



MINISTRY OF HEALTH

KENYA HEALTH SECTOR REFERRAL STRATEGY 2014–2018

The Kenyan health care system is hierarchical and is organized around six levels of care. The first level starts at the community level, and is mainly focused on promotive health and treatment of minor ailments. The second and third level provide primary care services, and include dispensaries and health centers that offer basic outpatient care, maternity and minor surgical services. The fourth and fifth levels provide secondary care services, and include county health facilities that offer a broad spectrum of treatment. The highest level of care forms the tertiary level, which offers specialized care besides training to health workers.

However, despite the hierarchical system, there has for long being no policy documents or guidelines to monitor the referral processes between the various levels of care. These lack of guidelines have created a number of challenges for the healthcare structure, all the while impeding patients' access to healthcare. These systematic challenges include ineffective coordination and networking amongst health facilities, which lead to inappropriate referrals and inefficient use of scarce resources. Patients have also had the tendency to bypass lower level facilities with the assumption that they provide lower quality care.

The introduction of the Kenya National Referral Health Strategy aims to ensure linkages across the entire health sector, and not just within the public health services. The strategic framework is based on the Vision 2030 and guided by the Millennium Development Goals and the Kenya Health Policy (2012 – 2030). The strategy aims to guide the establishment of an efficient referral system; improve the service provider's capacity to offer services and transfer clients; improve performance monitoring of the referral system to ensure efficient management; and to provide evidence-based quality emergency health services regardless of the ability to pay.



The Referral Strategy provides a comprehensive approach to referrals through a framework that addresses the movement of clients, specimens, client parameters and expertise movement.

The Referral Strategy specifically deals with the management of four key movements. The first is the **client movement**, which is the actual patient seeking an appropriate level of care at which their health needs are best addressed. The second is about **expertise movement**, which involves the system of rotation and facilitation of healthcare providers so that they are able to reach patients in need of care, and especially in situations where it may be more efficient and cost effective.

The third case is the *specimen movement*, and involves the movement of a sample, i.e. urine, blood, etc. usually for investigative purposes. The final is the *movement of client parameters*, which is an indirect referral involving movement of the patient's information for supportive diagnosis to higher levels of the system. The development in the information technology sector directly facilitates this form of referral.

These referral cases are classified based on the type of client that is being referred or the given condition at the time. Given that, there can be *emergency referrals*, which are conditions that threaten life, limb or eyesight. There are *urgent referrals*, which are conditions that are cases that require immediate attention so as to prevent them from becoming a serious risk to health. There are also *routine referrals*, which are aimed at looking for second opinion or higher-level investigations.

In all these cases, the strategy defines a number of requirements so that the overall health system adequately responds to the referral needs. These expectations envelop the health workforce, service providers and county and national governments, who in total make up the building blocks of the health sector. For patients, there's the expectation that they will obtain information on how best to seek health assistance, and understand that the delay in seeking care places more strain on the referral system. Health facilities in turn are expected to respect client rights and confidentiality, inform clients on the reasons and importance of referral, with higher-level service facilities providing clinical support and job training to health workers in lower levels. The Ministry of Health is also expected to institute appropriate service and maintenance program to ensure that referral logistics are fully functioning.

The overall cost to implement the strategy over the next five years will be over KSh 34 billion. The cost will take care of paying new personnel, sourcing vehicles to transport patients, besides acquiring medical equipment to ensure compliance with the strategy standards. To solidify the results of the strategy, there will be a monitoring and evaluation team looking towards both the performance of the implementation process, and the functioning of the specific units within the referral system.



For all the health care service delivery levels to provide the much needed health services equitably and cost-effectively, the referral system needs to be strengthened.

