this poster in a busy location at your health facility where it can easily be referenced.

**Helpful Reminders for Health Workers:** There are several items that are handy little reminders for “staff eyes-only!” All of the items should be placed in areas where health workers can easily access the message. These include the following:

## SECTION 5: THE YELLOW STAR ACTIVATION KIT

- 1 Sticker for the Stock Room: This sticker should be placed in the prominent location in the stock room, possibly on the inside of the door to be seen by the stock clerk. The idea is to remind the stock clerk to check the stock every day and maintain the minimum balance at all times to avoid stock outs of drugs.
- 1 Sticker for the Dispensary: This sticker should be placed in the dispensary or in an area that is used to dispense drugs. It is meant to remind those health workers who give out drugs the importance of explaining to a client, when and how to take the medication in addition to making sure the client understands the instructions.
- 3 Stickers about Washing Your Hands: These stickers should be placed above sinks with running water in consultation rooms, treatment rooms or staff latrines/toilets. Please do not put the stickers above just any sink in the health facility. It should be located in a consultation room, treatment room or staff toilets because the idea is to remind health workers about the importance of washing their hands between every client and procedure!

Each item in the Activation Kit has important message about client service. Take this opportunity to discuss good customer service with the staff. Use the key messages below:

- Health care is a service delivery industry – we are in business to SERVE the people!
- Clients come to the health facility to receive assistance of some kind. We want our clients to keep coming back. For that to occur the clients must feel happy and satisfied with the services we provide.
- Research shows that clients are not happy with some of the current services. In addition to the clients understandable desire for accessible drugs, equipment and supplies (things often out of the control of health workers), clients want a health worker who treats them with respect, is concerned about their welfare and wants to help. Put yourself in their shoes – wouldn't you want the same thing?
- We want to show clients that as their health worker, we care about them! We want to offer them the best possible services given our resources and we want to give them friendly, respectful treatment.
- As a health worker, it is important that you are not only technically competent, but that you have a warm, friendly attitude.
- Sick people are not always the easiest people in the world to deal with, but as a health worker, you have to remember that they are sick! They don't feel well and they may be cranky or irritable. But if you can offer services in a friendly, warm manner you may actually be taking the first step in making them feel better.
- If you are having a bad day, try not to take it out on the client. It's always better to excuse yourself and take a quick break or ask a fellow co-worker to take over the case.

**The Health Facility Manual:** This is the core resource piece on the Yellow Star Programme for the health facility. Inside the manual are multiple copies of the strategy

and standards as well as single copies of the programme description, scoring guidelines, assessment tool and scoring sheets. These are things you have already discussed with the staff. Please review the other information in the manual that staff will find useful for the programme.

Activation Kit: A brief summary of the materials previously discussed in this section (stickers, etc.) and how they should be used.

Making Improvements: This is a reference piece to help supervisors and health workers think of ways to improve the health services at the facility and score better on the assessment review. There is also information here about how to get the community involved in the quality improvement process, and a short guide to planning and implementing activities.

Tracking Our Results: This is the place where the health facility should store its copies of the scoring sheets after a supervisory team has conducted the quarterly review of the health facility. It is a good piece to reference as they try to figure out what things to improve at the facility.

Health Worker Newsletters: The MOH created a newsletter for health workers. Health workers are an important asset to Uganda's health care industry and the newsletter is a forum of discussion, questions and concerns for this audience. The newsletters will discuss medical issues like quality care and recognise health workers and facilities that are offering good customer service and meeting the standards. The newsletter will be provided to health workers on a quarterly basis. Each health facility will receive multiple copies, but staff should keep at least one reference copy here in this section.

Star Health Worker Award: Behind this section health workers will find information about the Star Health Worker Award. The Star Health Worker Award is a way of recognising health workers who demonstrate good customer service to their clients. Health Sub-District Supervisors will bestow this award to recipients in their HSD. The HSD Supervisors will meet, discuss and determine 3 winners every quarter. The awards can be given at any time during the quarter and to any cadre of service health worker. Specifically, supervisors will be looking for health workers who show their clients they respect them by listening attentively, encouraging them to discuss problems, giving clear instructions, spending quality time with them, providing a welcoming environment and offering services in a friendly manner. (See Section 8 in your manual for more details.)

Winners of the Star Health Worker Award will receive a certificate and a gift. In addition, a second certificate will be posted in the customer waiting area so that others can appreciate work well done.

Also in this section, is a recording sheet for the supervisor and/or health facility to fill out when someone at the health facility wins the award. This should be filled out anytime an employee is bestowed the Star Health Worker Award.

## STAR HEALTH WORKER AWARD FOR SUPERVISORS

In addition, since HSD Supervisors are a critical link in the supervision program, an influential factor in the Yellow Star Program and also health workers, it is just as important to acknowledge those of you who provide good client care to your patients.

Therefore, every six months the District Health Team (DHT) will award the **Star Health Worker Award** to one HSD Supervisor. For more details on this activity, please visit Section 8 of your Yellow Star Manual.

*Community Involvement:* This section is filled with tools and materials a health facility can use to get the community involved with the Yellow Star Programme. The packet of information contains key messages and sample projects. It is recommended that each facility create a Yellow Star Committee consisting of one or two health workers and two people from the HUMC. This group can help the facility to identify problem areas and then plan, implement and assess quality improvement projects.

### **IX. The Way Forward**

The last agenda item provide the staff the opportunity to ask questions about the programme and discuss the timing of the health facility's first evaluation for the Yellow Star Programme. Let staff know when you will be coming to conduct the assessment review and discuss what preparation needs to be done. There is a section in the program description of their manual (Section 3) that discusses helpful hints in preparing for a review. Be sure to bring this to their attention.

#### ***Placing Materials from the Activation Kit Around the Facility***

It is your job as a supervisor to physically place items from the Activation Kit throughout the health facility. Here's how it should work:

1. **3 Health Worker Pledges:** After every staff member has signed the bottom of each poster, they should be hung on the wall in the customer waiting area and other public places of the health facility. The posters should be in a location where they are clearly readable by the health facility's customers. We want clients to know that the service health workers at this facility care about them!
2. **3 Yellow Star Community Posters:** These posters should also be displayed in areas where customers can read them, possibly the waiting area and the examination room(s).
3. **2 Posters Describing the Standards:** These posters are for the clients and health workers. The poster will help clients understand the basic standards in an easy to understand format. The poster can also be a quick reference tool for health workers. Display these posters in public areas accessible to both clients and health workers.

