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

• As per RHS 2011 - Impressive Numbers
  ▪ 148124 SCs,
  ▪ 23887 PHCs, and
  ▪ 4809 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)”.

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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…

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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

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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**

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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
- India – 23887 (RHS 2011)
- Rajasthan – 1517 (RHS 2011)
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.

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IPHS for PHC

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

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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

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

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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

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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 headquarters,
- 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)

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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

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Minimum requirement</th>
<th>Proposed</th>
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</thead>
<tbody>
<tr>
<td>General Surgeon</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Physician</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ob. &amp; Gy.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Public Hlth. Health</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Manager.</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Eye surgeon</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>6/7</strong></td>
</tr>
</tbody>
</table>
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, 1ANM and 1 Ophthalmic Assistant

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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

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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
- 640 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

For more details log on to www.sihfwrajasthan.com or contact: Director-SIHFW on sihfwraj@yahoo.co.in