

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 2835
TO BE ANSWERED ON 17.03.2026**

OPERATIONALISATION OF PHCS AND CHCS AS PER IPHS NORMS

2835. PROF. MANOJ KUMAR JHA:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of Primary Health Centres (PHCs) and Community Health Centres (CHCs) operating without the mandated minimum staffing, including doctors, as per the Indian Public Health Standards (IPHS), State-wise;
- (b) the number of functional PHCs providing 24x7 services, uninterrupted electricity and a continuous supply of essential medicine;
- (c) the impact of non-functional primary care infrastructure on the out-of-pocket expenditure (OOPE) burden for rural households forced to access private tertiary care; and
- (d) timeline for upgrading all existing PHCs to strict IPHS compliance and reallocating capital expenditure to address these foundational healthcare deficits?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (d): The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards envisaged to improve the quality of health care delivery in the country. The IPHS was last updated in 2022 and the details under it regarding population coverage, infrastructure and staff availability at every level of healthcare facilities are available in public domain at the following Uniform Resource locator (URL):

<http://nrhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html>

The Ministry of Health and Family Welfare (MoHFW) has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all states.

The Ministry has launched an open-source toolkit and a dashboard under Indian Public Health Standards. The IPHS Dashboard is a cutting-edge digital platform designed to monitor public health facilities' compliance with the IPHS 2022 standards. These tools help states identify gaps and receive targeted support to achieve the required standards. The rollout of IPHS 2022 has been extensive and rapid. As on 6th March, 2026 - 100% of healthcare facilities have been assessed for IPHS. Among total assessed facilities, 63% facilities have scored more than 50%.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare delivery system including support for IPHS compliance, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Details of the approvals given for the strengthening healthcare infrastructure in rural areas of the country including IPHS compliance are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Details of Primary Health Centres (PHCs) including PHCs functioning 24x7 and Community Health Centres (CHCs) and healthcare staff including doctor in public health facilities can be assessed at the following link of HDI 2022-23:

(a)

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

As per National Health Accounts (NHA) estimates, the share of Out-of-Pocket Expenditure (OOPE) in Total Health Expenditure has declined from 62.6% in 2014-15 to 39.4% in 2021-22. The Government is making efforts to reduce the OOPE as a percentage of Total Health Expenditure (THE). There has been a significant increase in Government Health Expenditure (GHE) as percentage of THE, which has increased from 29.0% in 2014-15 to 48.0% in 2021-22. Concurrent to this increase in GHE, the share of OOPE in THE has declined from 62.6% to 39.4% during the same period. This declining share of OOPE is indicative of increasing access to health services.