4. **1 Sticker for the Stock Room:** This sticker should be placed in the prominent location in the stock room possibly on the door or other accessible location. The sticker should remind the stock clerk to check the stock every day and maintain the minimum balance at all times to avoid stock outs of drugs.
5. **1 Sticker for the Dispensary:** This sticker should be placed in the dispensary or in an area that is used to dispense drugs. It is meant to remind those health workers who give out drugs the importance of explaining to a client when and how to take the medication in addition to making sure the client understands the instructions.
6. **3 Stickers about Washing Your Hands:** These stickers should be placed above sinks with running water in consultation rooms, treatment rooms or staff latrines/toilets. Stickers should NOT be placed above any old sink. The idea is to remind health workers about the importance of washing their hands between every client and procedure so the stickers should be displayed above sinks in consultation rooms, treatment rooms and staff toilets.

### ***Follow Up***

As with any programme, supervision is an essential factor to the equation. During subsequent supervisory visits, it is important to talk with the staff and determine what types of activities they are undertaking to improve the quality of services. Also, making recommendations, suggestions or helping them to problem solve will go a long way towards the growth of this programme.

It is also important to inquire about ongoing concerns with the Yellow Star Programme and find out if the health facility is conducting regular village meetings to educate the community.

## SECTION 6: THE YELLOW STAR ACTIVATION KIT

**THE ACTIVATION KIT IS WHAT EVERY HEALTH FACILITY NEEDS AS A SUPPORT TO BEGIN IMPLEMENTING THE YELLOW STAR PROGRAMME. CAREFULLY READ THROUGH THE ITEMS BELOW AND THEN DISPLAY THE MATERIALS AS OUTLINED. YOU CAN ALSO REFER TO 'SECTION 5: ACTIVATION KIT' IN YOUR MANUAL FOR MORE INFORMATION ABOUT THESE MATERIALS.**

### **Contents of the Activation Kit**

Each Activation Kit contains (at a minimum) the following items:

- 1 Yellow Star Health Facility Manual
- 3 Health Worker Pledges in English and local language
- 3 Yellow Star Community Posters in English and local language
- 2 Posters Describing the Basic Standards
- 1 Sticker for the Stock Room
- 1 Sticker for the Dispensary
- 3 Stickers about Washing Your Hands

As the level of the health facility increases, the number of posters and stickers increases to compensate for the larger venue. Hence, a hospital will be given more than 3 Wash Your Hand Stickers or 3 Community Posters.

### **How to Use the Activation Kit**

- 1. Health Worker Pledge:** The pledge poster lists four basic principles the staff of the health facility should follow. At the bottom of the poster are lines for signatures. Read the pledge out loud to the staff. Discuss it especially after supervision visits and assessment of the facility on the Yellow Star Programme basic standards for quality of care. Have each staff member of the health facility sign their name at the bottom of each pledge after the second assessment, demonstrating that they believe in quality health care and will try to provide good quality services to their clients. After all the staff members sign the poster, display the pledge in the client waiting area.
- 2. Yellow Star Community Posters in English & Your Local Language:** These posters are to educate clients and perspective clients about the Yellow Star Programme. Hang these posters in the waiting room or public areas around the health facility for clients to read.
- 3. Posters Describing the Basic Standards:** This poster outlines some of the basic standards in simple language. It can be used as a reference tool for health workers and clients. The posters should be placed in busy locations at your health facility where clients and health workers can read them.
- 4. Helpful Reminders for Health Workers:** There are three types of reminders for health workers. All of the items should be placed in areas where health workers can easily read them as they perform their daily duties. Please display them as recommended below:
  - Sticker for the Stock Room: This sticker should be placed in the prominent location in the stock room(s), possibly on the inside of the door to be seen by the stock clerk. The idea is to remind staff working in the stock room to check stock every day and maintain the minimum balance at all times to avoid stock outs of drugs.
  - Sticker for the Dispensary: This sticker should be placed in the dispensary or in an area that is used to dispense drugs. It is meant to remind those health workers who give out drugs the importance of explaining to a client, when and how to take the medication in addition to making sure the client understands the instructions.
  - Stickers about Washing Your Hands: These stickers should be placed above sinks with running water in consultation rooms, treatment rooms or staff latrines/toilets. Please do not put the stickers above just any sink in the health facility. It should be located in a

## SECTION 6: THE YELLOW STAR ACTIVATION KIT

consultation room, treatment room or staff toilets because the idea is to remind health workers about the importance of washing their hands between every client and procedure!

# **SECTION 6:**

# **MAKING IMPROVEMENTS**



## **How to Work Together to Improve the Quality of Health Services**

In order to achieve the Basic Standards for Quality Health Services and maintain them over time, everyone needs to get involved: the MOH, political leaders, development partners, health workers and the community.

The MOH, district governments and development partners continue to support training and supervision of health workers, health education activities, HMIS and provision of drugs and supplies to health units. However, these activities are only the foundation of health services. We must also seek ways to continuously improve the services we provide to the community and the way those services are provided. The goal is to offer the community good quality health services, services they can trust.

### ***WHAT IS QUALITY?***

Quality is a measure of how good something is. An object or service has quality if it meets or exceeds what the user expects. For example, you might consider a restaurant to have good quality service if, in addition to the food being good, the waiter is polite and brings you the food quickly. In this case, showing respect and serving food promptly would be things that are important to you, things you expect.

The quality of a health service can be defined in a similar way. You can assess the quality of health care by comparing the way the service is delivered with what you expect. For example, you might consider health services to be of quality if you do not have to wait a long time to be seen by a health worker. The MOH has defined the expected quality of service delivery for health care by establishing the Basic Standards for Quality Health Services. The MOH expects every health facility to meet those standards. If a health facility meets all of the standards, it means that this health facility is providing health services the community can trust, in the context of the current situation in Uganda. Of course, these are minimal standards and we will need to maintain our efforts towards better quality, even after each facility meets those basic standards. For instance, the National Supervision Guidelines provide a more comprehensive set of quality standards in the form of checklists for technical supervision.

### **WHY SHOULD WE IMPROVE THE QUALITY OF HEALTH SERVICES?**

If quality services are provided, both the health worker and clients will be satisfied and confident of the services. On the other hand, poor quality services will result in their dissatisfaction, at great cost both to the health system and the client. If a client is not managed properly by a health worker, it could cause that person to be sick for a longer period of time than necessary and might make her have to visit the health centre many times. This costs the client time and money, in addition to feeling sick for a longer period. At the same time, each new visit increases the workload of the health workers.

Sometimes it is hard to notice the results of poor quality service. An example is the frustration that patients feel when they have to wait a long time to receive services.

## SECTION 6: MAKING IMPROVEMENTS

They may not voice any complaints to the health workers, but they may decide not to return to that facility in the future. Factors like these may not be openly visible and yet they effect the quality of service at a health facility.

