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)".

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
- 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.

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	1	3 (for 24-hour PHCs)
(Nurse)		(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, 1ANM 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
- **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

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