Primary health care staffing standard

15 September 2023

Key points

- The standards for healthcare staffing apply to health centres supported by UNHCR. However, national Ministry of Health guidelines take precedence.

- Health workers should have the training, skills and supervisory support they require for their level of responsibility.

- Agencies have an obligation to train and supervise staff to ensure that their knowledge is up-to-date.

- Capacity-building is a priority, especially when staff have not received regular training or new protocols have been introduced.

- As far as possible, training programmes should be standardised. Prioritize training that addresses key health needs and competence gaps identified during supervision.

1. Overview

The health workforce is composed of a wide range of health professionals, including medical doctors, nurses, midwives, clinical officers or physician assistants, laboratory technicians, pharmacists, community health workers (CHWs), etc., plus management and support staff.

Though the optimal number of different types of health workers varies from context to context, there is nevertheless a correlation between the availability of health workers and provision of health services. For essential primary health care services, the staffing levels below have been defined as the minimum required to attain and maintain primary health care services of acceptable quality.

Gender and diversity need to be considered. Imbalances in staffing should be addressed by redeploying health workers to areas that experience critical gaps in relation to health needs, or
by recruiting new staff.

2. Main guidance

Emergency standard

<table>
<thead>
<tr>
<th>Health Centres</th>
<th>1 :</th>
<th></th>
<th>3 per facility of 50 beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctor</td>
<td>:</td>
<td>Clinical Officer (in-patient care)</td>
<td></td>
</tr>
<tr>
<td>Clinical officer(out-patient services)</td>
<td>: 1</td>
<td>: &lt;10,000</td>
<td></td>
</tr>
<tr>
<td>Nurses (out-patient services)</td>
<td>: 1</td>
<td>: &lt;10,000</td>
<td></td>
</tr>
<tr>
<td>Nutrition Supervisor</td>
<td>: 1</td>
<td>: &lt;10,000</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Nurse/Clinical Officer trained in Mental Health</td>
<td>: 1</td>
<td>: &lt; 50,000</td>
<td></td>
</tr>
<tr>
<td>Qualified Pharmacist(diploma)</td>
<td>:</td>
<td>Qualified Laboratory Technician (diploma)</td>
<td>1 : &lt;15,000 where there are full laboratory services</td>
</tr>
<tr>
<td>Community Health Care</td>
<td>1 : 1,000</td>
<td>Nutrition Outreach Workers</td>
<td>1 : 750 in refugee camps where GAM is above 10%</td>
</tr>
</tbody>
</table>
Longer-term standard

The above standards apply to both emergencies and long-term situations except that the long term standard for community health workers is:

- At least one 1 CHW should be available for every 1,000 people.

3. Links

The SPHERE Handbook

4. Main contacts

UNHCR DPSM/PHS. At: HOPHN@unhcr.org.