It is important for both the clients and health workers to feel satisfied with the quality of services being offered!

### *IMPROVING PERFORMANCE & SERVICES*

Improving performance or a service is a continuous, day to day process that requires each actor in the system to play his/her part. In the health care system this means that health workers need to work with their clients to understand how they want services provided and try to meet those expectations, versus simply providing services the way they think is best for people.

One can try to improve the quality of health services by looking at **how** the services are delivered. Health workers should constantly be looking for opportunities to improve their performance and the services offered at their health facility. Your role as a supervisor is to provide support in problem solving and being a role model.

Improving the quality of a service requires that we look at the main cause of the problem rather than focusing on a symptom. For example, clients may not be visiting the health facility because they feel the health workers are rude to them. This rudeness by health workers may be the result of worker frustration. But why are the health workers frustrated? -- Are there too many clients? Is there a shortage of health workers? Are the health workers working long hours? – You cannot improve this situation unless you determine why the health workers are frustrated and try to eliminate or reduce those frustrations.

There are five key things to remember as you start to focus on improving quality in a health facility. These are things that may help guide the process of making changes and providing better services to your clients.

#### **1. MEET THE NEED OF THE CLIENTS**

For a service to be of value it must meet the needs of the user or in this case, the client. Clients are actually customers because customers are people who use a service even if there is no cash payment involved. A customer is the person who receives the service, while the health worker is the one who gives the service. This service relationship means that the health worker must seek to meet the needs of the client in order to maintain their confidence. If these needs are not met, the client will be dissatisfied and will likely go away to seek care from other health workers. This is one reason why some health facilities have a low client load and why clients seek services from private clinics, drug shops or traditional healers.

Sometimes, a health worker may actually become a client. For example, a nurse in a hospital is a client of the pharmacist/store keeper when she goes to the store to

collect drugs. When that nurse returns to the ward with the drugs she becomes a health worker providing a service to her client.

Putting ourselves in the “client’s shoes” is a good way to understand what the clients are expecting from us. Let us ask ourselves how we would like to be treated if we had to seek care in this facility.

## **2. LOOK AT SYSTEMS & PROCESSES**

There are a series of steps and activities that must take place in order to deliver a service. Sometimes it is important to look closely at the steps in the process and see if there are any weak areas or places which could be changed or fixed to make the whole system run more smoothly. Search for ways to improve each step of the process and over time, the quality of that service will improve.

Often we have a tendency to blame the persons providing the service, but in most cases the problems are related to weak steps in the process. Before blaming anyone, look for the root causes of a problem rather than the symptoms. Then search for ways of improving each step of the process. Over time, these improvements will lead to better quality service.

## **3. USE RELIABLE INFORMATION TO MAKE DECISIONS**

Quality is a measure of how good something is. Measurement is therefore important in improving quality. Measurement is done by collecting data about the activities we do, and transforming it into information for making decisions. Reliable information can be used to:

- identify problems;
- plan services;
- identify resources needed (people, supplies, money);
- monitor and evaluate services; and
- make day to day decisions.

Sources of data for quality improvement include HMIS registers or reports, simple research surveys organised in the health facility or the community to get an answer to a specific question, or listening to what the community commonly says about services at the health facility. Health workers can review information collected and use it to evaluate services offered and develop ways to improve the quality of that service.

## **4. WORK AS A TEAM**

A team is a group of people who work together for a common goal for which they share responsibility. Delivery of health services depends on good teamwork. For example, treating a patient requires a “team” of people – someone who registers the patient, someone who examines the patient and prescribes treatment and someone to dispense the medication.

When you work together as a team:

- There are more ideas about how to solve a problem because different people contribute from their knowledge or experience.

## SECTION 6: MAKING IMPROVEMENTS

- Everyone can discuss and agree on the goal.
- The responsibilities and the workload will be shared.
- Team members can provide support to each other when needed.

### **5. PRACTICE GOOD COMMUNICATION**

Communication is the way a message is passed from one person to another. Good communication is an important part of providing quality health care services and satisfying the client. If the steps in the process of communication are weak, then the result can be poor quality services.

Good communication between health workers and clients improves the quality of care. For example, a health worker needs to explain to a client what their illness is and the treatment required. The health worker also needs to check that a client has understood everything they were told. If the client does not understand the instructions for taking the medication then the client may not take the medication as required and may not get better.

Good communication is also important for improving relationships between team members in the facility, between health workers and their supervisors or community leaders. As you share ideas, problems and decisions, your solutions will prove to be lasting.

### **IMPLEMENTING ACTIVITIES TO IMPROVE SERVICES OR PERFORMANCE**

The process of improving quality will be different for each facility depending on its circumstances. As a supervisor, it is your job to help the health workers identify the key problem areas and then develop a plan to fix those problems.

Here are some guidelines that will help you support health workers as they begin quality improvement activities at their facilities:

- Quality improvement is an integral part of supportive supervision. The goal of supervision is to help health workers do their job better. The Yellow Star assessment process, the quality improvement tools you share with the health workers will contribute to this goal.
- Remember - YOU are a part of the team. As you work with the health facility staff to develop plans to improve services, some responsibilities may fall on your shoulders – that is all part of this process. It's a team approach to the work. This is a great chance to show the health workers how you can work with them as a team member.
- Help conduct an “informal, internal” assessment review of the Basic Standards, help the in-charge to organise an Internal Supervision (self-assessment) as per the National Supervision Guidelines, or review a recent supervision report with health workers to help them decide what the main problems are for their facility.
- Help select a problem that is important to the health facility and community, and if not addressed will cause some health or management risks. Remember that the

## SECTION 6: MAKING IMPROVEMENTS

problem identified should also be something which the health facility, HSD or district has some control over so that the chances of solving the problem are good.

- Help the In-charge to identify and organise a team that will act as a volunteer problem solving committee – the Yellow Star Working Group or Committee. Each committee should consist of 1 or 2 health workers from the health facility and at least 2 members from the HUMC. The committee could also have members from the community who could assist through their position or skills. This committee should meet on a regular basis at the health facility to review develop plans for improving service, implement those plans and assess the progress or outcome. On occasion, you should meet with this volunteer committee.
- Help the health facility and the Yellow Star committee to define problems clearly. What is known about the problem? If there is not enough information about the problem, encourage the group gather more from available sources such as HMIS and then write a clear problem statement. The problem statement should be specific and should not contain blame or a proposed solution.
- Help the team to analyse the problem. Some methods or tools you may use include brainstorming, cause and effect charts, flow charts or statistics. These will help you define the root causes of you problem. As a supervisor, you will get additional training in the use of these tools. You should also encourage the team to use the MOH Manual of Quality Improvement Methods for guidance in the use of these tools.
- Assist them to set a desired expectation or standard by deciding on how the situation should be after the problem is solved; Make sure that everybody in the team agrees with this objective. Ideally, the desired expectation should correspond to one of the Basic Standards.
- Discuss possible solutions to the problem and help the team choose one that is achievable and most likely to solve the problem. Encourage the group to implement the proposed plan of action. This may involve re-organising resources in the facility or bringing additional resources from the HSD, district, local government or community.

