

## **Advance Africa Project Best Practices Update: Best Practices in Accreditation**

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March 2004

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number HRN-A-00-00-00002-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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# Best Practices Update

Reproductive Health • Family Planning • HIV/AIDS

MARCH 2004

## BEST PRACTICES IN ACCREDITATION

Accreditation is a programmatic strategy that emphasizes improvement in quality and delivery of family planning services and reproductive health care. When included in a program, this strategy encourages clinics to meet rigorous standards in order to become accredited and be recognized, both nationally and internationally, as quality service providers. Listed below are examples of key best practices within accreditation programs.

### BEST PRACTICES HIGHLIGHTS

#### I. Yellow Star

Case study: The Ugandan Ministry of Health (MOH), together with USAID and the DISH II project, developed a comprehensive quality of care program called the Yellow Star Program in 2000. In this program, a facility is awarded a Yellow Star from the MOH if it successfully reaches and maintains a set of 35 basic standards of care. These standards are organized into categories such as clinical skills and client services. This accreditation practice is used to reinforce Uganda's supervision system and improve quality of care within health facilities. It also encourages improved performance among health workers and promotes the utilization of health facilities.

Key success factors: Ongoing support from the MOH and a highly publicized ceremony for the first facility to receive the Yellow Star.

#### II. Gold Star

Case study: The Gold Star Quality Program was developed in 1995 by Egypt's Ministry of Health and Population (MOHP) and Ministry of Information (MOI) in response to the recognized need to improve the quality of family planning services. Gold Star was designed to increase the public sector's involvement in family planning service provision, while also encouraging family planning facilities to achieve higher standards of quality. The accreditation process involves three steps: "1) promoting quality family planning service providers as a means of enhancing their self-image and job performance; 2) promoting certified clinics as sites for high-quality services; and 3) associating these high-quality sites and services with an easily recognized symbol." A Gold Star was awarded to accredited clinics and displayed on publication materials as a symbol of high quality. Facilities that earned a Gold Star underwent quarterly evaluations to ensure that quality standards were being sustained. Evidence of success of this

accreditation practice was seen in the first two years of the Gold Star Quality Program (1995-1997): public sector involvement increased from 30% to 40%, and contraceptive prevalence increased from 47.9% to 54.5%.

Key success factors: Strategic alliance between the MOHP and MOI to improve family planning service delivery capacity. A multimedia campaign advertised the locations of Gold Star providers and clinics.

#### III. Gold Circle

Case study: The Gold Circle Campaign was an accreditation initiative of the regional Family Health and AIDS in West and Central Africa Project (SFPS) that focused on quality of care. Implemented in four countries (Cameroon, Burkina Faso, Côte d'Ivoire, and Togo), the Gold Circle Campaign employed a multifaceted approach to increase the use of modern contraception in West and Central Africa. The approach emphasized the promotion of quality family planning, HIV/AIDS prevention, and other reproductive health services in accredited clinics. This was accomplished primarily through a mass media campaign implemented by JHU/CCP that included TV spots, radio broadcasts, and posters bearing the Gold Circle Campaign logo (a smiling provider with outstretched hand) and the slogan, "We are here to listen to you." A significant increase in the quality of family planning services was noted within the first six months of the campaign, proving that accreditation programs can effect significant changes in the performance of the health services in developing countries. Of the 206 participating SFPS clinics in the project countries, 98 (47.6%) were accredited Gold Circle clinics.

Key success factors: The Gold Circle Quality Teams established a dialogue between providers and community representatives that gave the members of the community a sense of ownership and helped empower them to demand and maintain clinic improvements.

## RESOURCES

The following key sources have been used to gather these accreditation practices:

- DISH II. 2002. *Improving Quality of Health Care: The Yellow Star Program*. Uganda: DISH II. <<http://www.ugandadish.org/YSSuccess.doc>>
- Johns Hopkins University Center for Communication Programs (JHU/CCP). November 1998. Egypt's Gold Star Quality Program Wins Clients and Communities. *Communication Impact!*, no. 4.
- Johns Hopkins University Center for Communication Programs (JHU/CCP). March 2001. Community Participation Is Key to Supporting Quality in Gold Circle Clinics. *Communication Impact!*, no. 11.

## ABOUT THE BEST PRACTICES COMPENDIUM

For managers looking to implement successful programs, easy access to credible information regarding proven, effective, evidence-based practices and programs is essential. To address this need, Advance Africa has documented evidence-based programs and practices in a concise format and compiled them into the **Best Practices Compendium**.

The **Best Practices Compendium** attempts to include many of the best and promising practices from experiences with reproductive health, family planning, adolescent health, HIV/AIDS, and maternal and child health programs. However, as a continually updated resource, the Compendium is not an exhaustive compilation. We encourage active submissions from all program managers to share global and local best practices and lessons learned in order to further build upon this valuable resource.

### *What Are the Best Practices Updates?*

The **Best Practices Updates** are quarterly summaries of evidence-based best practices. Each update focuses on a specific topic within reproductive health. Topics are linked to key focus areas within Advance Africa's workplan.

### *What Is a "Best Practice?"*

To be considered a **best practice**, documented evidence and evaluation must be provided to show that a given practice has had a positive impact and/or has successfully met its program objectives. A best practice must also be replicable, scaled up, and/or transferable to other settings. If a practice has all the foundations of sound programming, but is lacking evidence of success and/or does not show evidence of being transferable or replicable, it is designated as a **promising practice**.

The external Review Board reviews and designates all Compendium submissions as best practices or promising practices. In identifying best practices, a clear distinction is made between untested interventions and those backed by more experience and evidence.



### *Knowledge Sharing: A Primary Objective*

Advance Africa welcomes knowledge sharing throughout the Best Practices community, including USAID cooperating agency partners, the Best Practices Advisory Group, and the external Review Board. Individuals and organizations are encouraged to share their practices or comment on experiences with any of the practices in the Best Practices Compendium.

### *Using the Searchable Compendium*

- **Visit** [www.advanceafrica.org/bestpractices](http://www.advanceafrica.org/bestpractices).
- **Search** by key word, country/region, technical area, or target population.
- **Prioritize** your search for "best practices" or "promising practices."
- **Join** the Best Practices community.
- **Submit** your own best practice!
- **Request** the Compendium on CD-ROM.
- **For more information, please send an e-mail to** [bestpractices@advanceafrica.org](mailto:bestpractices@advanceafrica.org).