



Indian Public Health Standards

State Institute of Health & Family Welfare, Jaipur



Existing Standards

- Hospital Standards by Bureau of Indian Standards (BIS)
- BIS Standards considered very resource intensive in current scenario
- No such standards for primary health care institutions



Standards in IPHS.....

- Describe a **level of quality** that health care facilities are expected to meet .
- Setting standards is a **dynamic** process
- **Revision** of standards will occur as and when the facilities achieve a minimum functional grade.
- Standards are also **flexible**, to be applied keeping in view the needs of the States.



Infrastructure: Number v/s Functionality

- March 2008, Impressive Numbers
 - 146036 SCs,
 - 23458 PHCs, and
 - 4276 CHCs.
- Functionality ? For quality, equity & accountability
 - Infrastructure
 - Manpower
 - Logistics
 - Drugs
 - Equipment



IPHS Genesis

- NRHM aims to
 - reduce child and maternal deaths,
 - stabilize population and
 - ensure gender and demographic balance.
- Required **-restructuring** the delivery mechanism for health services.
- NRHM proposed-
 - **up gradation** of public health institutions to achieve a level of set standards called “**Indian Public Health Standards (IPHS)**”.



Need for IPHS

- Quality management
- Quality Assurance
- Effective, economical and accountable health care delivery system
- Optimal level of services

Considerations in setting IPHS



- **Minimum resources available** at the facilities.
- **Minimum functional level of institutions**
 - Space,
 - Building,
 - Manpower,
 - Instruments,
 - Equipments,
 - Drugs
- **Standards for periodic monitoring at State and Central Governments, and PRIs** -how many are conforming to IPHS standards.

Process of Formulating IPHS



- Constitution of Expert Committee under DGHS
- Discussion with members (ministry officials, State Governments representatives, academicians, management experts, economists, donor agencies, public health professionals, and other organizations such as NGOs etc.
- Circulation of draft IPHS
- Putting drafts standard on website
- Finalization of IPHS for public health institutions



Why IPHS for Sub-Centres.....

- Most peripheral and **first contact** point
- Services of **acceptable standards** to the people, through certain available guidelines.
- First step is to lay down **norms** and standards for Sub Centres.



IPHS for Sub-Centres...



Location

- Not too close to an existing sub centre/PHC
- As far as possible, no person travels more than 3 km to reach the sub-centre.



Manpower

HW (F)

HW (M)

Additional HW (F)



Drugs

- Elementary drugs for minor ailments such as
 - ARI
 - Diarrhea
 - Fever
 - Worm infestation

Services



- All “Assured Services” (preventive, promotive, few curative and referral services and NHPs).
 - Full immunization and Vitamin A prophylaxis
 - Essential newborn care
 - Antenatal, natal and postnatal care
 - Prevention of malnutrition and common childhood diseases
 - Family planning services
 - Counseling.
- Community needs assessment
- Minimum laboratory services
 - Hemoglobin
 - Urine for albumin, sugar
 - Referral to PHC for blood grouping



Other services

- Malaria prophylaxis
- JSY
- ARSH and school health services
- VHND
- Referral services
- AYUSH
- Training of TBAs, ASHA/Community Health Volunteers
- Recording and reporting of vital events
- Syndromic surveillance done and reported weekly to PHC
- Water Quality Monitoring & Disinfection of water sources

Other Norms for SC...



- **Residential Accommodation** especially for the ANMs
- **Maintenance of equipment** -through preventive maintenance or prompt repair of non-functional equipment to ensure uninterrupted delivery of services, by making use of the untied funds
- Potable **water** for patients and staff and water
- Wherever possible, **uninterrupted power supply**



SC also to ensure

- Availability of **model citizen's charter**
- **A grievance redressal mechanism,**
- **Constitution of VHSC**
- **Involvement of PRI**

Funding, Monitoring & Evaluation



- Assistance from Ministry of Health & FW, **GOI**
- **Untied funds** - currently **Rs.10,000 per SC** under NRHM)
- One HA (Female) and one HA (Male) located at the PHC are entrusted with the task of supervision of all the Sub-centres under a PHC.