Some examples of proposed solutions to problems often faced by health facilities are:

- ✓ Working with the community to dig a new pit latrine, rubbish pit, staff accommodation or additional structure for the health facility.
- ✓ Organising the work of the registration clerk and filing records in order to reduce client waiting time.
- ✓ Supervising the dispenser and helping him/her to give proper instructions on drug doses to patients.
- ✓ Distributing IEC materials among health workers and promoting their use.
- ✓ Developing a system to ensure that there is never a stock out of essential drugs.
- ✓ Creating a program to encourage health workers to wash their hands between patients, treatments and after using the latrine.
- ✓ Analysing the flow of clients and implementing ways to reduce client waiting time.

## SECTION 6: MAKING IMPROVEMENTS

- Together with the team, evaluate the results of their actions. What change has occurred? Was the desired result achieved? If not, what further actions should be taken in order to improve the situation? Can the solution be made simpler?
- If the team is satisfied that the problem is solved, select a new issue and start the problem solving cycle again.
- During supervisory visits, follow up on decisions made during problem cycles. Make sure that the changes the team makes and the standards they achieve are maintained over time.
- You are an important link between health workers and the HSD or district. Share your experiences with other supervisors who may come across similar problems in their health facilities. As a supervisor, your role is important for sharing lessons learned with others to speed up the process of quality improvement at all health facilities.
- Communicate to all groups concerned, including the clients, the changes taking place at the health unit and ask for their support.

With practice, implementing quality improvement activities at health facilities will become easier. As a supervisor, you will continue to receive training to help guide health workers in this process. The more improvements a health facility can make, the better chance they have of achieving and maintaining the Basic Standards for Quality Health Services and getting the YELLOW STAR!

# **SECTION 7:**

## **TRACKING RESULTS**



There are two main reasons for keeping track of results from each Yellow Star assessment review for health facilities in your Health Sub-District:

- It allows you to monitor the progress of health facilities as they try to achieve and maintain the basic standards.
- Tracking the results also helps you to identify problems at a particular health facility. Once a problem is identified you can help direct the efforts of the staff at that health facility to implement a solution in the days or weeks following the supervision visit. Together with the health workers and the HUMC you should prioritize the problems and implement solutions by using different quality improvement methods (see Section 6: Making Improvements).

In order to easily assess the progress of different health facilities use the Yellow Star Checklist found in Section 7: “Tracking Results” of your manual.

1. Fill in the appropriate information along the top of the page -- write the name of the district, sub-district and health facility, as well as the level of the unit. Every health facility should have its own page or Yellow Star Checklist. Therefore, you should have a Yellow Star Checklist for every health facility you supervise located in your Yellow Star manual.
2. At the end of the assessment review, write the month and year of the assessment in the top-most box of the first free column.
3. Then, working your way down, record from Table 2 of the Yellow Star Scoring Sheet the results of the assessment for each of the 35 standards listed.

You can record this information in several ways:

- Write a 1 in the box if the standard was met and 0 if it was not;
- Place an X in the box if the standard was met, but leave the box blank if the standard was not achieved; or
- Shade the box if the standard was met, but leave the box blank if the standard was not met.

We recommend that you use one of the last two suggested methods. This will enable you to get a visual impression of the performance of your health facility. For example, a category of standards where there is more blackened cases (or more Xs) means a good performance in this category over time, while a white area indicates the need for more improvement.

SECTION 7: TRACKING RESULTS

Sample Checklist for Health Facility A

#	Standard	Month and Year of Assessment									
		2/01	5/01	8/01							
<b>1. Infrastructure and Equipment</b>											
1.1	Reliable and clean supply of water										
1.2	Clean latrine and toilets										
1.3	Disposal of refuse and medical waste										
1.4	Functional couches/beds										
1.5	Basic examination/treatment equipment										
1.6	Men’s and women’s ward separated										
<b>Sub-total</b>		3	4	5							

From the example above, you can quickly notice the areas that need improvement at the health facility (i.e. any white spaces). During each assessment review, the facility has scored well for standards 1.1, 1.4 and 1.6. In other words, the health facility met each of these standards during each assessment review. For Standards 1.2 and 1.5, we can see that the health facility did not meet these standards during their earlier assessment reviews. However, over time it seems the facility has been able to make some improvements in these areas, so the standard was met on subsequent assessment reviews. However, it appears that the health facility is still having problems meeting Standard 1.3 – disposal of refuse and medical waste. This might be one area that the health facility and HUMC target for improvement in the upcoming months.

- In the rows labeled “Sub-total,” you will write the number of standards that have been achieved for that particular section. In other words, the total number of shaded boxes, boxes with Xs or boxes with the number one. (The numbers listed in your sub-total boxes should equal the numbers written in the “Score” column of Table 3 on the Scoring Sheet.)

In the example for Health Facility A, you can see that over time, the health facility has improved in the area of Infrastructure and Equipment. In February, they only met three of the six standards, but in August the health facility had made great improvements and met five of the six standards.

- Finally, in the “Total Score” row, write the sum of the figures you calculated for each of the sub-total boxes in that column. The number you get should equal the total that you got in the last box of the “Score” column in Table 3 of the Scoring Sheet for this assessment.

## SECTION 7: TRACKING RESULTS

6. Finally, divide the Total Score by the number of standards applicable for your level of facility (32 for HC II, 33 for HC III, and 35 for HC IV and hospitals) and multiply by 100 to obtain the percentage of achievement.

$$\text{Total score divided by \# of applicable standards} \times 100 = \text{your percentage}$$

Again, this number should be the same as the number obtained in the lower right box of Table 3.

For each assessment conducted (one per quarter), you will fill one column of the Yellow Star Checklist. Remember to write the appropriate date on the top of the column. If the health facility is successful at improving the quality of their health services over time, the page will get blacker and blacker towards the right side. Alternatively, if you see a wide blank area in a given category of standards, you will know that the health facility needs to work seriously in that area.

When the percentage of achievement equals 100% for two consecutive assessment reviews, you will notify the district of that health facility's good performance. The district will then organize an independent team to verify this assessment. If the results are consistent, the health facility will be awarded the Yellow Star.

