Final Draft

Reversing the Trends

The Second
National Health Sector Strategic Plan of Kenya
NHSSP II – 2005 - 2010

Norms and Standards For Health Services Delivery

Popular Version

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HENNET Vision; "A healthy Kenyan society"

HENNET Mission; "To stimulate linkages and strategic partnerships among health NGOs, government and private sector in order to enhance their responses towards health needs of Kenyans"

HENNET Objectives

- Articulate health needs and promote efficient and effective allocation of health resources.
- Articulate and address challenges and constraints affecting health NGOs, government and private providers.
- Share knowledge, skills, research findings, information, best practices and lessons learnt among NGOs, government and private health care providers.
- Support health NGOs in their advocacy role in critical issues affecting the health of Kenyans.
- Coordinate the health activities of NGOs so that they are in line with relevant national health policies and procedures.
- Participate actively in development and implementation of national health plans and policies.
- Build alliances with other health networks at both national and international levels.
- Build capacity of the Network's members in areas of need.
- Mobilise resources for HENNET secretariat.

Foreword

The Health NGOs Network (HENNET) is pleased to present this popular version of the complete National Health Sector Strategic Plan (NHSSP II) 2005-2010, a Government of Kenya, Ministry of Health publication. The popular version highlights key information that is necessary for health oriented Civil Society Organizations and other stakeholders to meaningfully participate in the Kenya Health Sector Wide Approach. HENNET has taken this initiative to ensure that implementing partners are fully conversant with key national health operational documents. These include the NHSSP II, Joint Program of Work and Funding (JPWF), Norms and Standards, and the Community Strategy.

Among other basic guiding principles, the Kenya Health Sector Wide Approach (SWAp) recognizes the implementing partner entities that are signatories to the Code of Conduct (COC) as full and equal partners. Through the COC, all cooperating partners (including implementing partners) have agreed to support, review and update the NHSSP II and its Joint Program Work and funding periodically. As per the COC, obligations of Implementing Partners will include:

- Implementing partners' programs and plans, irrespective of source of funding, are fully consistent with the JPWF and are reflected in the Annual Operational Plans (AOPs)

- Implementing partners health programs are aligned and included in the District Health Plans.

We hope that the documents will be useful to HENNET members and other stakeholders; and that the documents will convey the information intended with clarity and precision for a better collaboration and partnerships.

We acknowledge the MOH who have allowed HENNET to summarize the complete document into this popular version.

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1. Introduction

In order to effectively implement the Kenya Essential Package for Health (KEPH)[1], basic inputs such as human resources, infrastructure and commodities must be put in place. This publication sets out the norms and standards that are established to guide the efficient, effective and sustainable delivery of this package of services. This is in accordance with the NHSSP II 2005-2010 whose objectives are shown in figure 1.

Figure 1: Goals and Objectives of NHSSP II

Goals

- Reducing inequalities in health care
- Reversing the downward trends in health outcomes.

Objectives

- Increase equitable access to health services.
- Improve the quality and responsiveness of services in the sector.
- Improve the efficiency and effectiveness of service delivery.
- Enhance the regulatory capacity of the Ministry of Health.
- Foster partnerships in improving health and delivering services.
- Improve the financing of the health sector.

Definition

Norms and standards are a statement of the inputs that are necessary to ensure efficient and effective delivery of health services to the population. Service delivery ***standards*** *relate to the expectations of each level of care with regard to service delivery infrastructure and the human resources needed to meet these expectations. Service delivery* ***norms*** *define the quantities of these resource inputs needed to efficiently, effectively and sustainably offer the service delivery package.*

Health service delivery norms and standards define:

- *Health system structures for efficient, equitable and sustainable health care service;*
- *Expected service standards for different activities to be delivered at different levels of the health system;*
- *Minimum human resources and infrastructure required at all levels; and*
- *The process and expectations of supervision and monitoring for adherence to the norms and standards.*

For efficient and effective service delivery, each defined level of the system is expected to provide KEPH services for a defined population. NHSSP II specified six levels of the health care system.

