



# INDIAN PUBLIC HEALTH STANDARDS (IPHS)

## Rationale for IPHS:

- **Buildings are either very old** and in dilapidated conditions or are not maintained properly.
- The facilities at **hospitals require continuous Upgradation** to keep pace with the advances in medical knowledge, diagnostic procedures, storage and retrieval of information.
- A typical district **hospital lacks modern diagnostics** and therapeutic equipments, proper emergency services, intensive care units, essential pharmaceuticals and supplies, referral support and resources.
- There is a **lack of trained and qualified staff** for hospitals management and for the management of other ancillary and supportive services viz. medical records, central sterilization department, laundry, house keeping, dietary and management of nursing services.

## ...Rationale for IPHS

- There is **lack of community participation** and ownership, management and accountability of district hospitals through hospital management committees.
- In general the functioning of Rural Health Care Institutions not satisfactory
- **Lack of comprehensive and realistic mandatory standards** for Public Health Institutions in Indian context

# Rationale for IPHS:

- There is an urgent **need to provide guidance to those concerned with quality assurance** in district hospitals services to ensure efficiency and effectiveness of the services rendered.
- The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for various health institutions at various levels starting from Sub-centres, Primary Health Centres, Community Health Centres and so on up to the district level hospitals of various sizes.
- The current effort is only to workout standards for a minimum functional grade for hospital at various level and sizes as per bed strength.

# Needed to ensure

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

# Objectives of IPHS:

- 1. Describe benchmarks for quality expected from various components of health care organization.**
- 2. Standards for quality of services, facilities, infrastructure, manpower, machines & equipment, drugs etc.**
- 3. Main driver for continuous improvements in quality**
- 4. Standards for assessing performance of health care delivery system**

# Objectives of (IPHS)

- To provide comprehensive health care (specialist and referral services) to the community through the respective levels of Hospital.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the people of the district and for the hospitals/centers from which the cases are referred or to be referred further.

# Process

- Setting standards – a dynamic process
- Current standards prepared keeping in view available resources
- Minimum standards for functional requirements of buildings, manpower, instruments & equipments, drugs and other facilities.



# Existing Standards

- BIS Standard for 100 bedded hospitals
- Rationalization of Service Norms for Secondary Care Hospitals prepared by Govt. of Tamil Nadu
- District Health Facilities
- Guidelines for Development and Operations, WHO, 1998

# Process of Formulating IPHS

- **Constitution of Expert Committee under DGHS**
- **Discussion with members comprised of 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 for public health institutions in rural areas**
- **Putting drafts standard on website**
- **Finalization of draft IPHS for public health institutions**

# Available IPHS Guidelines for different categories of Health Facilities

- **Sub Centre**
- **PHC**
- **CHC**
  
- **31-50 bedded Hospital**
- **51-100 bedded Hospital**
- **101-200 bedded Hospital**
- **201-300 bedded Hospital**
- **301-500 bedded Hospital**

# Functions

- **It provides effective, affordable healthcare services for a defined population**, with their full participation and in co-operation with agencies in the district that have similar concern. It covers both urban population (sub divisional headquarter town) and the rural population of the defined area.
- Function as a referral centre for the public health institutions below its level.
- Provide education and training for primary health care staff and other technical & administrative support whenever required .

# Implementation and Monitoring

- Under National Rural Health Mission (NRHM) States / UTs to upgrade District Hospitals, CHCs, PHCs and Sub Centres upto IPHS levels
- Govt. of India also provided funds @ Rs. 20 Lakhs per CHCs for all CHCs to various States / UTs
- Strengthening health infrastructure in terms of trained staff, infrastructure, equipment and supplies required
- Prerequisite to obtain knowledge of existing situation at different levels of health facilities

# IPHS Facility Survey

- To assess existing facilities as per the norms under IPHS and identify gaps
- To assess utilisation of facilities provided
- To assess quality of services using appropriate outcome indicators
- Proforma designed and circulated among all States / UTs which could be used for conducting IPHS facility surveys
- States / UTs in the process of conducting facility surveys
- Reports of IPHS facility survey for identified CHCs received from 15 States / UTs

# Monitoring Proforma for Identifying Gaps for IPHS based on Facility Survey

- To properly analyze and monitor process of upgradation of CHCs to IPHS
- Proforma designed to highlight gaps
- To judge situation at a particular centre just by giving a look at proforma
- Monitoring Proforma to be kept as benchmark record for each centre
- Monitoring process for ensuring proper and effective implementation

- Capacity Building at all levels
- Optimal Use of available infrastructure
- Quality Assurance & Accountability
- Standard Treatment protocols/ Standard Operating Guidelines
- Rogi Kalyan Samiti
- Charter of Patients' Rights (Citizen's Charter)



# Monitoring mechanism

- Internal & External monitoring by PRIs and RKS/HMS
- Audits – Social, Economic, Medical & Technical
- Checklist for minimum requirement for following components:
  - Services,
  - Manpower,
  - Physical infrastructure,
  - Equipment and Drugs



**THANKS**