Once a health facility has obtained the Yellow Star, you will continue to monitor the quality of services provided by the health facility. If a Yellow Star assessment review reveals a

decrease in the percentage of achievement, you should work with the health facility to identify the problem(s) and solution(s). In order to do this, review the more detailed Scoring Sheet to identify the specific area that was lacking. In this way, the health facility can quickly return to an optimal level of performance, which will help to prevent the removal of the Yellow Star from their facility.

7. Fill in the Yellow Star Checklist at the end of each assessment review. You might want to do this at the same time the health facility completes their own Yellow Star Checklist. Remember to keep the clearly labeled Checklist in your Yellow Star manual.
8. Encourage the health workers to post a copy of the Yellow Star Checklist in the health facility to communicate the results of their efforts to all health workers, clients and community members.
9. Back at the HSD headquarters, keep the Yellow Star Checklist for all health facilities under your supervision in your Yellow Star manual. You can use these checklists to perform an analysis of the quality of services in your HSD. For example, these checklists might help you identify which category of standards, or one particular standard is most difficult to meet. Then you can decide on the possible solutions to this problem and begin to identify external resources if they are needed. If you want, you could post a copy of all the sheets in your office to communicate to all

## SECTION 7: TRACKING RESULTS

supervisors and interested stakeholders the results of your efforts towards improved quality of health care.

10. Do not forget to send a copy of the scoring sheet for the facility you just visited to the District.

SECTION 7: TRACKING RESULTS

**YELLOW STAR CHECKLIST**

Facility: \_\_\_\_\_ Level: \_\_\_\_\_ HSD: \_\_\_\_\_ District: \_\_\_\_\_

#	Standard	Month and Year of Assessment									
<b>1. Infrastructure and Equipment</b>											
1.1	Reliable and clean supply of water										
1.2	Clean latrine and toilets										
1.3	Disposal of refuse and medical waste										
1.4	Functional couches/beds										
1.5	Basic examination/treatment equipment										
1.6	Men's and women's ward separated										
<b>Sub-total</b>											
<b>2. Management Systems</b>											
2.1	Up-to-date client registers										
2.2	Monthly reports correctly filled										
2.3	Stock cards available										
2.4	Absence of stock outs of essential drugs										
2.5	HUMC meeting regularly										
2.6	Treatment guidelines available										
<b>Sub-total</b>											
<b>3. Infection prevention/control</b>											
3.1	Adequate hand washing										
3.2	Adequate disposal of sharps/needles										
3.3	Clean service environment										
3.4	Facilities for disinfection										
3.5	Correct aseptic techniques										
<b>Sub-total</b>											
<b>4. IEC/IPC</b>											
4.1	Health education talks given										
4.2	Use of visual aids										

SECTION 7: TRACKING RESULTS

4.3	Encouragement to discuss problems										
<b>Sub-total</b>											
<b>5. Clinical services</b>											
5.1	Maintenance of proper cold chain										
5.2	No missed opportunity for immunization										
5.3	Children weight plotted on health card										
5.4	Technically appropriate services										
5.5	Technically appropriate in-patient care										
<b>Sub-total</b>											
<b>6. Customer service</b>											
6.1	Waiting area clean and protected										
6.2	Private area for examination/delivery										
6.3	Friendly and respectful reception										
6.4	First-come first-serve system										
6.5	Waiting time less than 1 hour										
6.6	Information on treatment compliance										
6.7	Support for referral of patients										
6.8	Staff members trained										
6.9	List of services available										
6.10	Qualified provider available all time										
<b>Sub-total</b>											
<b>Total score</b>											
<i>Percentage achievement (=total score/# standards)</i>											

(Number of Standards: 35 for Hospitals & HCIV, 33 for HC III and 32 for HC II.)

# SECTION 8:

STAR  
HEALTH WORKER  
AWARD



### ***What Is the Star Health Worker Award?***

The **Star Health Worker Award** is an award given to health workers who respect their clients and continually demonstrate good customer relations with their clients.

### ***What are 'good client relations?'***

Health care is a service delivery profession – you are in the business to SERVE the people! Your clients come to the health facility to get help with their health problems. It is important that your clients keep coming back, but this will only happen if your clients are happy and satisfied with the services provided.

Clients want a health worker who treats them with respect, is concerned about their welfare and wants to help. Put yourself in their shoes – wouldn't you want the same thing?

You should show clients that you care about them! You should offer your clients the best possible services and give those services in a friendly, respectful manner.

As a health worker, it is important that you are not only technically competent, but that you have a warm, friendly attitude. Sick people are not always the easiest people in the world to deal with, but as a health worker, you have to remember that they are sick! They may not feel well and they may be irritable. But if you can offer services in a friendly, respectful manner you will be taking the first step in making them feel better.

Specifically, good client relations means that as a health worker you:

- Demonstrate a friendly, helpful and caring attitude toward all the clients they interact with.
- Respect your clients.
- Make the clients feel comfortable.
- Welcome the clients to the health facility and ask about their health problem.
- Explain procedures, treatments, reasons for delays, etc.
- Do not make the clients wait a long time.
- Listen attentively to the clients.
- Encourage the clients to discuss their problem and ask questions.
- Spend quality time with the clients. Do not rush through the consultation.
- Demonstrate a positive attitude even under pressure.

### ***Who qualifies for the award?***

Every employee at a health facility who works or interacts with the clients.

### ***Who gives the award?***

The **Star Health Worker Award** is given to recipients by the HSD Supervisors. The HSD supervisors will meet every quarter and identify 3 health workers in their HSD who deserve to receive this award. The HSD Supervisor will present the award during regular supervision visits.

### ***What does it mean?***

## SECTION 8: STAR HEALTH WORKER AWARD

Winners of the **Star Health Worker Award** will be given a certificate and a gift to acknowledge and reward their good client service skills. In addition, a second certificate with a photograph if possible, will be displayed in the waiting area of the health facility to let clients and other staff members know that this person has been recognised for their efforts.

More importantly, it means that individuals who receive this award demonstrate a friendly, helpful and caring attitude to all the clients they interact with! They respect their clients and are a role model to other health workers.

### ***Can I receive the award more than once?***

Absolutely! If you continually demonstrate good interpersonal skills with your clients better than anyone else in the HSD you increase your chances of receiving this award multiple times!

# SECTION 9:

ORGANISING THE  
REWARD CEREMONY



## **Organising the Reward Ceremony for a Yellow Star Health Facility**

Once a health facility is eligible for the Yellow Star certification, the District Health Services and the Health Sub-District should begin to immediately organise an award ceremony. The co-ordination for this event should be the responsibility of the point person the District has selected for the Yellow Star Programme. This point person should work closely with the HSD to arrange all the details of the award ceremony. The date for the ceremony should be agreed upon with the health facility when the independent district team visits the facility to verify that it has meet the Basic Standards for two consecutive quarters. The independent team should report this date to the District's Yellow Star Programme focal person.