2. How will this document assist the reader?

The norms and standards document outlines how the NHSSP II envisages creating a service delivery environment where investments particularly in infrastructure and human resources are co-ordinated for rational and equitable distribution across the country. The document will guide policy makers and other stakeholders in the health

[1] The KEPH for the six cohorts is fully described in the NHSSP II document.

sector to determine the required inputs to ensure efficient and effective delivery of quality health services at the six different levels of the healthcare system.

3. Principles guiding norms and standards

Table 1 is a summary of principles that guide and define the norms and standards for the delivery of KEPH.

Table 1: Principles guiding norms and standards

Principles	Definition
• **Units of service delivery**	Refers to the services provided at particular level and NOT the level of the facility. This is because the service may also be provided by a higher level facility.
• **Equity in access and utilization**	Refers to equal distribution as well as accessibility and utilization of health services by ALL individuals and communities in a country. Geographical, demographic (age and gender), socio-cultural and economic factors are important determinants of equity in access and utilization.
• **Relevance and acceptability**	The Health care services must meet: - demands - satisfaction - real and priority needs of the community.
• **Continuity of care**	Health care provision should be given: - on onset of illness/risk and to the highest level of referral - follow up until resolution of the condition or problem
• **Integration of care**	Provision of health care services should involve: - individuals - households and communities to ensure that a comprehensive set of defined services are available.
• **A comprehensive or holistic approach**	All possible contributory factors to health problems of individuals, families and communities should be addressed while maintaining a permanent interaction and dialogue with individuals, households and the community.
• **The involvement of individuals, households and communities**	Individuals and communities should take responsibility and ownership for their own health through participation and management of health activities.

Using this criterion, the Ministry of Health (MOH) has defined norms and standards for delivering the KEPH at the six levels of care.

4. Health sector norms and standards for Kenya

(i) Service delivery units for each level of care

Table 2 provides the norms and standards for service delivery at each level of care and for the population served. It also indicates the healthcare interventions and cadre of health personnel required for each level of care.

Table 2: Service delivery units for each level of care

Level	Activities	Population served
Level 1: Community	Health behaviour change activities, recognition of signs and symptoms of conditions	5,000 persons
Level 2: Dispensary / Clinic	Curative, rehabilitative, preventive, and promotive services, health census of the population in catchment area, record-keeping and reporting activities, coordinating information flow from facilities in catchment area.	10,000 persons
Level 3: Health Centre, Maternity Home, Nursing Home	In addition to level 2 activities, minor surgery, limited emergency inpatient services, limited oral health services, maternity for normal delivery, laboratory.	30,000 persons
Level 4: Primary Hospital	All activities of level 2 & 3, clinical supportive supervision to lower facilities, health behaviour change, referral services, logistical support to lower facilities, co-ordination of information flow	100,000 persons
Level 5: Secondary Hospital	Training services for health workers, referral for curative and specialized care services, management and coordination support to districts, provision of internship	1,000,000 persons
Level 6: Tertiary Hospital	Training services of specialized health cadres, specialized care services, provision of internship, management and coordination support to the provinces and districts, partnership and linkages activities at MOH level.	

Table 3 shows the gaps in service delivery units based on the established norms above.

Table 3 Service delivery units needed, available and gaps by level of care

Province	Population		Level 1	Level 2	Level 3	Level 4	Level 5
Central	3,909,728	Required service delivery units	782	391	130	39	4
		Existing health facilities		372	89	65	
		Gaps in service delivery units		**19**	**41**	**-26**	**4**
Coast	2,801,356	Required service delivery units	560	280	93	28	3
		Existing health facilities		334	42	64	
		Gaps in service delivery units		**-54**	**51**	**-36**	**3**
Eastern	5,103,110	Required service delivery units	1,021	510	170	51	5
		Existing health facilities		692	80	65	
		Gaps in service delivery units		**-182**	**90**	**-32**	**5**
Nairobi	2,563,297	Required service delivery units	513	256	85	26	3
		Existing health facilities		381	54	58	
		Gaps in service delivery units		**-125**	**31**	**-32**	**3**
North Eastern	1,187,767	Required service delivery units	238	119	40	12	1
		Existing health facilities		68	12	8	
		Gaps in service delivery units		**51**	**28**	**4**	**1**
Nyanza	4,804,078	Required service delivery units	961	480	160	48	5
		Existing health facilities		333	117	98	
		Gaps in service delivery units		**147**	**43**	**-50**	**5**
Rift Valley	7,902,033	Required service delivery units	1,580	790	263	79	8
		Existing health facilities		1,006	161	100	
		Gaps in service delivery units		**-216**	**102**	**-21**	**8**