Primary Health Centres

- Population of 20,000-30,000
- 4-6 indoor beds
- Link between SC and CHC
- 23458 (March 2008),
- Rajasthan: 10742 (March, '09)



Why IPHS for Primary Health Centres..

- PHC **-first port of call** to a qualified doctor in rural areas
- **Referring unit** for 6 Sub-centres
- **Referral unit to CHCs and DH**
- Provides a range of curative, promotive and preventive health care services.



IPHS for PHC

- IPHS
 - Minimum resources available
 - Minimum functional standards
- Innovations
 - Constitution of RMRS
 - **Involvement of PRI** and
 - **Citizens' Charter**



24x7 PHC should

- **Provide 24-hour delivery services**, both normal and assisted
- **Provide Obstetric First Aid and Referrals to First Referral Units (FRUs)**/other hospitals, for high risk pregnancy cases beyond the capability of Medical Officer, PHC.
- **Provide 24 hours emergency services** for management of injuries and accidents.
- **Provide emergency care of sick children**



Minimum requirements for PHC

➤ Basis

- Average case load of 40 patients per doctor per day,
- 60% utilization of the available indoor/ observation beds (6 beds).
- Standards upgraded with utilization

➤ Manpower

- **One more medical officer** (AYUSH or lady doctor) and **two more staff nurses** existing total staff strength of 15 in the PHC

Proposed Manpower at PHC



	Existing	Recommended
Medical Officer	1	2(one AYUSH or LMO)
Pharmacist	1	1
Nurse-midwife (Staff (Nurse)	1	3 (for 24-hour PHCs) (2 may be contractual)
Health workers (F)	1	1
Health Educator	1	1
Health Asstt. (M&F)	2	2
Clerks	2	2
Laboratory Technician	1	1
Driver	1	Optional/vehicles out-sourced.
Class IV	4	4
Total	15	17/18

Services at PHC



- MCH
- 24 X 7 Delivery & New born care
- ARSH
- Immunization
- NH Programs
- Permanent FP methods-TT/ vasectomy / NSV
- MTP using MV technique (if trained personnel and facility exists)
- common eye diseases and Refraction Services
- School Health
- Nutrition (coordinated through ICDS)
- Selected surgeries



Other services

- Referral transport
- ISM based treatment through AYUSH doctor
- Laboratory
 - Malaria
 - TB
 - STI/RTI
 - Enteric
 - Routine –Urine, stool, blood
- IDSP
- Training
- Waste Mgt.
- Laundry (outsourced)



Facilities at PHC under IPHS

- Waiting
- OPD
- Wards
- Nursing station
- OT, MOT, Labor room
- Laboratory
- Accommodation
- Store
- Dispensing
- Electricity, Telephone, Water

Monitoring and Supervision



- **MO** to SC once a month
- **Health Assistants** Male and LHV to SC once a week
- **Internal Mechanism:** Record maintenance, checking and supportive supervision
- **External Mechanism:** Monitoring through the PRI / Village Health Committee / RMRS (as per guidelines of State Government).
- **Charter of Patients' Rights** available at PHC
- **RMRS**



IPHS for CHCs: Objectives

- Provide optimal expert care to the community
- Achieve and maintain an acceptable standard of quality of care
- Make the services more responsive and sensitive to the needs of the community



CHC/FRU

- 30-bedded hospital located at the block headquarter,
- Secondary level of health care
- Specialist care
 - Medicine
 - Surgery
 - Ob & Gy.
 - Pediatrics
 - Anesthesia
 - Public health
- 80,000 -1,20,000 pop.
- Catchment-4 PHCs
- Referral point for PHCs (FRU for obstetric emergencies)

Infrastructure for IPHS CHC



Assured services at CHC

- Specialist care
 - Medicine
 - Surgery
 - Ob & Gy.
 - Pediatrics
- Blood storage unit
- Operation theatre, labor room, X-ray laboratory, ECG .
- Referral transport
- NH Programs

Infrastructure for IPHS CHC



- Entrance Zone and OPDs
- Admin. zone
- Emergency Room/Casualty
- Treatment room (MOT, Injection / dressing room)
- Wards- male and female with space between beds
- Other Services
 - CSSD
 - Electricity with Back-up, Water, Telephones
 - Laundry & Waste mgt.
 - Separate toilets for male & female
 - Maintenance and sanitation facility
 - Computerization for record and surveillance.