### ***Purpose of the Event***

The purpose of the event is to recognise the good job that the health workers have been doing and to educate community members about the quality of services they should expect and request at the health facility. Another purpose is to ask the community to continue assisting the health workers to maintain good quality services and to give the health workers feedback, both positive and negative, about the quality of services.

### ***Who should be invited to the ceremony?***

Since the purpose of the ceremony is to recognise and reward the health workers who work in the facility for their good work, the district should invite high level leaders to the ceremony. These may include the MP for that area, the LCV Chairman, the Secretary for Health and the DDHS. If there are other highly influential people in the community, they should also be invited. An invitation letter should be written and delivered to these individuals informing them of the date, time and location of the ceremony. If you would like any of these individuals to speak at the event, be sure to ask them to prepare a short speech and outline for them some key talking points. Remember that the purpose of the event is to discuss quality health care services, not local campaign messages, graduated taxes or education!

In addition to prominent and influential leaders, of course, the entire community served by the health facility should be mobilised to attend.

### ***Agenda Ideas***

Your ceremony will be most effective if it is entertaining as well as educational. Try to avoid overloading the event with speeches. Identify local music or drama groups in the community, brief them about the purposes of the event and the Yellow Star Programme and ask them to prepare songs, dance and drama for the event. Organise an interactive game with the audience such as a quiz or contest with simple prizes (e.g. bars of soap, wash basins, T-shirts, caps, etc.) Intersperse such activities with speeches.

### ***Publicity***

Make sure you publicise the event well. Write a press release and give copies to all media representatives in the district together with an invitation to the ceremony. Offer to provide transportation to reporters or other media representatives. Distribute flyers and

## SECTION 9: ORGANIZING THE REWARD CEREMONY

posters in the communities surrounding the health facility during the week prior to the event. Organise radio announcements on the local radio stations and meet with the local leaders and request them to mobilise for the event. If your budget permits, arrange for the ceremony to be video taped. This is something you can later distribute to the TV stations for more publicity.

### ***Speeches***

Speeches are an opportunity to get your messages across to the community. But, your messages will never get across if you do not prepare speeches for your speaking guests and brief them about the purpose of the event and the Yellow Star programme. A sample speech about the programme follows these guidelines.

### ***Press Releases***

One very important way to let everyone know about the quality of services at a health facility is through the press. Radio reaches most households, and newspapers are read by most of the district leaders. Press releases help ensure that the message you want to get across to these important audiences is the message that appears in the newspaper and on radio and television.

For each awards ceremony, and every time a health facility is awarded the Yellow Star, you should write press releases and distribute them to all the newspapers, radio stations and television stations that reach your area. Remember, you want all the important political leaders to support the Yellow Star programme. So, it is important to reach district political leaders with this information as well as the people who will be served by the health facilities.

Press releases should be one page in length. The first sentence should include the information who, what, where, when, and why. You should give the press release a snappy title that will draw attention to it. If you have photographs of the ceremony or the health facility, make additional copies and distribute them with the press release to the newspapers. Think carefully about the main information that you want to get across through the media and highlight that information. A sample press release follows these guidelines.

***How to Organise a Successful Awards Ceremony***

Here are some tips that will help you organise very successful awards ceremonies for the health facilities you supervise when they reach Yellow Star status.

- Check the budget for awards ceremonies in the district workplan. Plan a ceremony that will not exceed this budget.
- Form a committee to help you organise the event. These may include the Health Educator, NGO or CBO representatives in your area, local leaders, Community Development Assistants, and other members of the supervision team.
- Have a meeting to organise the event. During the meeting, agree on who should be invited, the guest of honour, the venue, what will take place during the event, and a budget for the event. Assign various responsibilities to individuals for follow-up. Take minutes of the meeting and schedule follow-up meetings to check on progress.
- When planning the agenda, keep the event's overall purposes in mind. These are to honour the health workers who are providing good quality services in this facility; to inform the community about the services they should expect and ask for at the health facility and about the meaning of the Yellow Star; and to ask the community to work with the health facility staff to maintain good quality services.
- Plan an event that is entertaining and fun as well as informative. There are several ways to do this:
  - Engage a local music and dance group to perform between speeches.
  - Invite the health facility staff, community members, or school groups to put together small dramas with information about the Yellow Star and what it means.
  - Organise a quiz for community members about the Yellow Star and the services they can expect at the health facility. Winners can receive small prizes—bars of soap, mosquito nets, plastic basins or buckets, etc.
  - Organise tours of the health facility for community members, during which the health worker explain the services offered and answer questions.
- Plan to publicise the event in the area around the health facility. You can do this in a number of ways:
  - About 2 weeks before the ceremony, meet with the Health Unit Management Committee and other local leaders to plan the event, and to ask them to notify people in their areas about the event. If you involve the community leaders in the planning process, you will have a better-attended event.
  - About one week before the event, contact the local leaders again to remind them about the event. Ask the leaders to put up posters prior to the event throughout the communities and in the health facility.
  - Budget for local mobilisers to go from house to house inviting people to the event.
  - Place announcements about the event on the local radio station.
  - On the day of the event, walk through the community with a megaphone inviting people to attend.
- Make a list of all the equipment and supplies you will need during the ceremony and gather them together well in advance. Don't forget to organise shelter for guests, chairs or benches, and a megaphone or public address system.
- Write speeches and press releases for the event. Give copies of the press release to local newspaper, radio and television reporters along with invitations to the event. On the day of the event, give copies of the press release to any media representatives who attend.

## **PRESS RELEASE**

*For Release 12 November, 2001*

### **Bukoto Health Centre Recognised for Good Quality Services**

During a ceremony on 12 November 2001, in the village of Bukoto, the Honourable Justice Sebatinde awarded the coveted Yellow Star to Bukoto Health Centre for providing good quality health services. Bukoto Health Centre is the first health Centre in Kabalea District to receive this award, which is part of the Ministry of Health's Yellow Star programme to improve health services.

According to Justice Sebatinde, the award signifies that Bukoto Health Centre has met all 35 standards of care set by the Ministry of Health during 2 consecutive monitoring visits by the district health services. The standards ensure that the health facility is clean, well equipped and stocked, and offers services 24 hours each day. In addition, every client who enters the health facility will be treated competently and respectfully. According to Justice Sebatine, "This means that the health workers will listen to you, discuss your concerns, answer your questions, and give you clear instructions and advise; and a qualified health worker who has had recent training to provide all the essential health services will be available 24 hours a day, every day of the week. Finally, no client will wait longer than one hour to receive services, even on a very busy day."