Western	3,853,936	Required service delivery units	771	385	128	39	4
		Existing health facilities		196	94	68	
		Gaps in service delivery units		**189**	**34**	**-29**	**4**
National	32,125,305	Required service delivery units	6,425	3,213	1,071	321	32
		Existing health facilities		3,382	649	526	20
		Gaps in service delivery units		**-169**	**422**	**-205**	**12**

(ii) Human resources

Human resource norms are rationally defined for different levels of the system. The purpose of deriving norms of human resources for health is to **qualify** the expected types of staff cadres needed at each level and to **quantify** the numbers of the different identified staff cadres needed at every level of care. Human resource norms and standards are based on the workload indicator ratio.

The methodology of working out the workload is based on the actual and the expected staff numbers per population served[2]. This method helps to identify staffing inequities between facilities and population, and provides guidelines on specific actions that should be taken to remedy the shortage. It provides clarity on:

- how workload pressure at each measured unit (facility/district) can be compared with others; and
- where staff shortages or workload pressures are concentrated for the different staff categories.

With regard to proposed standards by level of care, the higher the level of care (level 1 towards level 6), and the higher the specialization of the staff cadres. For each of these levels, expected service standards are defined in line with expected KEPH services. Tables 4 and 5 show the recommended human resource norms for the various levels of healthcare.

Table 4 Norms for key service delivery cadres for levels 1-4

		Minimum human resource			
Population	**Level of Function**	**Service delivery staff**	**No.**	**Support staff**	**No.**
5,000	Level 1	CORPs	50		
10,000	Level 2	Nursing staff (RCNs)	2	General attendant	2
		Community Health Extension Worker	2	Watchman	1
30,000	Level 3	Clinical Officers	2	Statistical clerks	
		Outpatient support	1	Clerk/cashier	
		Management support	1	General attendant	
		Nursing staff	14	Cook	
		Outpatients	3		
		Delivery /inpatient	4		
		MCH activities	4		
		Dressing room	2		

[2] Methodology of working out the workload and details of key service delivery cadres by level of care are found in the document "Norms and Standards for Health Service Delivery."

Population	Level	Service delivery staff	No.	Support staff	No.
		Overall coordination	1		
		Community Oral health Officer	1		
		Laboratory Technicians	1		
		Pharmaceutical technologist	1		
100,000	Level 3	Clinical officers (outpatient filtering)	2	Statistical clerks	2
		Nursing staff	8	Clerk/cashier	1
		General/outpatients	2	General attendant	10
		Delivery /MCH	6	Drivers	2
		Laboratory Technicians	2	Cooks	4
		Pharmaceutical technologist	2	Watchmen	1
	Level 4	Medical Officers	6	Store attendant	1
		Outpatients	2	Health Administration	1
		Inpatients	3		
		Management	1		
		Dentist	1		
		Pharmacists	1		
		Clinical Officers	5		
		Specialized clinics	4		
		Anesthesiologists	2		
		Nursing staff	60		
		Incharge	1		
		Specialized outpatient clinics	8		
		Wards	30		
		Theatre	10		
		Nursery	3		
		Radiographer	1		
		Dental technologist	1		
		Laboratory Technologists	1		

Table 5 Norms for key service delivery cadres for levels 1-4

			Minimum human resource			
Level	**Population**	**Level of Function**	**Service delivery staff**	**No.**	**Support staff**	**No.**
5	1,000,000	3	Clinical officers (outpatient filtering)			
			Nursing staff			
			General/outpatients			
			Delivery /MCH			
			Laboratory Technicians			
			Pharmaceutical technologist			
		4	Medical Officers	15		
			Outpatients	4		
			Wards	128		
			Maternity	2		
			Management	5		
			Dentists	2		
			Pharmacists	2		
			Specialized clinical officers	12		
			Nursing officer	178		
			Specialized outpatient clinics	10		
			Theatre	40		