Manpower at IPHS CHC

➤ Regular

- Surgery,
- Medicine,
- Obstetrics and Gynecology and
- Pediatrics.

➤ Contractual

- Anesthetist and
- Public Health Program Manager

➤ Support manpower

- Public health Nurse
- ANM in addition to the existing staff.
- Ophthalmic Assistant

➤ Recommended

- One Ophthalmologist for every 5 CHCs
- One Dental Surgeon,
- 6 GDMOs,
- One AYUSH specialist and
- One AYUSH general doctor

Specialists at CHC under IPHS



Personnel	Minimum requirement	Proposed
General Surgeon	1	1
Physician	1	1
Ob. & Gy.	1	1
Pediatrics	1	1
Anesthetist	-	1
Public Hlth. Health Manager.	-	1
Eye surgeon	-	1
Total	4	6/7

Total Manpower for IPHS CHC



- Block Health Officer
- Physician
- Surgeon
- Ob. & Gy.
- Paediatrician
- Anesthetist
- Public Health Manager
- Dental Surgeon
- Ophthalmologist (one for 5 CHCs)
- 6 GDMO (2 LMOs)
- 1 AYUSH specialist
- 1 AYUSH GDMO
- Support Manpower (total 64) includes:
 - 19 S/N, 1 PHN, 1 ANM and 1 Ophthalmic Assistant

Ensuring Accountability and Quality



- **Mandatory RMRS (RKS)**
- A **grievance redressal mechanism** under supervision of RMRS (RKS)
- **Social audit** by involvement of the community through RMRS (RKS) is recommended.
- **Charter of Patients' Rights** displayed prominently at the entrance.
- **Standard Operating Procedures and Standard Treatment Protocols**
- External monitoring through PRIs, & internal monitoring



IPHS for Sub-divisional /Sub-district Hospitals

- **5-6 lakhs people.**
- About **1200** such hospitals in the country with number of beds ranging from **50 to 100 beds** or more.
- Two IPHS Standards for SDH have been prepared according to bed strength - for **31-50 beds** and **51-100 beds**.



Need for IPHS for SDH

First Referral Units for specialist services from neighboring Community Health Centres.

A Sub-district/Sub-divisional Hospital provides emergency obstetric and neo-natal care

It also saves travel time to the DH ,reduces the workload of the district hospital.

Minimum Assured Services at SDH



➤ **OPD, indoor and emergency services**

➤ **Consultation**

- General Medicine
- General Surgery
- Obstetric & Gynecology
- Pediatrics
- Anesthesia
- Orthopedics
- ENT
- Radiologist and sonologist
- Ophthalmology
- Community Health
- Skin & VD, RTI/STI
- Dental care
- AYUSH



Other services at SDH

- Lab, X-ray, Ultrasound, ECG
- Blood transfusion and storage,
- Physiotherapy
- Medico legal/postmortem*
- Ambulance services
- Dietary services
- Laundry services
- Security services
- Housekeeping
- Inventory Mgt.
- Waste management



IPHS for District Hospitals

- Administrative unit
- Pop. 2-5 million
- **617** districts (Rajasthan: 33)



IPHS for DHs: objectives

- Provide **comprehensive secondary health care** (specialist and referral services).
- Achieve and maintain an **acceptable standard of quality of care**.
- Make **services more responsive and sensitive to the needs of the people**



DH and IPHS

- Services depend on size of bed compliment
- Norms vary based on bed compliment
- Norms developed for
 - **101-200 beds,**
 - **201-300 beds** and
 - **301-500 beds.**



Minimum Functional standards for DH: Areas

- Physical infrastructure,
- Manpower,
- Diagnostic and investigation facilities,
- Equipment ,
- Drugs and
- Other supportive services



Thank You

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