The Yellow Star programme was launched in Kabalea District in July 2001. All health facilities in the district have joined the programme and are working to meet the standards and receive the "Seal of Quality." Teams of supervisors are visiting each health facility in the district every 3 months to supervise the services and to monitor the quality of care. Once a health facility meets all 35 standards for six months in a row, the district health services verifies the assessment and certifies the health facility as a Yellow Star facility. According to Dr. Mugenyi, District Director of Health Services for Kabalea, we can expect to see many more facilities in the district receive the symbol. "Since July, all health facilities in the district have been working hard to meet the 35 standards. In some facilities it has been more difficult than in others because of staffing shortages or problems with the infrastructure. Where the communities are involved and helping the health workers, services are improving rapidly. I think we can look forward to having several "Seals of Quality" on health facilities here in the next few months."

Community members in the villages surrounding Bukoto Health Centre were extremely proud of their health centre. According to the Health Centre In-Charge Sr. Rose Kalya, the health centre could never have met all the standards if the community members had not helped. "Even though our services are very good, we could not qualify for the Yellow Star until we put in a new latrine. We appealed to the community for help and a group of men helped us dig the new latrine. Then, community members donated bricks so that we could build a new structure. It is truly thanks to this spirit of community ownership that we have succeeded."

The Yellow Star programme is now active in 12 districts of Uganda. The Ministry of Health plans to expand to the rest of the country next year.

For more information, contact the District Health Educator, Kabalea District

SECTION 9: ORGANIZING THE REWARD CEREMONY

## Sample Speech for Guest of Honour during Awards Ceremony

Invited Guests, ladies and gentlemen, today is a very important day for the people of *[name of community]*, because today we are awarding the Yellow Star to *[name of health facility]*. I would like to personally thank each one of you for the work you have done to help *[name of health facility]* achieve this award, because it is a great honour to this community, it is a great honour to this subcounty, and it is a great achievement for the district of *[name of district]*.

I use the word achievement because the Yellow Star is only awarded to health facilities that meet very rigorous standards of health care set by the Ministry of Health. Over the past months, *[name of facility]* has been working to meet these 35 standards, and has been monitored by a supervisory team every quarter. For the past 2 quarters, *[name of facility]* has met all of these standards. Let me explain briefly what the 35 standards are and what services you can expect and demand from this health facility and any health facility bearing the Yellow Star.

First of all, every client who enters this health facility will be treated respectfully. This means that the health workers will listen to you, discuss your concerns, answer your questions, and give you clear instructions and advise.

Secondly, the health facility will be clean and equipped with all the essential equipment and drugs to care for the most common ailments, and to provide preventive services.

Thirdly, a qualified health worker who has had recent training to provide all the essential health services will be available 24 hours a day, every day of the week.

Finally, no client will wait longer than one hour to receive services, even on a very busy day.

As clients of this health facility, you are entitled to this quality of services. We invite all of you to visit the health facility and tell the staff what you think of the services. Tell all your friends about the new improved quality of services at *[name of facility]*, and invite them to try it out.

Now that *[name of facility]* has been awarded the Yellow Star, we must all help to maintain these standards. *[Name of facility]* will continue to receive supervisory monitoring visits every quarter to ensure that the standards are met. If *[name of facility]* falls below the standards during one of these visits, the supervisory team will give the facility a warning, and will help them to correct the problem. If on the second quarterly monitoring visit, *[name of facility]* fails to meet all 35 standards, the Yellow Star will be removed until the facility corrects the situation.

*[Name of facility]* belongs to all of us. It is our community health facility. We can ensure that the facility continues to offer good quality services. We can help the health worker in their job. How can we do that? Whenever we visit the health facility, we should tell the health workers how they are performing. If the services are good, tell them and

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thank them. If there were problems with the services, tell them so that they can improve. If we see things that need improving at the health facility, think of how we as a community can help. Perhaps the grounds need cleaning or the rubbish pit is full. Why not put together a community work party to clean the grounds or dig a new rubbish pit? Perhaps the facility has no water. Why not organise amongst ourselves to help haul water each day?

*[Name of facility]* is our community health facility. We can be proud of it today because it is a Yellow Star facility. And, we can continue to be proud of our facility as long as we insist on and help the health workers to offer good quality services. Let's not ask what the health facility can do for us unless we also ask what we can do for the health facility. Congratulations to us all for what we have achieved.

# **SECTION 10:**

COMMUNITY INVOLVEMENT

## SECTION 10: COMMUNITY INVOLVEMENT



Helping the Health Facility to Involve its Community in the Yellow Star Programme!

Health workers play an important role in educating the people in their community about the Yellow Star Programme and how the community can participate. The health facility is a direct link to the community. The easiest way to get the community involved is to use resources already available to the health facility. Each health facility should have a Health Unit Management Committee (HUMC) made up of community members. The HUMC should be meeting at least once every quarter to discuss overall management of the health facility and identify problems and solutions. *[If the health facility does not currently have a HUMC, please work with the staff to establish this community group.]*

1. The health facility should involve the HUMC in the Yellow Star Programme from the very beginning. The committee should be invited to attend the introductory meeting that you conduct with the staff about the programme. Also, staff of the health facility should inform the HUMC of the date of their Yellow Star assessment review and invite the HUMC members to be present for the evaluation and findings.
2. The HUMC should identify two focal persons to act as community point persons for the Yellow Star Programme. The health facility should also identify one or two health workers to act as focal persons for the health facility. These individuals will form the Yellow Star Committee. Their main purpose is to work together (with the health facility and the community) to monitor the progress of the health facility in the Yellow Star Programme and institute improvements at the health facility that would enable the facility to meet the Basic Standards. The Yellow Star Committee should meet on a regular basis at the health facility. This group should also invite the HSD Supervisory Team to attend their meetings

**NOTE:** The above is a suggested approach to initiating and maintaining HUMC and health facility involvement in the Yellow Star Programme. Health facilities and HUMCs may discover other mechanisms to meet this goal. They should feel free to adapt or change the suggested method to best fit their health facility. After all, people who work with the health facility regularly will know how to best involve its key players in the programme. As a group you may decide to involve the whole HUMC on the Yellow Star Committee or you may want to involve community members and leaders in the committee. Whatever you decide, make sure the Yellow Star Committee is an efficient, working body that helps the health facility to meet the standards.