	Nursery	4		
	Radiographers	3		
	Dental technologists	4		
	Laboratory technologists	3		
5	Medical specialists	24	Statistical clerks	2
	Rehabilitative therapists	4	Clerk/cashier	2
	Physiotherapists	1	General attendant	20
	Occupational therapists	1	Drivers	2
	Orthopaedic technologists	1	Cooks	4
	Social worker	1	Watchmen	3
	Medical officers (ICU)	1	Store attendant	1
	Nursing staff (ICU)	12	Health Administration	2
	Clinical pharmacists	1	Accountant	2
			Medical Engineer	1

(iii) Infrastructure

The four components of the health infrastructure are buildings, equipment, information and communication technology (ICT) and transport. These must be integrated harmoniously, together with other required inputs (especially human resources), to ensure efficient, equitable, effective and sustainable delivery of health care services. The services and human resources at the different levels largely determine the required infrastructure, equipment, ICT and transport. The methodology for determining infrastructure norms is complex but entails defining catchment area, population, burden of disease, proposed KEPH packages, and other access factors. The norms for the physical infrastructure are given in table 6

Table 6 Minimum infrastructure for delivery of KEPH by level of care

Level	Population	Physical infrastructure	No.	Equipment	No.
1	5,000	No Physical structure		Kit	
2	10,000	Medical provision	6	Labour /delivery bed	
		Staff house	2	Motorcycle /bicycle	
		Pit latrine	2	Local transport system	
		Simple incinerator		Communication	
		Water storage			
		Fence			
		Composite pit			
		Minimum size (acre)	1	Beds	11
3	30,000	Medical provision (with inpatient)	13	Motorcycle	1
		Kitchen		Ambulance	
		Laundry		Communication	
		Staff house	2		
		Pit latrine	4		
		Simple incinerator	1		
		Placenta pit	1		
		Water storage			
		Power supply			
		Fence			
		Composite pit			
		Minimum size (acre)	2		
4	100,000	Medical provision (rooms)	25	Beds	100

	Theatre		Vehicles/ambulance	2
	Kitchen		Motorcycle	1
	Laundry		Communication	
	Mortuary		Operation room beds	2
	Radiology unit			
	Staff house	4		
	Ablution			
	Running water source			
	Water reservoir			
	Roof water catchments			
	Placenta pit	1		
	Incinerator	1		
	Generator	1		
	Power supply			
	Fence			
	Composite pit			
	Pit latrine	4		
	Minimum size (acre)	5		
5	Medical provision (rooms)	35	Beds	400
	Theatre		Vehicles/ambulance	2
	ICU		Motorcycle	1
	Kitchen		Communication	
	Laundry		Operating room beds	4
	Mortuary		ICU beds	4
	Radiology unit			
	Medical engineering unit			
	Staff house	8		
	Ablution			
	Running water source			
	Water reservoir			
	Roof water catchments			
	Placenta pit	1		
	Incinerator	1		
	Generator	1		
	Power supply			
	Fence			
	Composite pit	1		
	Pit latrine	10		
	Minimum size (acre)	10		

Adapted from: MOH Norms and Standards

5. Introduction of norms and standards in Kenya

All stakeholders in the health sector are expected to comply with the stated norms and standards for various levels of healthcare and KEPH. Full implementation of the norms and standards is expected to be rolled out over a period of 3 years as follows:

- Disseminating the norms and standards to all levels of the sector;
- Developing training modules for provincial and district levels on the application of the norms and standards to rationalize their service delivery systems;
- Supporting provincial and district levels on guiding their respective districts and health facilities in using the modules and guidelines;
- Providing specific support to districts as may be determined;

- Reviewing strategies to adopt norms and standards at different levels; and
- Monitoring adherence to norms and standards.

The complete document provides details of expected service standards for each component of service delivery such as malaria, STI/HIV/AIDS, child health, sexual and reproductive health, public health, and management. The standards and norms also provide for standard activities for the different cadres such as average working days per month, leave days, off the job training, and holidays.

Note: The complete version of the document from which this popular version has been adapted is posted on the HENNET website: www.hennet.or.ke

It is recommended that this document be read together with other complete publications, namely: (i) National Health Sector Strategic Plan II: 2005-2010; (ii) Joint Programme of Work and Funding for the Kenya Health Sector; and (iii) Taking the Kenya Essential Package for Health to the Community; that are posted on the HENNET website.

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