GOVERNMENT OF KERALA
Abstract

Health & Family Welfare Department - Standardization of Public Health Institutions and upgradation of PHCs,/CHCs, Taluk and other Government Hospitals under Health Services Department - Orders issued.

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O.(MS)No.568/08/H&FWD Dated Thiruvananthapuram, 6.11. 2008.

Read: G.O.(P).No.156/08/H&FW dated 16.5.2008.

ORDER

Various categories of Health Care institutions namely Primary Health Centres, Community Health Centres and different categories of Government Hospitals existing in Kerala are not having a uniform pattern and the required minimum requirements have not been clearly specified. This has created various types of regional imbalances in the availability of health care institutions, adversely affecting the availability of services in the backward districts/areas. In the absence of clear-cut standardization criteria, systematic and uniform institutional development strategies have not been followed in the state. Based on some of the fundamental principles of Public Health Planning followed in the Standardization Committee report and the recently developed Indian Public Health Standards (IPHS) as approved vide G.O. above read and giving due consideration to the special features of the public health scenario and institutional development pattern of Kerala it has been decided to standardize health institutions coming under the Health Services Department.

2. As per the standardization process the institutions will be classified based on the bed strength/and the field requirements. Accordingly the Institutions will be classified as follows, with the facilities and staff strength indicated under each category to be provided in due course..

2.(1) Primary Health Centres (PHCs)

(a) Primary Health Centres are, basically Grama Panchayat level health institutions intended for providing the basic promotive/preventive health care services including the implementation of the national and state level Public Health programs along with minimum curative services. Though observation beds are provided in these institutions elaborate in-patient care is not expected at this level normally. However, at present there are many Primary Health Centres with functioning Inpatient services, Lab

services, Vehicles with driver etc. In these institutions existing pat[illegible] will be continued. But considering the fact that the efforts for upgrading the inpatient facilities into full-fledged I.P units in many of these institutions have repeatedly failed, the nonfunctioning (sanctioned) bed strength and additional staff created in some of these institutions may be transferred, if required, to other institutions requiring additional staff and bed strength.

(b)Hospital Staff pattern (Minimum staff required).

1. Medical Officers: 2 (Preferably one male and one female - increased from existing 1, the remaining 1 can be provided by NRHM till sanctioned posts are created)
2. Pharmacists - 1,
3. Staff nurse - 3 (increased from existing I, the remaining 2 can be provided on contract basis with NRHM funding till sanctioned posts are created)
4. Nursing Assistant - 1,
5. Hospital Attendant - 1,
6. Part time sweeper - 1

(c)Public Health Wing

One Junior Public Health Nurse & Junior Health Inspector each for one sub Center i.e.for 5000 population, (for 3000 population in tribal and hilly areas.)

One Health Inspector, One Lady Health Inspector (Additional Staff required to be provided by NRHM)

(d)Office

One LD/UD Clerk, One peon

2.2. Primary Health Centres with 24 Hour on call Service (24X7 PHCs)

(a) After upgrading the eligible Block PHCs into CHCs as per the standardization criteria, the remaining block PHCs with functioning In patient facilities along with other existing Mini PHCs with functioning IP facilities will be categorized as 24 Hr PHCs as per Indian Public Health Standard. One Hospital in each block will be designated thus as 24x7 PHC and should have bed strength of up to 30, with the following staff strength.

(b)Staff Strength:

Medical Officer - 4, Pharmacist -2; Lab Technician - 2; Staff Nurse- 9
Nursing Assistant - 3; Hospital Attendant - 3; Part Time Sweeper - 2
Preferably a vehicle, which can be taken by outsourcing.

(c) Staff nurse and other category of staff are to be provided as per the existing bed strength and other available facilities. Public Health wing staff and Office Staff will be as per existing norms. Additional Staff requirement will be provided by NRHM.

(d) The institution will have OPD services, emergency 24x7 services that could be attended by nurses and one Medical Officer, well functioning Hospital Management Committees(HMC), referral services, in-patient services, minor surgeries, management of wound and fracture, MCH care including FP services including facility for MTP, nutritional services, School Health Programs, and Monitoring & Supervision of National Health Programs including ASHA. Full

laboratory facilities shall be available and availability of drugs & key diagnostic tests is to be ensured.