3. *The First Meeting:* At the first meeting of the Yellow Star Committee, the members should determine the best way to assess the status of the health facility. If the health centre were to go through an assessment review today – how would the facility do? There are a few ways to go about determining this information:
  - A. The Yellow Star Committee could conduct an informal assessment review of its own and determine where the health facility needs to make improvements. In Section 4 of the Yellow Star binder for the health facility, there are copies of all the evaluation tools (guidelines, assessment tool, and scoring sheets). The group could pretend they are supervisors and conduct an actual assessment review following the instructions. Determine the score of the

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- health facility. Look at standards where the health facility scored a zero. Why did they score a zero? How can this be improved?
- B. Another way to go about assessing the health facility is for the Yellow Star Committee to review the standards and discuss areas where they believe the facility is weak. How could these areas be improved?
- C. Finally, the team should also consider asking the community what they think about the health facility. They could conduct an informal survey. Create a list of questions to ask local community members about the health facility. Examples: 1) Does your family use the health facility? If no, why not? 2) How often has your family been to the health facility in the last 6 months? 3) What do you like about the health facility? 4) What do you dislike? 5) Are the health workers friendly and welcoming? 6) Do you feel you have received correct treatment? 7) What do you think we should improve about the health facility? These types of questions will help you to understand exactly what the community thinks about the services offered at the health facility. You may be able to determine areas for improvement based on their responses.
4. After the Yellow Star Committee has been able to identify some areas that could use improvement – the next step is to figure out which areas to address first. The team should try to determine what areas – if fixed - are most important to the overall well being of the community. They should pick something that is within their resource capability to fix. In other words, they should not pick a problem that depends on outside assistance. The group should create a list of items that need improvement and number them beginning with the most important. They should agree as a group on what areas are most important to fix first and address at least one problem a quarter.
5. Once the Yellow Star Committee has identified a list of areas that need improvement, they should start the planning process. As a group they should discuss the following:
- Why is this % that would most likely fix this problem
6. The team should then develop a plan of action for fixing the problem. A plan of action is a list of all the activities they want to do and how to do those activities. The plan of action also lists the person or persons who will do the activities and when the activities will be done. A plan of action will help the group to:
- Remember all the work that has to be done.
  - Be well organized in performing the activities.
  - Complete the activities.

Sample plan of action:

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What to Do	How to Do It (Activity)	Who Will Do It	Resources Needed	When It Will Be Done

- A. For the first column of the table labeled “What To Do,” the group should write down the things they want to do to prevent the problem. For example, if the group decides that health workers washing their hands between clients is something that needs to happen, then that should be written in the first column.
- B. In the second column labeled “How to Do It” the group should list all the activities the Yellow Star Committee, other health workers or the community need to do so that the item listed in the first column gets done. For example, if they want health workers to wash their hands between clients and treatments, the group may have to organise health education with the health workers about the importance of washing hands between clients.
- C. The group should choose people responsible for making sure the activity will be done and write the name(s) of people responsible in the third column labeled “Who Will Do It.”
- D. Resources are things the team needs to do the activity. The team should decide what things they need to complete the activity and list them in the fourth column labeled “Resources Needed.” For instance they might need soap and clean water at each location where a health worker treats patients.
- E. The group should decide on a time when the activity will be finished. This should be written in the last column of the table, labeled “When It Will Be Done.”
- F. The plan of action should look similar to the one below.
- G. The plan of action should be kept so the group can refer to it when needed and continually check the progress of the plan.

<b>Plan of Action to Encourage Dispensers to Explain Medication &amp; Make Sure the Client Understands Treatment</b>				
What to Do	How to Do It (Activity)	Who Will Do It	Resources Needed	When It Will Be Done
Educate dispenser(s) and health workers on importance of telling the client the name/type of the drug, the amount of medication to take and when to take the drug. Educate on the importance of checking to make sure the	education session with dispenser and health workers  on the job training and supervision	Nankunda  Dr. Kato	health education materials  notebook for notes pen	August 20 at staff meeting.  Once a month – supervision of all dispensers and health workers dispensing medication.

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client understands this information.				
Remind dispenser(s) and health workers about this information.	Create reminder cards to hang up at the dispenser(s) window with key messages	Jennifer	paper, markers, masking tape	September 1

- H. The team should then implement their plan of action. They should educate the responsible parties and make sure they understand what they should do. Responsible parties might include other health workers, other members of the HUMC, the community or you, the supervisor.
- I. As a supervisor, you should monitor their plan of action during regular supervisory visits. Were the activities completed on time? What is the status of the plan? What type of follow up action needs to occur?
- J. Once all the activities have been completed, the group should discuss the results of their plan of action. Has the behaviour changed? Has the situation improved? Has the problem been solved? If not, what further steps could be taken to change the problem? They should discuss other possible solutions and implement new plans of action if necessary. If the situation has improved and the problem is solved, the group could move on to a new problem on the list. The Yellow Star assessment review conducted every quarter will also identify problems that can be addressed by the group.
- K. The Yellow Star Committee may identify some problems that require assistance from other sources – such as the District or Ministry of Health. Often, when using outside resources, a problem could take longer to solve because the process is out of your control. Nonetheless, the Yellow Star Committee could still develop a plan of action to get the process started. For example, if the health facility needs a microscope, the plan of action could be to order the piece of equipment from the district and a responsible party to follow up on the request. As a supervisor, you can help to assist this process.
- L. The group should track the activities they do to improve the quality of services at the health facility by keeping the work plans for the improvements or writing their achievements in a book.
- M. The Yellow Star Committee should assess the health facility at least once a year to determine if the health facility has maintained improvements over time and to identify new areas that require adjustment.

Every health facility has different needs and different things that require improvement. The Yellow Star Committee, with assistance from the health workers, supervisors and HUMC will have to identify what areas are most important to fix at the health facility. Nevertheless, here are a few suggestions of areas that might require improvement:

- Building new pit latrines/toilets

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- ❑ Building staff accommodation so a health worker is available to help all clients 24 hours a day, 7 days a week.
- ❑ Devising a way to shorten client-waiting periods to one hour or less.
- ❑ Health workers washing hands between clients and treatments.
- ❑ Digging new rubbish pits so sharps are disposed of correctly.
- ❑ Plotting the weight of a child on a health card correctly.
- ❑ Health workers or dispenser telling clients how to take medication correctly and checking understanding
- ❑ Health workers encouraging clients to discuss their problems and ask questions.
- ❑ Health workers using IEC materials during counseling
- ❑ Providing health education talks to the community on a regular basis.
- ❑ Keeping stock cards up-to-date.
- ❑ Having a clean service environment
- ❑ Referral plan for emergency cases in place.
- ❑ Private areas for examinations
- ❑ Constant and clean supply of water