2.3. Community Health Centres(CHC)

(a) Community Health Centres are Block level Health care institutions providing basic and Secondary Health Care services along with the planning, implementation and coordination of the Public Health Programs at the Block level. There will be one Community Health Centre each in all the Health Blocks in the State. At present some of the CD Blocks are not having a CHC. In such cases one block PHC/Govt.Hospital will be upgraded into CHC and with the support of Government of India these centres along with the existing CHCs shall be upgraded to Indian Public Health Standards (IPHS). The CHCs will have bed strength of 30 to 100 with theatre facility, Laboratory, X-ray, ECG and Ultrasound.

(b)Staff required

Doctors - 5 specialists (Medical Consultants or Junior Medical Consultants) in General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics and Anesthesiology.

Other non specialists - 2 (general category) based on the total bed strength will be posted. Paramedical staff and other staff are to be posted based on the bed strength and other facilities available.

(c)Block level Public Health Staff.

Health Supervisors - 1; Lady Health Supervisors - 1; Staff Nurse- 12
Junior Public Health Nurse - 2; Pharmacist - 2; Lab Technician - 2
Radiographer - 1; Ophthalmic Assistant- 1; Security - 1

Other Public health wing staff and ministerial staff will be as per norms

(d) The institutions shall have proper waste management system, laundry facilities, full emergency services, shall have a minimum of 7 doctors and 1 Block Coordinator cum PRO. The institution shall provide 24x7 services, shall have separate male and female wards, and shall provide emergency obstetric care including surgical interventions like caesarian section, new born care, emergency care of sick children, lapro services, MTP services, essential lab services, blood storage services and transport services. It shall have ECG facilities, X-ray facility and preferably USS facility and shall have fully functional OT with surgical items. Minimum of two vehicles , one for administrative control over the PHCs and SCs are to be provided. One statistical assistant will be posted as the first level of monitoring/MIS. Minimum one computer with internet connection will be provided. Computerized pharmacy, training and skill development of LSGI staff, ASHAs, JPHNs, Nurses etc. fully functional HMCs, residential accommodation for the staff etc. are to be ensured.

2.4.Taluk Hospitals

(a) There will be at least one Taluk Hospital each in all the taluks. In a few large Taluks, some of the existing CHC/Govt.Hospital, will be upgraded as Taluk Hospital. In some places, Taluk hospitals, which were previously designated as CHCs shall again be re-designated as Taluk Hospitals, The staff pattern will be as per existing norms. Taluk Hospital will have minimum bed strength of 100. All the Taluk Head Quarters Hospitals having more than 100 bed strength will continue to have the existing facilities and staff pattern.

2.5.District Hospital/General hospital

There will be one or more District/General hospitals in each district with minimum bed strength of 250. The staff pattern will be as per existing norms:

2.6. Women & Children's Hospitals & Specialty Hospitals.

The existing Women and Children's hospitals will continue as Women & Children Hospitals. The minimum bed strength of W&C will be 200, and the bed strength of W&Cs with less than 200 bed strength will be increased accordingly. Considering the need for providing quality Maternal and Child Health, W&C Hospitals will be started in all districts either separately or as part of the District/General Hospitals.. The staff strength will be as per existing norms :

2.7.Specialty hospitals of Mental Health, Leprosy and Tuberculosis etc will continue as Specialty Hospitals as at present. The bed strength and staff pattern in these hospitals will be reviewed separately.

3. The list of hospitals in the various categories as above is given as Appendix - I. The district - wise summary of the classification of standardized institutions is given as Appendix - II.

4. Separate orders will be issued for additional post creation in institutions, if required. However, postings may be done for the time being on contract basis with funding from NRHM depending on the need,

(BY ORDER OF THE GOVERNOR)
Dr.Vishwas Mehta
Secretary to Government.

To

1. All District Collectors
2. The Director of Health Services, Thiruvananthapuram
3. The Superintendents of Government Hospital/Specialty Hospitals (Through Director of Health Services)
4. All District Medical Officers (Through Director of Health Services)
5. The Secretaries of all Municipal Corporation/Municipalities (Through Director of Urban Affairs)
6. The Secretaries of all Block/Grama Panchayat and all District Panchayat (Through the Director of Panchayats)
7. The Director of Information and Public Relations, Thiruvananthapuram,
8. Local Self Government Department.

Forwarded/by Order

Sd/ Section Officer.

Copy to: PS to Minister (Health & Social Welfare)
PS to Minister (Local Self Government)
CA to Secretary (Health)
Stock file/Office copy.

B.Vikraman